

Quality Account

2014/15



CONTENTS

PART 1 - STATEMENT ON QUALITY ... 4

Governance Structure ... 5

PART 2 - PRIORITIES FOR IMPROVEMENT 2015/16 ... 7

Clinical Effectiveness ... 7

Patient Safety ... 9

Patient Experience ... 9

PART 3 - REVIEW OF QUALITY PERFORMANCE ... 11

Review of Quality Improvement Plans ... 11

Commissioning for Quality and Innovation (CQUIN) Results ... 12

Patient Safety ... 14

Clinical Effectiveness ... 19

Patient and Service User Experience ... 26

Workforce Quality ... 31

Audits ... 35

Corporate Social Responsibility ... 38

APPENDIX 1 - SERVICES PROVIDED ... 41

APPENDIX 2 - LETTERS FROM STAKEHOLDERS ... 34

We welcome your views ... 44

In this Quality Account we detail the progress we have made in the 12 months to April 2015 in terms of Patient Safety, Patient Experience and Clinical Effectiveness. We also set out our priorities for improvement in the coming year and outline why we have chosen them.



PART 1 – STATEMENT ON QUALITY

On behalf of the Board and Executive of East Coast Community Healthcare I am proud to introduce our annual 'Quality Account'. This document reflects the wide variety of excellent work undertaken by our staff in providing, managing and developing community health services. It also reflects the degree of dedication and commitment that is core to the ethos of our social enterprise.

This year is one in which ECCH has put people firmly at the centre of everything we have done. As a Community Interest Company (CIC) we have always been clear that our duty lies in providing the best possible services for our communities. To do so, we recognise the need for skilled, motivated and empowered staff, healthy and productive relationships with partner organisations and dedicated, accountable leadership.

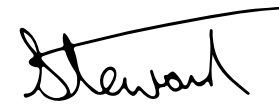
Placing people at the centre of our business requires an emphasis upon valuing and enabling our staff and this year we have followed up the first year of our 'People Matter' training programme for managers and leaders by creating a full Organisation Development Plan which builds upon the foundation of our core values. The plan focuses upon empowerment through engagement with an emphasis upon training and development work throughout the organisation. A good example is the 'Health Coaching' programme which takes a new approach to patient and client engagement and involvement in their own care. In the first year we have

trained 180 staff in the use of this innovative approach to promoting health, independence and preventing the onset of acute illnesses.

It has also been a year when we have placed great emphasis upon engaging more with our communities, working to develop new and dynamic relationships, partnerships and integrated working. It has been really encouraging to see energetic, productive joint working with the James Paget University Hospital as we look to improve a wide variety of patient-centred pathways between community and acute services.

We have been very conscious of the publication of the NHS 'Five Year Forward View' with a renewed strategic focus upon integrated approaches to planning and delivery of services. Following the lead of our main commissioners Great Yarmouth & Waveney CCG, we are determined to work towards the creation of an integrated health and social care system within the local health economy. As a social enterprise, we see ourselves as a key component part to delivering integrated care locally. We are flexible, innovative and creative in our approach and provide a critical link between a wide variety of community services, primary care services and the pathways through acute care.

Our Quality Account reflects the passion, commitment and drive of our staff to ensure services are the best they possibly can be as is fully endorsed by the Board of ECCH.



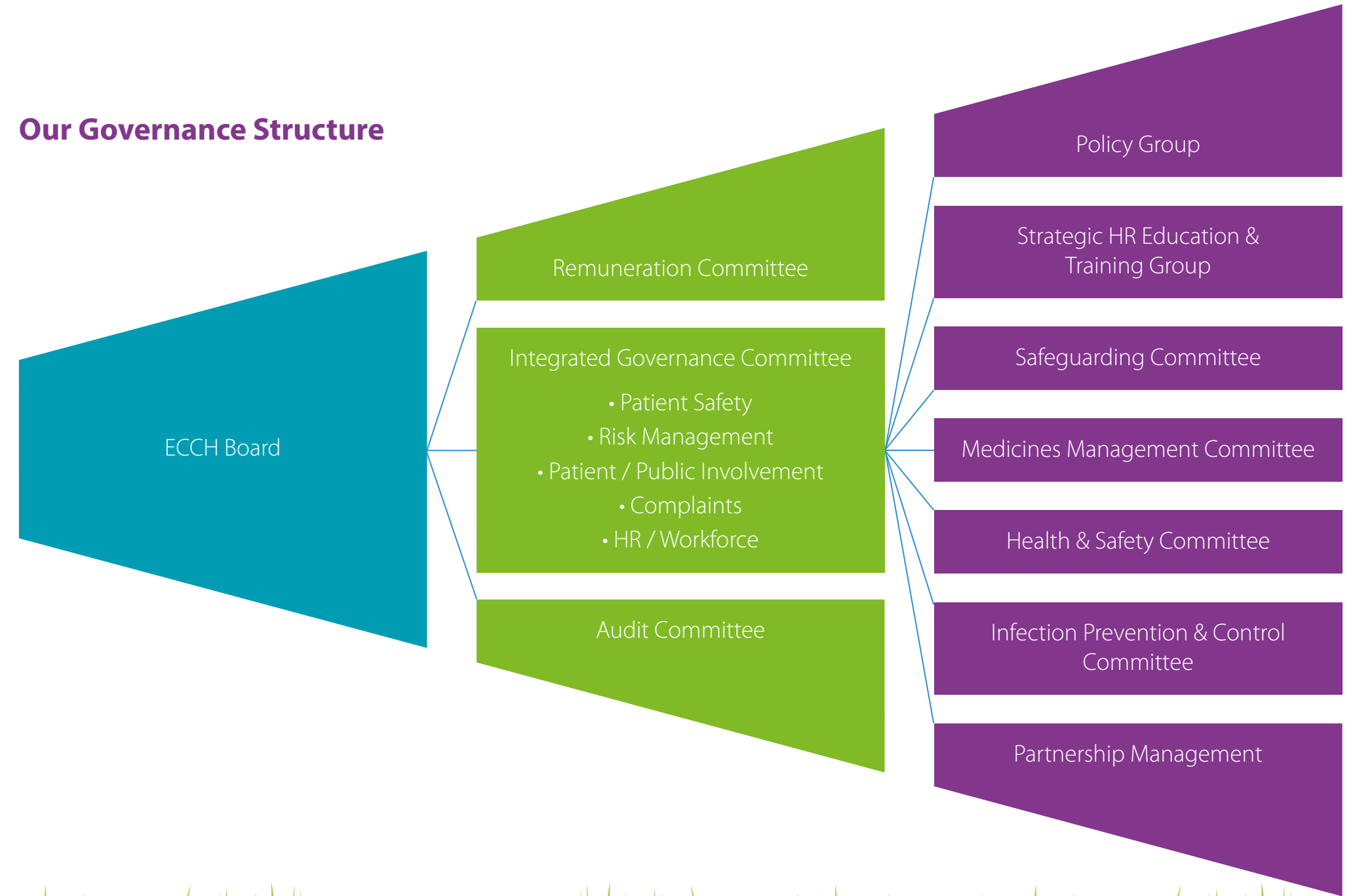
Paul Steward, Chair



Jonathan Williams, CEO



Our Governance Structure





PART 2 – PRIORITIES FOR IMPROVEMENTS 2014/15

East Coast Community Healthcare aspires to deliver first class services for our communities and strives for constant improvement. As a Community Interest Company, we have the flexibility to do things differently as we work with our Commissioners and other partners towards more integrated, joined-up care for our patients and clients.

In 2014/15 we offered 34 services for the NHS, public health and social care to our local population in Gt Yarmouth and Waveney (detailed in Appendix 1).

Our priorities for 2015/16 include a number of Commissioning for Quality and Innovation (CQUIN) schemes. The key aim of these is to continue to raise the quality of services and provide better outcomes for patients.

All areas relating to quality are monitored by our Integrated Governance Committee and reported to our Board and our Commissioners.

Clinical Effectiveness

EXPAND OUT OF HOSPITAL MULTIDISCIPLINARY TEAMS

ECCH is in the process of setting up its second Out of Hospital Team (OHT) to serve Great Yarmouth, Gorleston and the villages to the north of those towns. It will be an inter-disciplinary team of health and social care professionals with the aim of providing care at home whenever it is appropriate to do so. Care will focus on the individual's needs and empowering their independence. The team will primarily provide intensive, short term care, reducing as the patient regains health and independence. Care will be holistic, co-ordinated, responsive and goal focused, using a case management approach.

Following assessment and on the same day as the assessment, the OHT will organise appropriate care provision for the patient in their place of usual residence or, if necessary, in a 'bed with care' i.e. a bed in a supervised environment such as a residential or nursing home. The OHT will ensure that, with immediate effect, provision is put in place to keep the patient safe at home until the full care package can be implemented. The full care package will always be implemented within 12 hours of the initial assessment being made.

Through Multi Disciplinary Team Meetings and regular patient reviews it is our aim that the care package will be kept relevant to the patients' needs and that the team will deliver high quality, integrated clinical care.

INTEGRATED RESPIRATORY SERVICE

East Coast Community Healthcare is working jointly with the James Paget University Hospital Trust to develop an integrated respiratory nursing team. This team will work together across the hospital and the community to deliver care to patients with respiratory disease.

The team will deliver a supported discharge programme to enable patients who attend the hospital to be assessed for return home following consultation with a doctor either the same day or following a shortened stay with increased support in the community from a member of the team. This initiative ensures that patients are stabilised with the required support in the hospital and are returned home safely in order to continue their recovery with support in their home environment.

PHYSICAL ACTIVITY

Our Adult physical activity service has been reformed over the past few months and we will continue to align our service with local priority needs. We have been able

to build new partnerships and develop our role as the specialist delivery service for exercise referral. We will build on our new referral pathways with midwives and health visitors offering pre and post natal access to exercise whilst working with both County Councils on the delivery of the 'active ageing' agenda.

Our team have now completed level 4 specialist qualifications (cardiac/pulmonary/mental health/obesity and diabetes), lifting our service above other providers. We will be working closely with the county sports partnership to evaluate and help upscale our delivery model so other schemes can adopt our working methods.

We have adopted a new risk stratification system with patients enabling us to create new partnerships with local authority leisure providers and pass on low risk referrals increasing our delivery capacity whilst building local workforce.

DEVELOPING OUR RESEARCH FUNCTION

The Department of Health's strategy to improve the health of the nation continues to place research at the forefront of the NHS. It can lead to wide-spread benefits for patients and, for many health professionals, it offers a career path that is both intellectually challenging and highly rewarding. The NHS has a thriving research culture that promotes access across England for

patients and health professionals to take part in multi-centre studies.

Although ECCH is a social enterprise its research activity needs to conform within the NHS Research Governance Framework. In 2015/16 we plan to increase our research profile, including appointing a Research & Development Lead and increasing the number of clinical research studies in which we take part.

IMPLEMENTATION OF LEG ULCER PATHWAY

In collaboration with NHS Great Yarmouth and Waveney CCG, the district nursing service has developed a leg ulcer pathway to reflect best practice in the management of all patients with leg ulcers. The aim is to improve outcomes for patients through appropriate management.

The pathway will be implemented on initial assessment of a patient. District nurses will continue to manage housebound patients within their own homes. In addition, the district nursing service is increasing dedicated leg ulcer clinics at GP practices which will ensure patients are assessed and

managed in a timely manner to promote healing. The service is phasing in the additional leg ulcer clinics from April 2015.



Patient Safety

CQUIN: CONTINUE THE LEADERSHIP AND IMPLEMENTATION OF THE PRESSURE ULCER PREVENTION SERVICE

Building on the work that was started in 2013/2014 ECCH will be the leader in the continued development, improvement and implementation of a pressure ulcer prevention service in Great Yarmouth and Waveney. This will include continuation and further development of a community resource that is part specialist (Tissue Viability Nurse) and part preventative. This clinician will assess patients in their own homes to determine the risk of pressure ulcers developing and take necessary actions to reduce this risk.

The remit of this service will be focused on identifying vulnerable patients and preventing pressure ulcers from occurring. This will involve identifying those patients who are not being cared for within existing care and health systems, and developing local mechanisms to identify these.

CQUIN: DEMENTIA AND DELIRIUM - FIND, ASSESS, INVESTIGATE, REFER AND INFORM (FAIRI)

In order to support the early recognition of people identified as potentially having dementia or delirium, patients that are admitted from the community to the inpatient units will be identified and referred for further diagnostic advice in line with local pathways that have been agreed with commissioners. A written care plan will be developed for discharge and shared with the patient's GP. Training will be delivered to staff in order to improve care for patients with dementia during their admission to the community hospitals.

Patient Experience

LEARNING AND DEVELOPMENT TO HELP STAFF DELIVER BETTER CARE

Each year ECCH identifies a key area to improve awareness throughout our organisation. Last year our focus was around developing a learning disability awareness training program in partnership with local patients and carers groups to improve the understanding our staff have when delivering care to our patients with learning disabilities. Following the successful collaboration we have developed a program that highlights and responds to the key challenges that our patients and their families encounter. This year we are focusing on rolling out the training to all patient-facing staff across Adult Services. The training program will begin in September and run through to March.

Running in parallel this year we are dedicated to supporting the Health Education England mandate around dementia. Our approach to achieving this in a robust, meaningful and sensitive way is to adopt a multi-pronged strategy incorporating e-learning packages, small group face to face workshops that embed the context and techniques that will support the care we deliver, and building on the 'dementia friend' (tier 1 awareness) training that has already been rolled out to all of our community hospital staff. The tier 1 dementia training has been incorporated into our new preceptorship program for newly qualified staff and those transitioning into the community setting for the first time.

PART 3 – REVIEW OF QUALITY PERFORMANCE

Review of Quality Improvement Plans

ECCH has reviewed all the data available on the quality of care in each of the NHS services it provided or sub-contracted over the period covered by this report. Overall, 63% of our income was from NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) and NHS England.

AREA	UPDATE	RAG
Develop Out of Hospital Multidisciplinary Team	East Coast Community Healthcare launched its first integrated Out of Hospital Team (OHT) in Lowestoft on 1 April 2014. It was our aim to ensure this team delivered consistent, safe and effective clinical care to patients. A further priority was to work with our Commissioners to examine how this model could be replicated elsewhere.	On track and remains an ongoing priority
	Since its inception, the James Paget University Hospital has seen a 7% drop in hospital admissions from Lowestoft residents. In a survey of patients treated from May to December 2014, 97% of those who responded said they were treated with dignity and respect, 91.2% said they had confidence and trust in the Out of Hospital Team that treated them and 89.7% said they would recommend the service to family and friends. Based on the success of the OHT, NHS Great Yarmouth and Waveney Clinical Commissioning Group is now commissioning ECCH to provide further teams.	
Co-location	ECCH services and teams moved into the new Sole Bay Health Centre in August 2014 including district nursing, physiotherapy, podiatry and speech and language therapy. They share facilities with the local GP practice including a single reception with shared receptionists. A variety of outreach clinics provided by James Paget University Hospital NHS Foundation Trust (JPUH) including blood testing have also moved there. ECCH has also set up an exercise hub on site running weekly classes for referred patients.	Completed
	Our Looked After Children's Team shared offices with Suffolk Children's Services at Clapham House in Lowestoft. This was extremely positive for improving communication between ECCH staff and the social workers.	Completed
The Integrated Care System (This approach is aimed at working with other organisations towards developing better joined up services for patients.)	Monthly shared Executive meetings are being held with the James Paget University Hospital to ensure the two organisations are working in partnership to deliver seamless patient care.	Ongoing
	ECCH has been a key partner in planning with Great Yarmouth and Waveney CCG for their forthcoming 'Shape of the System' consultation regarding future service provision for our communities.	Ongoing
	Two members of our Lowestoft Out of Hospital Team were invited to the House of Commons for the official launch of the Better Care Fund, evidencing national recognition of the moves we have made to advance integrated care in this area.	Ongoing
	We attend fortnightly Urgent Care Board meetings with representatives from partners including social care, the JPUH, the Ambulance Trust, primary care and Great Yarmouth Borough Council. These concern system flow, ensuring urgent needs are met and care is provided where needed.	Ongoing
	We hold meetings with Waveney District Council about joint working and housing issues including the use of excess housing stock to help with early hospital discharge.	Ongoing
	We attend Lowestoft Intervention meetings hosted by Suffolk Police which focus on having a system-wide approach to issues of concern in the community such as street drinking.	Ongoing
We are part of the Lowestoft Rising initiative which brings together all elements of the public and voluntary sector to address social challenges.	Ongoing	



AREA	UPDATE	RAG
Health Coaching for Behavioural Change	We have initiated a Health Coaching programme for all our staff in order to develop new ways of working with patients and help them gain the knowledge, skills and confidence to become active participants in their care so that they can reach their self-identified health goals. Three ECCH staff are now trained and accredited facilitators of our health coaching course and deliver it internally and to other NHS and social care staff across the East of England. We have trained 180 staff in the model and plan to train all clinical staff.	On track
Breastfeeding Support	ECCH aimed to increase breastfeeding prevalence in Great Yarmouth and Waveney by 2% on last year's figure of 50% still breastfeeding their babies at age 6-8 weeks. We achieved 43%. We are now improving our clinical reporting function in order to be able to better analyse factors which could be affecting performance and to target areas where we feel mums can be supported to breast feed their children for longer.	Ongoing
Patients as Teachers	The integrated community neurology team used the Patients as Teachers model to stage a patient engagement event in Lowestoft in May 2014. The feedback from patients led the team to set up exercise classes for patients and a support group for people newly-diagnosed with Parkinson's (see Clinical Effectiveness section). Further engagement events are planned for this service. However, attempts to hold similar sessions for three other services – continence, physiotherapy and podiatry – proved less successful. Despite posters in all clinic locations and letters written to all patients, only a handful of responses were received.	Completed
Learning and development to help staff to deliver better care	Last year ECCH volunteered to participate in the field testing of the Care Certificate. We worked with our other local healthcare providers to develop the competency portfolios and ran two cohort groups. The care certificate competencies have now been successfully embedded within our generic worker training programs as well as into our induction training block so that our new staff are fully refreshed to deliver fundamental care from the first time they interact with a patient.	Completed
	We identified learning disability (LD) as an area we wished to focus on for improving staff awareness across the organisation. We developed the training and delivered it in partnership with a local patient and carers' group. Following the successful collaboration we have developed a program that highlights and responds to the key challenges that our patients and their families encounter. The Learning Disability Awareness Program includes an overview of what LD is, the process and system approaches for sharing and capturing information, and communications techniques. It focusses upon areas identified by carers and service users that are really important to them, key topics around continuity and building the relationship with the service user, and the family and patient story.	Completed
	Following a commitment in last year's Quality Account, we have developed a new supervision strategy model that reflects best practice and is inclusive across all disciplines and non-clinical staff. Using existing funding streams, and in partnership with the University of East Anglia, we have begun the roll out of the supervision training to support our staff to further improve the care they deliver.	Completed
Further Implement the Friends and Family Tests (FFT)	We launched the Friends and Family Test (FFT) in the Nelson Medical Centre in December 2014 and across Adult Services a month later. Children's Services have been completing questionnaires incorporating the FFT questions for many months.	Completed

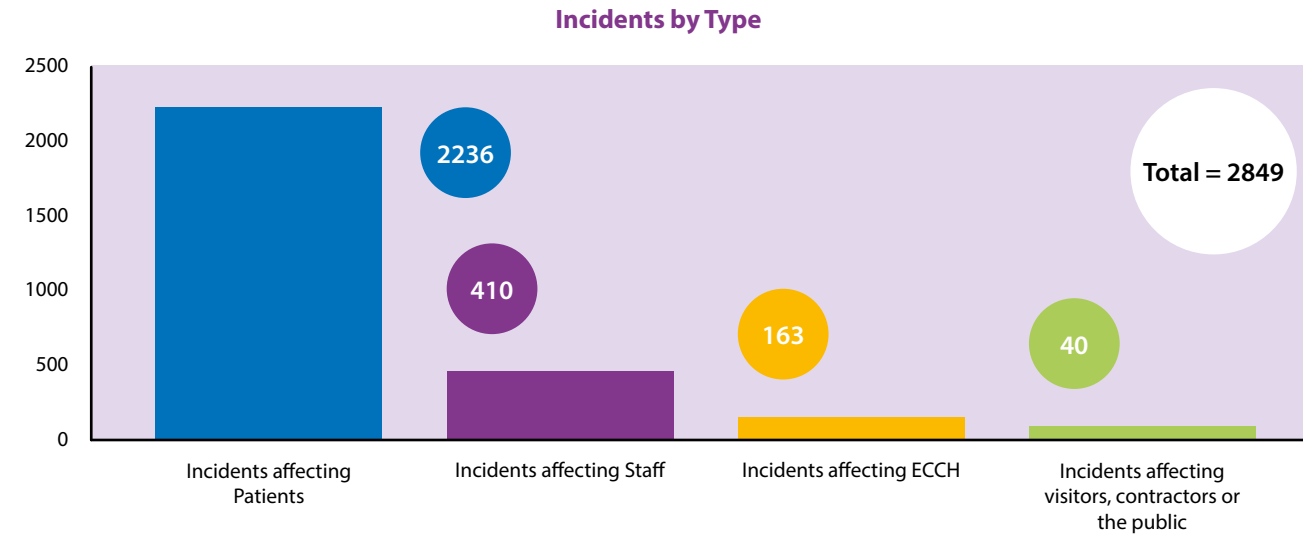
CQUIN (Commissioning for Quality and Innovation) Results

A proportion of East Coast Community Healthcare's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed with NHS Great Yarmouth and Waveney Clinical Commissioning Group through the CQUIN payment framework.

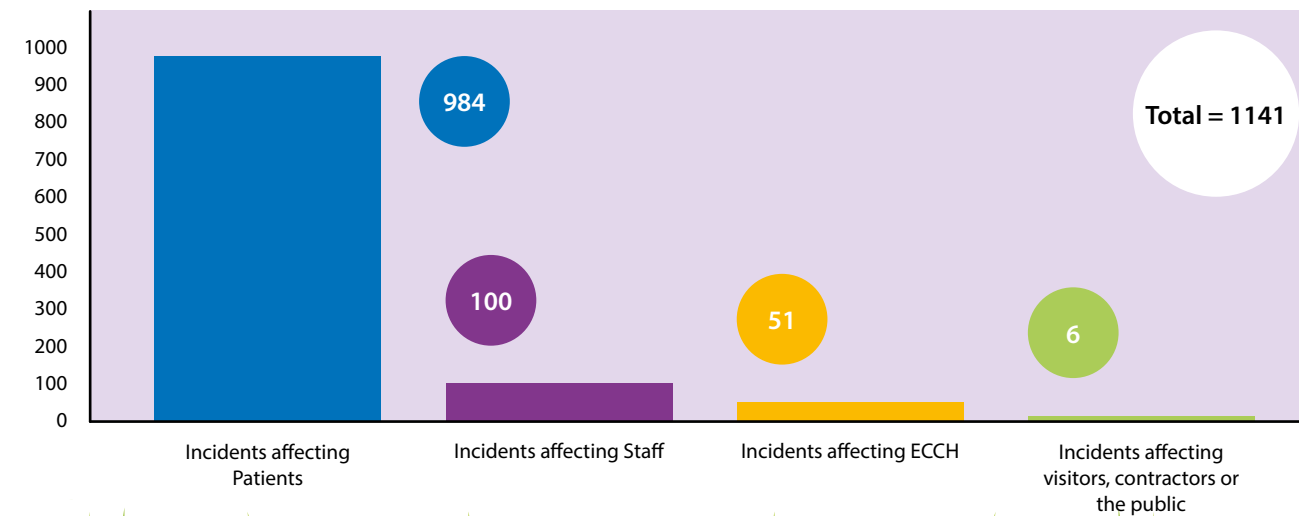
AREA	UPDATE	RAG
Develop Pressure Ulcer Prevention Service	ECCH committed to leading on the development and implementation of a pressure ulcer prevention service in Great Yarmouth and Waveney. We recruited a tissue viability nurse specialist and two assistant practitioners in order to work with colleagues across all sectors to develop education packages to reduce the prevalence of pressure ulcers. We have developed a training package which will be rolled out to all residential homes that we visit within the next year. We are participating in a National Institute for Health Research pressure care study (Pressure 2).	Completed
Develop Falls Prevention Programme	The development of a falls prevention and management programme was prioritised for 2014/15. ECCH led on this, working with colleagues at the JPUH. This included identifying milestones and developing a Falls Reduction Strategic Plan. We are meeting regularly with the JPUH to review and update our strategy.	Completed
NHS Safety Thermometer	Achievement of this CQUIN is based upon five consecutive monthly data reports, auditing compliance to prevent the four harms – pressure ulcers, falls, urinary tract infections and new venous thromboembolism. Each month of data exceeded the targets required.	Completed

to ensure learning across all organisations and an improvement in patient care.

The total number of incidents for the year was 2,849 which equates to an average of 237 per month. This is compared to 2,472 for 2013/14. We note the increase in reported incidents. However, as an open and learning organisation, we commend our staff for their reporting as this enables greater understanding and practice change to occur.



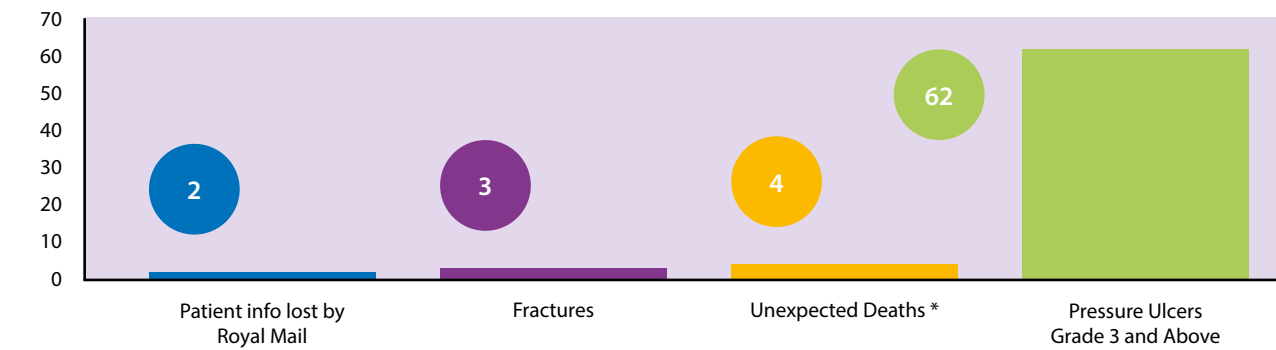
Incidents caused by other providers



ECCH is required to report all incidents including those resulting from the actions of other providers e.g. acute trusts, GPs, other healthcare organisations, care agencies, residential homes etc .

ECCH makes every effort to make it as easy as possible for our staff to report any issues which includes a direct link to Datix web and Datix Risk web via our staff intranet. As a result of this, and the roll out of mobile working, incidents are reported in a timely manner.

Serious Incidents by Type



71 serious incidents were reported to commissioners in 2014/15.

** The Out of Hospital Team which launched on 1 April 2014 cares for complex, palliative patients in their own homes, where previously these patients would have been cared for in hospital. Any patient in our care who dies whilst our staff members are present is reported as a serious incident. This does not mean ECCH is responsible or contributed to the death.*

Pressure Ulcers

In 2014/15 ECCH treated 589 patients for pressure ulcers graded 1-4 (compared to 665 in 2013/14) with 62 being grade 3 and above. Of the 589 patients, 276 were in our care when the ulcers developed (227 in 2013/14) and 313 came into our care with pressure ulcers.





Clinical Effectiveness

HEALTHY SCHOOLS

The Healthy Schools Team provides support to schools across Norfolk and the wider children's workforce to develop needs-led, outcomes-focused approaches to children and young people's health and wellbeing.

During 2014/15 the team delivered training to more than 1000 people, covering areas including preventing child sexual exploitation, skills and strategies for successful sex and relationships education (SRE), self-harm and supporting young carers.

Delegates included head teachers, school governors, subject leads, teachers and support staff. We also worked with the wider workforce including statutory agencies such as school nursing, educational psychologists and Norfolk Constabulary and with the voluntary sector to ensure children receive an equitable service and consistent health messages.

In surveys following our courses 99% of delegates said they were 'satisfied' or 'very satisfied' with the training. In addition, 99% of course delegates reported feeling more confident and well equipped to deal with the issue that their area of training relates to, as a direct result of attending the course.

Feedback...

"Thank you for the renewed enthusiasm and confidence I now have to tackle homophobia in my school. I have lots of 'scripts', ideas and resources to use straight away."
Headteacher

"An informative and well presented course, invaluable for raising awareness of the issue and knowing how to respond throughout the key stages."
Headteacher

"Thank you for being inspiring, supportive and clear."
Deputy headteacher

CHILDREN'S DENTAL HEALTH PILOT

ECCH has been working in partnership with the Suffolk Public Health team to plan and deliver a universal health intervention for children in Suffolk to promote good oral hygiene and to tackle the problem of tooth decay in early years.

In March 2015 the 5 year pilot was launched involving the distribution of free promotional packs, including a toothbrush, toothpaste and information leaflet, to parents across the county at their child's one year developmental review.

Waveney has been identified as a target area giving a higher level of promotion to families. All staff have been given training in dental hygiene from the Community Dental Service. Evaluation of the project will be via a questionnaire undertaken at the one year review prior to any information being given to assess current levels of parental knowledge.

NATIONAL CHILD MEASUREMENT PROGRAMME

ECCH was praised for exceeding its targets in delivering the National Child Measurement Programme in August 2014. Our specially trained staff measured 98% of children in reception and 95.9% in year 6 from 36 state schools in Norfolk and provided feedback to 100% of parents of those children measured. The target is 95%.

Thomasin Keeble, Advanced Public Health Officer for Norfolk County Council said: *"I am delighted to see that ECCH has not just met but exceeded its targets, which is a fantastic result. It clearly reflects the dedication and hard work of all of the ECCH Childhood Healthy Weight Service team."*

FAMILY NURSE PARTNERSHIP

ECCH's Family Nurse Partnership (FNP) received extremely positive feedback in its fourth annual review by the Family Nurse Partnership National Unit.

The report said the programme was *“moving from strength to strength with the nurses refining their skills and consistently maintaining high fidelity to the programme”*. It said: *“It is clear the ethos of FNP permeates the entire organisation – ‘from the baby to the boardroom’. There has also been strong support given from a safeguarding perspective. The strength, capability and thoughtfulness of the supervisor and team is clear in everything from their approaches to managing operational challenges, managing absence, using data to support clinical practice and maintain strong programme fidelity.”*

Actions for the coming year include enrolling 60% of clients before 16 weeks gestation and FNP nurses completing Signs of Safety training and Level 2 smoking cessation training so they can target this area during home visits.

AWARD FOR HEALTHY WEIGHT SERVICE

ECCH’s innovative Firefighting Fit and Healthy programme which helps youngsters get fitter by teaching them some of the skills of a firefighter was given a Community Partnership Award in November 2014.

Firefighting Fit and Healthy is a free eight week course for 13 to 17 year olds who are above their ideal weight. Exercises including hose running and rescue practice give teenagers a taste of life as a fire fighter while

helping them improve their fitness and classroom activities help them learn about healthy eating. The course is delivered at Great Yarmouth and Lowestoft Fire Stations.

NEW APP TO TACKLE OBESITY

With obesity figures in the area above the county average, our Childhood Healthy Weight Service took new measures to combat the issue by creating a new mobile web app to guide parents towards help and advice.

The app (www.chws.info) includes a body mass index (BMI) calculator so parents can assess whether their child is a healthy weight for their age. It also has health and fitness advice, recipes and information is given on the series of programmes run by ECCH aimed at supporting children to change their eating and fitness habits. It is accessible on smart phones, tablets and PCs.

TARGETED MENTAL HEALTH IN SCHOOLS

In December 2014 the Public Health department at Suffolk County Council approved funding for a three month project enabling key partners and stakeholders to work together to develop a Targeted Mental Health support in Schools (TaMHS) toolkit which reflects the specific needs of children and families in Suffolk.

The TaMHS project team consists of representative professionals from all agencies and organisations providing services to young people. The combination of skills and expertise has enabled this working party to start working creatively with the resources available and to plan an offer of an extensive service within the project, developing working relationships with identified project schools.

MATERNAL MENTAL HEALTH INTEGRATED TOOLKIT PILOT

This Suffolk pilot focussed on reviewing the Universal Plus and Universal Partnership Plus Parental Mental Health pathways within the Toolkit. The pilot was hosted by Suffolk County Council but included representatives from ECCH, all three acute trusts, Norfolk & Suffolk Foundation Trust, Clinical Commissioning Groups and third sector organisations.

The pilot successfully reviewed and amended all the pathways in the toolkit to include appropriate mental health interventions and service provision. The most significant success was the bringing together of a range of professional groups and organisations to develop an integrated and supported approach. This has facilitated a Suffolk clinical network which will take this work forward to further develop the services provided for families in Suffolk.

HELPING PATIENTS ACCESS BETTER CARE

East Coast Community Access (ECCA) is the team which takes calls from patients, GPs or hospital colleagues wishing to contact a community clinician - nearly 14,000 calls a month on average. In 2014/15 they became the point of contact for another three services - the out of hospital team, podiatry and community matrons – taking the total services handled to 13. They also extended their operating hours so they are now available from 7am to 10pm seven days a week.

STOP SMOKING SERVICE

In April 2014 the Stop Smoking Service moved from QuitHub to SystemOne, a clinical system for recording and reporting data. This has helped us to record accurate patient information and has been benchmarked to the Russell standards for reporting 4 week quit success. Information gathered from the reports helps the team to provide a quality Stop Smoking Service for our communities and we have been able to reduce our ‘lost to follow up’ rate (i.e. the number of clients who we have been unable to trace following non attendance at an appointment) to below 10%.

The Stop Smoking Service continues to work closely with Maternity Services to help pregnant women and their families quit smoking. We are engaging in a new

project to promote carbon monoxide awareness linked to our work with the Tobacco Harm Reduction Alliance for a Smokefree Future.

We have been out in our communities delivering face to face events to connect with smokers wanting to quit. The national team came to Great Yarmouth to help us support this year’s Stoptober campaign. Our events across Great Yarmouth and Waveney helped to generate some of the 250,000 participants nationally.

PHYSICAL ACTIVITY TEAM (ADULTS & CHILDREN)

Our partnership working has proved particularly effective with Water Lane Leisure Centre in Lowestoft. We have together managed to purchase and utilise a state of the art exercise station (CUBE) which incorporates many different forms of core exercises for adults and children.

Our Exercise Referral Scheme has been completed by 331 people within the catchment targets of Great Yarmouth and Waveney Districts with in excess of 90% having an improved health and wellbeing score. Additionally 80% of clients have increased their respective heart rate recovery.

The Physical Activity Team introduced new initiatives to encourage people to get fitter including sessions on pool bikes at the Marina Leisure Centre in Great

Yarmouth and a walking football club aimed at improving the fitness of over 50s.

In February 2015 we launched a pilot exercise programme to benefit the health and wellbeing of new mums and mums-to-be in the Great Yarmouth area. Working with health visitors we are tailoring classes to the needs of ante and post-natal women living in the postcode areas of NR30 and NR29, including water-based exercise sessions on pool bikes and organised buggy walks.

We also held a series of multi-sport ‘enrichment days’ with students from Earthsea House, a residential school for youngsters with behavioural issues as a result of trauma in early life. Activities included land paddle boarding at Gorleston beach, power kiting and boxercise.

We hoped to improve their understanding of the importance of leading an active lifestyle while giving them the opportunity to build self-confidence and team building skills. The response both from the school and the pupils was very positive.

HEALTH PROMOTION

We set up ‘pressure stations’ to mark Blood Pressure UK’s flagship awareness campaign – Know Your Numbers. Our Health and Wellbeing Service worked

in partnership with local pharmacies in Lowestoft and Great Yarmouth to organise free drop-in blood pressure checks in September 2014.

Our Workplace Health Scheme signed up 39 new businesses, reaching more than 8,800 employees.

The Health Improvement Team attended 42 Community and Workplace Events to inform the public about ECCH Services.

SEXUAL HEALTH PROMOTION

- We achieved over 60,000 hits on our sexual health website for young people.
- Over 300 professionals trained in sexual health related subjects, including primary care professionals and nursing students.
- 30 sexual health and C-Card events were delivered at high schools, sixth forms and colleges registering 1, 819 young people onto the scheme.

SPEECH AND LANGUAGE THERAPY (SALT)

Shine a Light Day in April 2014 at the King's Centre in Great Yarmouth was a conference showcasing the good practice and innovative work that we carry out in the paediatric and adult SALT teams. This was part of the Royal College of Speech and Language Therapists' Giving Voice campaign and was opened by Emma

Barnes from the Royal College. We also highlighted the important contribution which assistants make to delivering services in schools and early years settings.

As part of Nutrition and Hydration Week adult speech and language therapists took part in a project called 'Come Blend With Me'. This entailed staff eating food of modified consistency and drinking thickened liquids. Staff kept diaries of the impact this had on their mood and lifestyle. In the course of our work, we make recommendations for modifying liquids and diets to our clients with swallowing difficulties, so it is important that we have first-hand experience of how this will impact on our clients. As a result of the exercise new information is being provided for patients with suggestions of how to make eating a modified diet more user-friendly.

NEW DIABETIC ULCERATION TEST

We introduced a new test aimed at improving outcomes for patients with diabetes and reducing incidences of potential amputation.

An ECCH Staff Nurse at Southwold Hospital worked with podiatry colleagues to develop a toe touch test and care pathway, based on guidance from Diabetes UK. It helps to identify those patients with reduced sensation and increased risk of diabetic ulceration. The 'once only'

assessment is now used with all patients admitted to our units who have a diagnosis of diabetes.

PARKINSON'S GROUP

ECCH's integrated community neurology team launched a pilot information group in Great Yarmouth for patients newly diagnosed with Parkinson's.

The four free two hour sessions were set up in partnership with Parkinson's UK and are believed to be the first of their kind in the area. They offered physiotherapy sessions, opportunities to speak to occupational therapists and speech and language therapists, talks on types of medication and available benefits as well as advice from all sorts of agencies including Age UK and Norfolk Carers Support.

The aim was to help people self-manage their condition as much as possible and the events were very well received. The neurology team now plans to run more courses in Great Yarmouth and Waveney in May and October.

Feedback from service users on the Parkinson's Group...

"Before coming to this group, I didn't know anything about who the organisations involved were, so getting a chance to have an informal chat is important – as is seeing other people, talking to them about how their physio is going and knowing you're not alone."

"I'd stopped going out altogether and now I've started going out again so it's made a massive difference to me. Where else would you get all this information otherwise?"

The neurology team also ran 'Getting to Grips' courses for newly-diagnosed multiple sclerosis (MS) patients in June 2014 to increase their knowledge and understanding of MS, discuss treatment and help them develop self-management strategies. These courses will return in September 2015.

WHEELCHAIR SERVICE RELOCATES

ECCH's wheelchair assessment team moved to a new home in March 2015, enabling an improved service for wheelchair users in the area. The service, which was based at the Norfolk Coastal Centre in Beacon Park, Gorleston, relocated to Kirkley Mill Health Centre in Lowestoft.

Kirkley Mill Health Centre's integrated environment, with clinicians and therapists from a wide range of health and social care services under one roof including physiotherapists, podiatrists and neurological rehabilitation, means patients may be able to combine their wheelchair assessments with other appointments. Access for patients will also be improved.

CLINICAL RESEARCH

A number of patients receiving NHS services provided or sub-contracted by ECCH in 2014/15 were recruited during this period to participate in research approved by a research ethics committee.

We took on 3 new studies in 2014/15. One was a national study supported by the National Institute for Health Research (NIHR) Primary Care Research Network (PCRN), and two were student studies.

ECCH's GP practice, the Nelson Medical Centre in Great Yarmouth, underwent a process to become a 'research ready' practice with the NIHR PCRN. The practice works with representatives of the network to achieve key research objectives, one of these being to increase the number of patients recruited into PCRN portfolio research studies. We also gained Level 1 Research status during 2014/15.

ECCH has taken steps to engage with the wider research community in the Great Yarmouth & Waveney area. We took part in a cross organisational review of research across Great Yarmouth and Waveney to help identify priorities for closer collaboration between NHS and academic organisations - work that will be further enhanced with a research prioritisation exercise being undertaken in the coming months. We have recently been awarded £5,000 from NHS Great Yarmouth and Waveney CCG for research development work.

NELSON MEDICAL PRACTICE

The Nelson Medical Practice has gained 99.8%, (a score of 558.09 out of 559 points) in the Quality and Outcomes Framework (QOF). This framework is the annual reward and incentive programme detailing GP practice achievement results.

There were three domains within QOF for this period: Clinical, Public Health, and additional services.

AWARDS FOR COMMUNITY CANCER MATRONS

ECCH's Macmillan Community Cancer Matrons in Great Yarmouth and Waveney won the award for Excellent People Centred Care and Support at the Norfolk Care Awards in February 2015. These awards celebrate quality, innovation and commitment across the county's care sector.

The matrons are part of an Anglia-wide pilot scheme that allows cancer patients to receive care and support closer to home, with cancer nurses based in the community rather than in hospitals. The team supports cancer patients and their carers from the point of diagnosis onwards. The pilot also won the Living with and Beyond Cancer category of the Quality in Care Oncology Awards in December 2014.

The service, which celebrated its first year in operation in May 2014, is funded by Macmillan Cancer Support and the matrons are employed by East Coast Community Healthcare.

CLINICAL EDUCATION

Following the successful implementation of the generic worker role within the Out of Hospital Team, this new model for the delivery of integrated care within the community continues to be embedded, reviewed and developed to provide the strong foundations of

integration within health and social care. In addition, the increasing opportunity to skill mix and address the challenges within the registered workforce provides the platform for a creative and innovative approach that keeps the patients at the heart of our care delivery. The role of the generic worker utilises the range of core skills and competencies they are trained in to respond to the patient's needs, reducing the time delay and number of healthcare professionals visiting them – thus providing a more efficient and streamlined service to address their particular needs. Furthermore, generic workers add a vital level of flexibility within the workforce in their ability to transfer their skills across different localities within ECCH enabling us, at an organisational level, to respond to changing demands in our services.

As part of our participation in the national field testing of the Care Certificate, ECCH incorporated the 15 Care Certificate standards into the block training that all those undertaking the 'generic worker' role are required to achieve. Working with other local provider organisations the care certificate portfolio has been developed and field tested to ensure transferability. Successful completion of the training program gives the Community Healthcare Support Workers, Community Healthcare Assistants, Community Assistant Practitioners (and everyone they support and work with) the confidence that they have the skills, knowledge and behaviours to provide compassionate and high quality care and support, irrespective of

individual work role. The Care Certificate provides clear evidence to employers, patients and people who receive care and support that a health or social care worker has been trained to a specific set of standards. Induction, preceptorship and supervision for generic workers are all included within the training program, which demonstrates the commitment of ECCH to the delivery of high quality patient care within the new integrated workforce model and as a learning organisation.

We responded to the need from our Mentors and Practice Educators to develop an annual mentor development day that provides an opportunity to refresh, renew and enhance their educator skills whilst allowing us to highlight the importance and value of the roles within our organisation to support the next generation of registered healthcare professionals. These days are developed and delivered in partnership with both local universities. The high quality of the placement experience is reflected in the students' feedback and the fact that we have successfully recruited several previous students as newly qualified staff.

SAFEGUARDING ADULTS

It is a responsibility of all ECCH staff to raise concerns about adults in our care who are experiencing, or at risk of, abuse or neglect or are vulnerable. During the

year the number of concerns for adults in vulnerable situations and safeguarding referrals continued to increase.

Key actions carried out in 2014/15:

- The number of staff receiving safeguarding training in the year was 341 and 312 completed the Mental Capacity, Consent and Health Record training
- Three months after undertaking mandatory safeguarding training staff were asked to complete a questionnaire. The results indicated that 93% were able to name outside agencies who could support with safeguarding children and adults
- To ensure patients' rights are protected following the High Court judgement on Deprivation of Liberty Safeguards (DoLS) and that ECCH continues to meet its legal obligations, further training has been provided to key inpatient staff. Supporting documentation has also been updated and standard trigger questions on DoLS have been introduced at all nursing handovers

In addition to support given to our front line staff, ECCH worked to further strengthen its internal oversight and scrutiny of adult safeguarding activity this year by:

- Requiring adult safeguarding to be a standing item on service meeting agendas/shift handovers
- Meeting the requirements for a statutory Duty of Candour
- Supporting partner organisations including GP practices, care homes, voluntary sector and the Health School at the University of East Anglia, with basic awareness training by ECCH's Safeguarding Adults lead



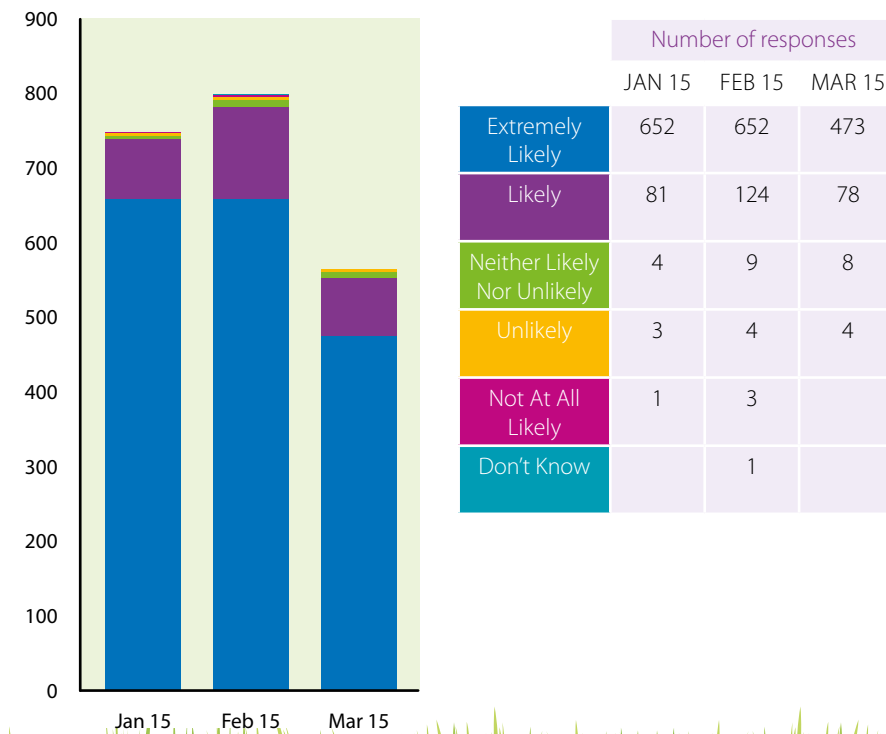
Patient and Service User Experience

FRIENDS AND FAMILY TEST

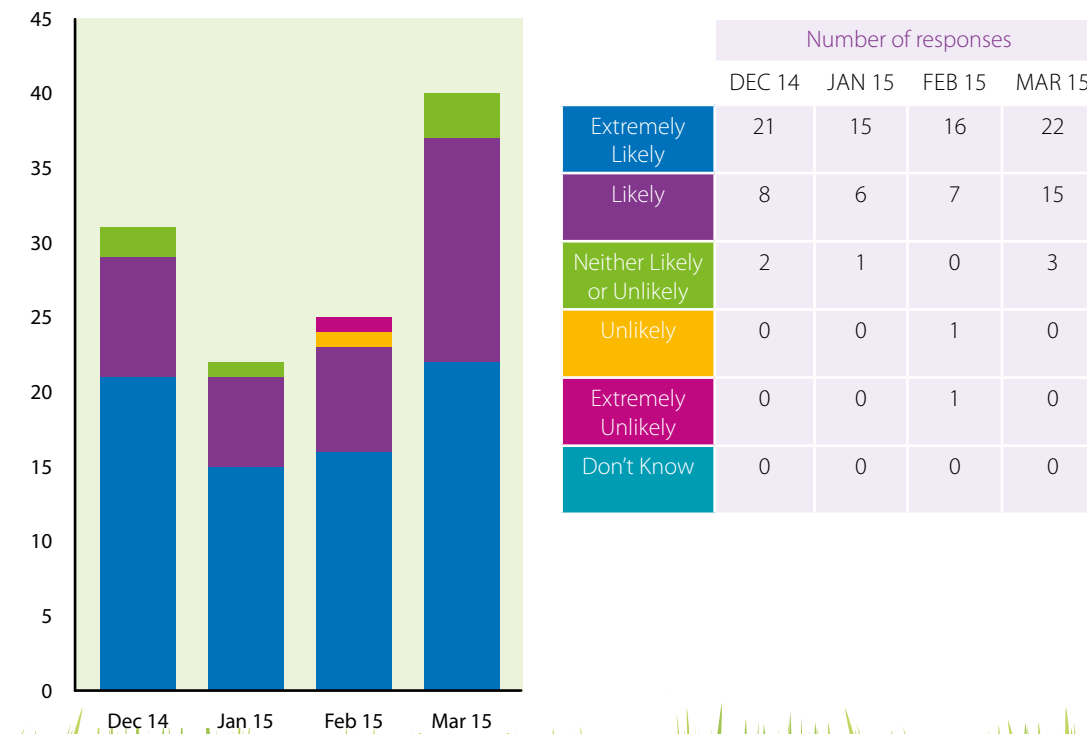
The Friends and Family Test (FFT) is a national mandatory initiative by NHS England asking patients if they would recommend an NHS service to their friends and family. We launched this initiative on 1 December 2014 in the Nelson Medical Centre and from 1 January 2015 across Adult Services. Children's Services have been completing their own questionnaires incorporating the FFT question for many months. The graph below gives our patients' responses.

How likely are you to recommend our services to your friends and family if they needed similar care or treatment?

Friends and Family Test Adult and Children's Services



Friends and Family Test Nelson Medical Practice: Dec 2014 - March 2015



PATIENT ADVICE AND LIAISON SERVICE

ECCH endeavours to make it as easy as possible for patients to contact the Patient Advice and Liaison Service (PALS) to ask questions, give compliments, raise concerns or make formal complaints. In addition to the FFT questionnaires, we have posters and leaflets readily available, and the team's contact details are clearly shown on our website.

The PALS team strives to listen carefully to patients, offers to visit complainants as and when necessary and to respond in a fair, open and honest manner. Duty of Candour plays a role within concerns and complaints raised. The new PALS and Complaints policy, together with the Duty of Candour policy, are fully embedded across the organisation and can be found on both our intranet and website.

The graphs below provide details of the complaints received during the year 1 April 2014 to 31 March 2015.

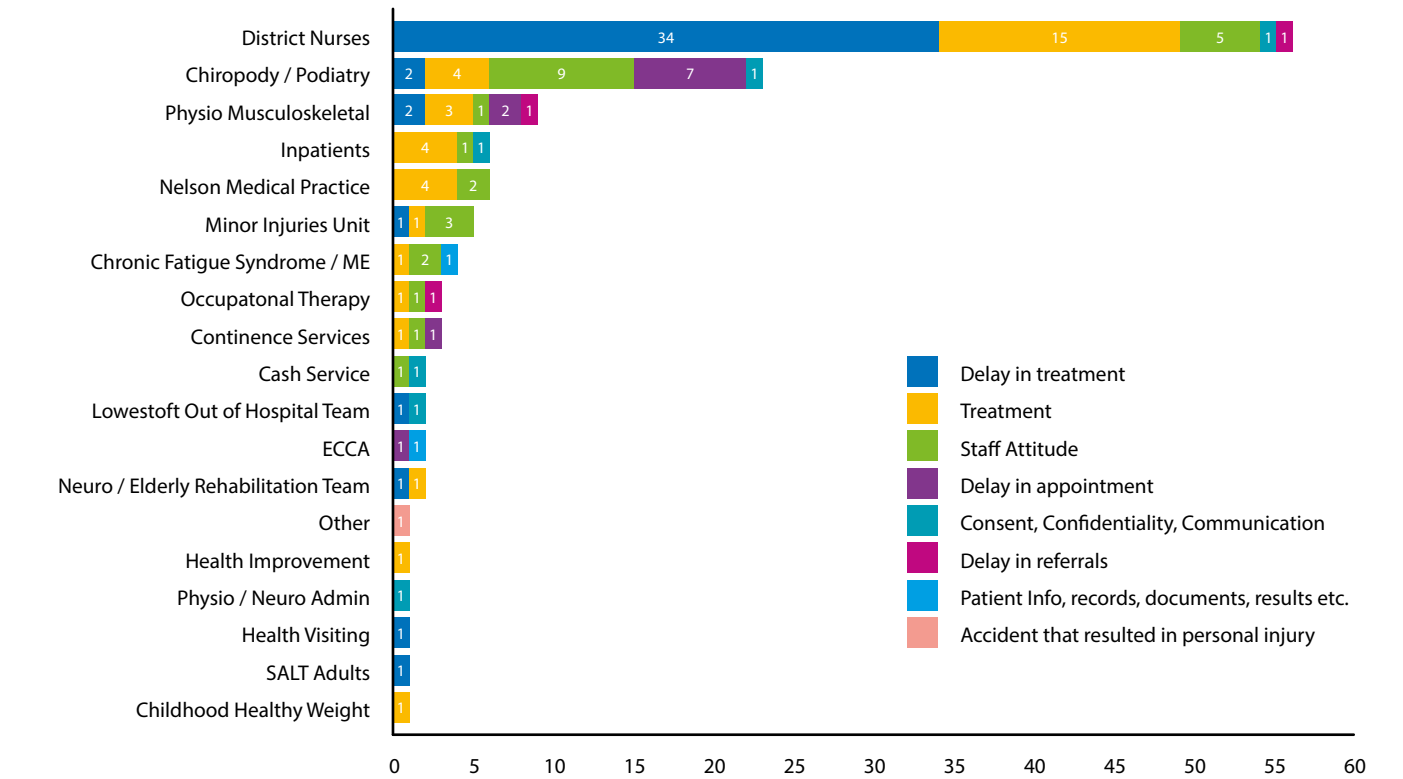
LEARNING FROM COMPLAINTS AND PALS CONCERNS

Throughout the year, whenever potential service improvements have been identified, we have included these in our formal response letters to complainants. The Manager/Team Leaders/Investigation Officers are required to provide evidence to the Patient Liaison

Manager to ensure that these actions have been carried through to completion. Monthly results are uploaded on ECCH's website (www.eastcoastch.co.uk).

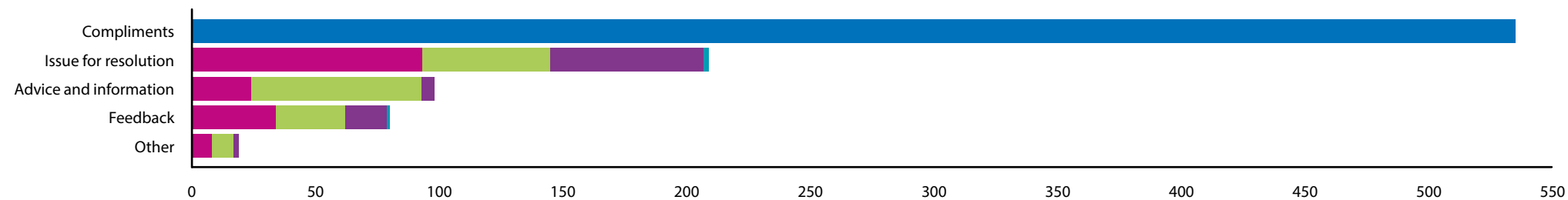
ECCH strives to remain a learning organisation and the lessons we receive from patients in connection with complaints play a big part in this improvement process.

All complaints: April 2014 - March 2015 by service and type



To add context, taking January 2015 as a sample month, we received 15 complaints across the whole organisation against a total of 8,086 individual patient contacts. This equates to 0.18% of contacts.

PALS contact types and outcomes: April 2014 - March 2015



	Other	Feedback	Advice and information	Issue for resolution	Compliments
Compliments					535
Referred to more appropriate person	8	34	24	93	
Information given	9	28	69	52	
Resolved	2	17	5	62	
Passed to formal complaints		1		2	



You said...

We did...

The District Nurse did not turn up on the day I expected them

When a District Nurse is unfortunately unable to make a routine visit on the expected day because urgent care has had to take priority, we now make sure that the patient is informed that the visit has been rescheduled and we apologise for the delay.

I'm disabled and finding it difficult to access Kirkley Mill Health Centre

We purchased four new wheelchairs and put signs up at the entrance to the health centre to say that these are available from reception.

Why am I no longer having a podiatry appointment every 12 weeks?

New access criteria was agreed with our Commissioners to ensure the highest priority patients receive timely intervention. We are working hard to review our existing patients to ensure we provide the best possible service to those most in need.

I arrived at Beccles Minor Injury Unit as they were closing for the night and was told I could not be seen.

Patients attending the MIU just prior to closing will now be seen by the nurse going off duty and appropriate advice given if they are not able to be treated at the MIU. All hospital reception staff have been made aware of this new policy.

I was referred for a physiotherapy telephone assessment and given exercises but I didn't have an appointment to see a physiotherapist.

The administration team making initial appointments will now book face-to-face appointments if a patient is not suitable for, or does not want, a Physio Direct telephone consultation. The patient should be involved in this decision. Patients who are given exercises after a telephone assessment can contact the department for further assistance if the exercises are not proving effective.

PATIENT FEEDBACK

"I would like to give the District Nurses our utmost thanks for the wonderful care. We are grateful for all of the time, care and attention our family have received from you all."

"To all the nurses at Southwold Hospital – thank you is not enough words for the gratitude that I have for every last one of you. For the kindness and support which I enjoyed and most of all your professionalism which I found second to none."

"Great, friendly, welcoming and encouraging instructor. Feel much healthier from doing the class. Would most definitely recommend to others."

"I would like to express my sincere thank you to all the staff at Beccles Hospital for the excellent care given to me during my stay there."

"To everyone at Northgate Hospital – thank you so much for taking care of me so well."

"I would like to express my sincere thank you to all the staff at Beccles Hospital for the excellent care given to me during my stay there."

"A heartfelt thanks to your whole team for the care, compassion, selflessness you have all shown to my wife and myself. We had become pretty disillusioned and thought we were on our own. Then in came the Out of Hospital Team and suddenly all things were possible."

"We were all in a dark place before our first appointment. We were so relieved when we came away. I can't thank the CFS Service enough for getting us all back on track and fulfilling our lives."

"Podiatry, Physiotherapy and Occupational Therapy – you were all always cheerful and helpful, a pleasure to have a conversation with and to discuss current situations. Extremely pleased with all the services."

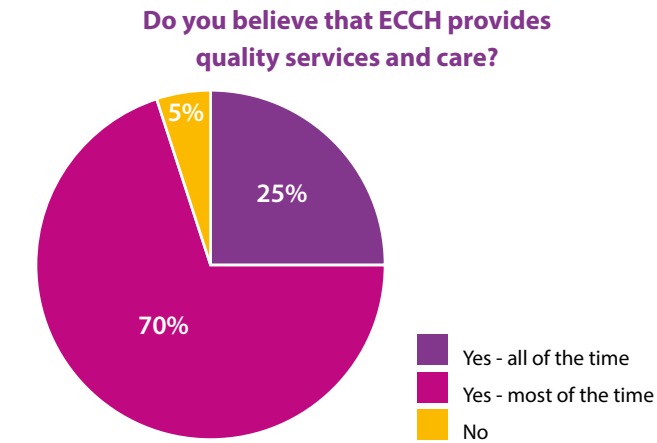
Workforce Quality

Over the reporting period ECCH increased staffing from 898 to 910. Throughout the organisation we focussed on staff empowerment through engagement with an emphasis on training and development.

In July 2014 we carried out our own bespoke staff survey for the second year running. This was developed in-house and approved by members of ECCH's staff council, called The Hub, and our Joint Staff Forum, which has union representation. 55% of staff responded. This year's responses, compared with those reported in last year's Quality Account, indicate the work we have undertaken on staff development and engagement has been positively received.

RESULT HIGHLIGHTS

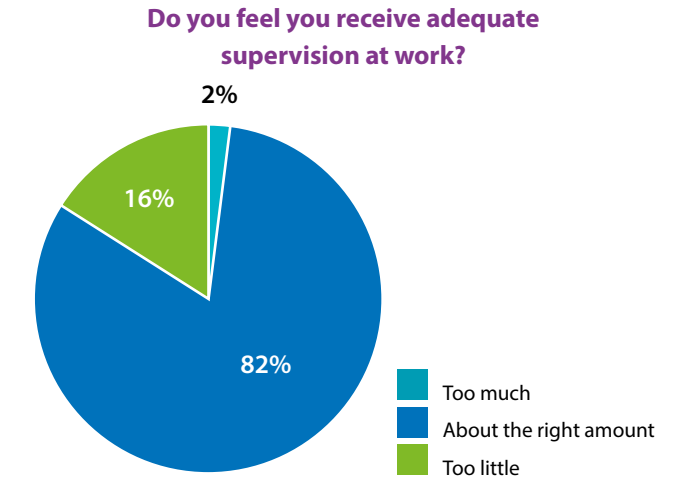
95% of staff believe ECCH provides quality services and care all of/most of the time compared with 83% a year ago.



88%

Those who strongly agreed/agreed that the people they work with treated them with respect has risen from 85% to 88%.

The number of staff who feel they receive adequate supervision at work has risen from 78% last year to 82%.

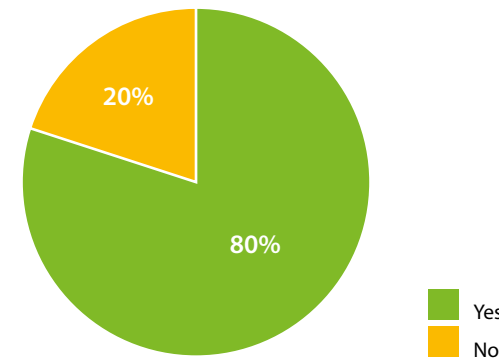


86%

86% strongly agreed/agreed that their team leader encouraged everyone to work as a team compared with 75% last year.

Asked whether team leaders/line managers support staff in having a good work life balance, 80% of respondents said they did compared to 81% last year.

Does your Team Leader / Line Manager support you in having a good work life balance?



Development of staff goes a long way to enable staff to meet the corporate objectives, to maximise performance and unlock potential.

2014/15 has seen the continuance of the People Matter management skills programme with the introduction of Engagement Matters and Workforce Matters to complement Recruitment, Attendance and Performance Matters. The feedback and evaluation to date has been extremely positive and well received.

To further enhance the leadership and management skills within ECCH we are now investing in a number

of Leadership and Management qualifications, namely ILM (Institute of Leadership and Management) and Postgraduate Certificate and Diplomas in Management and Leadership which could be topped up to an MSc.

We have invested in the STEPS to Excellence programme for 90 ECCH managers. This is a personal change management programme incorporating positive psychology and introducing a number of techniques to influence behaviours.

In addition to the above, a wide variety of clinical and personal development activities have taken place. A new Education and Training Policy is now in place and the Education and Training Team now comprises of a Training and Development Lead, a Clinical Education Lead, a Pre-Professional Education & Learning Co-ordinator, an apprentice administrator, a trainer and a practice educator.

STAFF ABSENCE

The cumulative absence rate for this period was 5.7% compared to a rate of 4.14% for 2013/14. It is of note that the absence rate in relation to sickness absences of four weeks or more has reduced over this period due to a more integrated use of occupational health interventions and Attendance Matters training. ECCH continues, through proactive Human Resources (HR) strategies, to find ways to reduce this further.

Short term absence (i.e. less than 4 weeks) has risen during this period and the HR team is working hard to understand the cause of this and apply solutions. In December 2014 we revised our attendance and wellbeing policy which now includes earlier intervention with staff who are absent due to sickness. Fundamental change around demand management, leadership and stress management is enshrined in our OD Strategy 'People Matter'.

APPRENTICESHIPS

Since October 2014 ECCH has pledged to enrol new employees who are on a band 1-4 pay scale on to the next appropriate apprenticeship pathway for their role. ECCH has completed 15 apprenticeships in this period. Nine apprenticeships were started during this timeframe although one has since withdrawn, having left ECCH. Our target for the 2014/15 commissioning year was for 16 apprenticeship starts. We fell short by one, resulting in a final figure of 94%.

FOUNDATION DEGREE

ECCH set a target to recruit 10 existing staff members onto a foundation degree in 2014/15. In July 2014, four staff members were enrolled onto the Foundation Degree in Health Studies and all started the course in September 2014.

In November six staff members were enrolled onto the course for the February 2015 cohort of students. A further two were recruited during this time but have been deferred until the next cohort in September 2015.

During this timeframe, ECCH met the target of 10 foundation degree students and has since increased the 2015/16 targets, aiming to recruit 15 students.

CLINICAL SUPERVISION

We believe that a robust and consistent approach to clinical supervision is essential to ensure the provision of high quality care by our clinicians, irrespective of grade. Clinical supervision supports and enhances the quality and safety of the services we provide and supports staff in their development.

The planned programme for preparing and establishing regular quality supervision across the services utilises the 1:1 upward moving model, with the current criteria that the supervisor should not be the line manager of the supervisee. Long term plans include the progressive approach using a model that represents the truest supervisory relationship, whereby the partnership is chosen by the respective parties to best suit the needs of the supervisee.

All clinical staff will be prepared for both the supervisor and supervisee role. The programme has been developed by ECCH with the support of the University of East Anglia (UEA) who will facilitate the day.



TALENT FOR CARE

Talent for Care is a national strategic framework to develop the healthcare workforce. The following table outlines the Strategic Intentions and the work ECCH is doing in response.

**Cavendish Care Certificate: Subsequent to the Francis Report, the Cavendish report resulted in the development of a 'care certificate' that all health and social care support workers will be required to complete prior to having any unsupervised contact with patients/clients. We have been involved in the local development of the care certificate and have been part of the secondary field testing of the process and documentation. ECCH has committed to rolling out the care certificate from March 2015 as part of the induction, supervision and development of our support workers.



TALENT FOR CARE STRATEGIC INTENTION	ECCH RESPONSE
Broaden the ways into training and employment in the NHS, especially to attract more young people and improve diversity within the workforce.	<ul style="list-style-type: none"> We proactively support apprenticeships and are currently developing a plan to introduce recruited clinical apprentices. We are currently exploring the introduction of Open University part time nurse training from September 2015.
Increase the chances for people to try new experiences of working in the NHS.	<ul style="list-style-type: none"> From 1st October we will seek to enrol all new employees on bands 1-4 on an appropriate apprenticeship framework.
Engage more staff to act as NHS Ambassadors who can promote NHS careers to schools, colleges and local communities.	<ul style="list-style-type: none"> We are working with local schools and FE education providers to develop a work experience programme for young people to gain an understanding of the diverse career opportunities within the health and social care sector. New appointment of a Pre-Professional Education and Learning Co-ordinator to respond to the operational aspects of bands 1-4 and to provide support to the bands 1-4 learners. We are currently identifying and expanding the number of health ambassadors with our organisation.
Challenge and support every NHS employer and contractor to implement a development programme for all support staff that is over and above annual appraisals and training.	<ul style="list-style-type: none"> We are rolling out the care certificate as part of our induction programme from March 2015 (see details below)** We seek to enrol all bands 1-4 staff onto an appropriate apprenticeship framework (from 1st October 2014) We proactively support apprenticeships and will exceed our commissioned numbers for the current year.
All new healthcare support staff to achieve the new Care Certificate, which will be introduced in March 2015 and, for those who want it, a universally recognised Higher Care Certificate.	
Double the numbers of Health Education England funded or supported apprenticeships by March 2016 and establish an NHS Apprenticeship Scheme to rival the best in the country.	
Simplify career progression for those who want it with innovative new roles and pathways to promotion, including more part-time higher education as a route into nursing and other registered professions.	<ul style="list-style-type: none"> We seek to support alternative routes into professional training via Open University part time courses and the exploration of potential secondments into professional training. We are part of the working party with the local workforce partnership to develop transferability of the care certificate as part of a system wide agreement. A range of strategies are being implemented to support, develop, identify and nurture existing talent to support progression and succession planning.
Agree with employers and education providers a universal acceptance of prior learning, vocational training and qualifications.	
Support talent development that identifies and nurtures people with the potential to go further, especially for those wanting to move into professional and registered roles.	
The national Talent for Care programme partnership will support this strategic framework with a national campaign. We will publish information, support pilot projects and spread good practice.	

Audits

ECCH is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against ECCH during 2014/15. It inspected one ECCH service during this period.

BECCLES COMMUNITY HOSPITAL

The CQC inspected two standards on 15 August 2014:

- Care and welfare of people who use services. **Outcome: met this standard**
- Assessing and monitoring the quality of service provision. **Outcome: Action needed**

The CQC report highlighted action required relating to clinical supervision processes, quality monitoring and mandatory training compliance.

The ward team reviewed their systems and have introduced increased clinical supervision sessions and established new processes to ensure that staff are aware of how to monitor their compliance with mandatory training through the electronic training record.

An action plan was submitted to the CQC and implemented to address the required areas. All actions were completed by December 2014. We are awaiting a visit from the CQC to re-inspect the hospital.

SERVICE / DEPARTMENT	AUDIT TOPIC	AIMS (WHAT)	OBJECTIVES (WHY)	RESULTS/ RECOMMENDATIONS
Children and Families	Safeguarding Supervision	To assess the quality and effectiveness of safeguarding supervision	To ensure staff are receiving mandatory safeguarding supervision. A measure for effectiveness.	The audit was undertaken to look at the quality of supervision provided by the deputy and named nurse to identify any areas in which supervision could be improved. The results highlighted that supervision improved practice with 100% of staff and also challenged thinking and reasoning in child protection cases for all staff. 40% of staff rated supervision as excellent and 51% of staff rated it as very good. 28% of staff though that supervision could be improved with regards to the time of day that the supervision was carried out/the location (some staff have supervision at their own base which can be noisy)/the length of time of supervision session if practitioner has high safeguarding numbers in their case load.
Children and Families	UNICEF Stage 3. Client knowledge about breastfeeding		To meet UNICEF full accreditation standards of practice.	The audit was carried out to assess and obtain women's knowledge base of information provided by the health visiting teams in relation to breast feeding and UNICEF standards of practice and guidelines. The information obtained included antenatal breast feeding advice, its importance, relationship building and conversations mothers had with health visitors. Post-natal advice included ongoing breast feeding support, additional support including breast pump hire, promotional topics such as sign posting to the breast feeding app. Sixty mothers were interviewed and the score criteria was to achieve 80%. The results varied from 87% - 100%. Full accreditation was achieved. The re-assessment will take place in November 2015.

SERVICE / DEPARTMENT	AUDIT TOPIC	AIMS (WHAT)	OBJECTIVES (WHY)	RESULTS/ RECOMMENDATIONS
Community Hospitals	Back to Basics Check your charts	To ensure adequate / appropriate recording	Measure / Improve patient care & documentation	100% of the audits were completed across the four sites, generally with good results. Four main areas to improve: ensure review dates are written on care plans; fluid balance charts are totalled; personal care plans are identified and written for patients; and for the drug charts to always be signed or coded following administration of medicines.
Community Tuberculosis (TB) Service	Completion of TB treatment outcomes	To ensure all treatment outcomes are recorded.	KPI monitoring	100% of treatment outcomes recorded for records reviewed from April 2014 to end of March 2014. This does not equate to number of clients completing treatment which would be more valuable for KPI monitoring. KPIs for the TB Service need reviewing.
ME/CFS (Myalgic Encephalopathy/Chronic Fatigue Syndrome)	ME-CFS Change Questionnaire Audit	<p>To gauge whether patients feel that they are improving since having contacted the ME/CFS service.</p> <p>To determine whether patients are better able to manage their symptoms since contact with the ME/CFS service.</p> <p>To determine whether patients' outlook for the future is positive.</p> <p>To determine whether patients would recommend the service to others.</p> <p>To compare results from previous audit in January 2013 to see if changes implemented as a result of audit have improved patient care.</p>	To determine whether the ME/CFS service is making a difference to patients suffering from the condition.	<p>56% of respondents stated that overall their illness has improved since contacting the ME/CFS Service</p> <p>53% of respondents said that their symptoms have improved since contacting the ME/CFS service</p> <p>50% of respondents said they are able to do more since contacting the ME/CFS service.</p> <p>64% of respondents said that they are better able to cope with their illness since contacting the ME/CFS service</p> <p>58% of respondents said they were better able to control the severity of their symptoms since contacting the ME/CFS service</p> <p>62% of respondents were more positive about the future course of their illness</p> <p>When asked whether they would recommend the ME/CFS service to someone else, 89% (115/129) of respondents said they would.</p> <p>Recommendations: The service needs to consider ways to offer more frequent appointments for those who need it.</p> <p>In future audits the service should consider who to send the questionnaire to i.e. all referrals or only those patients who actually had contact with the service.</p>

SERVICE / DEPARTMENT	AUDIT TOPIC	AIMS (WHAT)	OBJECTIVES (WHY)	RESULTS/ RECOMMENDATIONS
Medicines Management	Antibiotics Usage	To measure compliance to antibiotic prescribing policy and formulary.	To reduce incidence rates of healthcare-associated infections including C. Diff and bMRSA.	An improvement has been seen in documenting reasons for non-adherence although this could be down to pharmacists interpreting data from culture and sensitivity (C&S) results rather than the prescriber clearly documenting at the point of prescribing. The most common cause for non-adherence remains duration of antibiotics not following policy. This most commonly relates to extended length of courses for UTIs. This indicates a clear need for continued education for prescribers to highlight the risks associated with prolonged antibiotic courses. Pharmacy has now developed a separate antibiotic prescription chart to be used on the current drug chart with a dedicated space for the endorsement of indication and stop/review date.
Physiotherapy	Did Not Attend (DNA)/ Cancellation Audit - Neurology	Information gathering audit to establish circumstances and figures of DNAs and cancellations of appointments	To determine opportunities for reducing DNAs and cancellations	<p>Although there was some reduction in unfilled slots it was not the result expected and for the clinical time taken to complete the phone calls this was not a large enough difference to justify this time. It took approximately 12 hours to complete these phone calls over the month but only resulted in an improvement of 4.5 hours clinical time.</p> <p>Also the main reason for unfilled slots that we were aware of was due to illness which is something which is beyond our control whether the patients are contacted or not.</p> <p>As a team we may benefit from having a cancellation list of people who we could contact if we are aware of unfilled slots but in the event of a DNA then there is little that can be done. This is likely to be an ongoing issue and is complicated further by our patient group. We also need to consider having a plan in place for what we will do in the time we have unfilled slots. This may be admin tasks, discharges or telephone reviews but could be decided at the beginning of each clinic day.</p>

DATA QUALITY

ECCH has adopted a model of centralised data management, by bringing information in from disparate systems and enabling a combined analysis to ensure a holistic perspective is available to those who deliver the services.

As a provider of community based services, ECCH captures a lot of data across a number of clinical and non-clinical systems. This data is used for a variety of purposes, from ensuring that the right advice is given at consultations to forecasting capacity requirements and expenditure.

As more services are delivered, more patients get seen and more data is generated. ECCH has long believed that just capturing data is not enough, it is important to understand what that data is used for and ensure it is turned into useable information.

Since its inception, ECCH has invested a significant amount of time and effort in creating an environment where data becomes information and information becomes intelligence. By using data we can improve the quality of services for patients. This means better outcomes and better utilisation of public services. ECCH will continue to invest in the centralised data management system over the coming year.

INFORMATION GOVERNANCE TOOLKIT

ECCH Information Governance Assessment Report score for 2014/15 was graded level 2.

CLINICAL CODING ERROR RATE

ECCH was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

Corporate Social Responsibility

As a Community Interest Company (CIC) we are always looking for ways to benefit the community. Here are some of the things we have done in the past year.

SWIMMING CLUB SPONSORSHIP

We have agreed to give £450 to Great Yarmouth Swimming Club. This sponsorship will enable the club to stage three mini galas for 'Learn to Swim' and 'Pre-Squad' swimmers for the first time, thereby promoting exercise and wellbeing among the youngest in our communities.

PHONES TO HELP VICTIMS OF VIOLENCE

ECCH donated 230 mobile phone handsets to Norfolk PACT (Partners Against Crime Taskforce) for their Norfolk Fonesforsafety campaign - a mobile phone recycling scheme which turns used mobile phones into reconfigured "999 emergency only" personal alarms for victims of domestic abuse and other vulnerable people.

The phones were previously used by staff who have now been issued smart phones as part of our mobile working system.

RAISING AWARENESS OF MOTOR NEURONE DISEASE

ECCH clinicians who work with patients suffering from motor neurone disease (MND) took part in an 'ice bucket challenge' to raise awareness of the condition – with the help of Firefighters from Suffolk Fire Service.

Eighteen clinicians including physiotherapists, neurology nurses, speech therapists and occupational therapists felt the full blast of the fire hoses at Lowestoft Fire Station – and the fire officers doused them with huge bins full of ice as well.

CHRISTMAS COLLECTIONS

At Christmas we set up collection points across ten ECCH sites so staff could donate items for vulnerable and homeless people in Great Yarmouth and Waveney.

We subsequently delivered goods ranging from tents and sleeping bags to clothing and toiletries to Access Community Trust which described the donation as 'overwhelming'.

We also collected for two foodbank schemes – Great Yarmouth and East Suffolk - and ECCH district nurses distributed foodbank vouchers to patients in need.

ADDITIONAL FUND RAISING

We raised funds for local charities at a number of staff social events throughout the year. At the annual quiz night in April we collected £370 through tickets sales and a raffle. ECCH then matched this amount and donated it to Age UK Norfolk and Suffolk. We also held a Staff Awards event at which we raised £300 through raffle ticket sales. Again this was doubled and donated to Beach Radio's charity Help an East Coast Child.



APPENDIX 1 – SERVICES PROVIDED IN 2014/15

From April 2014 to March 2015 ECCH provided and/or sub-contracted 34 NHS services:

ADULT SERVICES	CHILDREN AND FAMILY SERVICES	HEALTH IMPROVEMENT SERVICES
District Nursing	Health Visiting	Contraception and Sexual Health Service
Hospice at Home	School Nursing	Sexual Health Promotion Unit
Lower Urinary Tract Service	HPV Immunisation Team	Smoking Cessation
Admission Prevention Service	Family Nurse Partnership	Nelson Medical Practice
Falls Service	MEND	Physical Activity Team
Inpatient Services across four community hospitals	HENRY	Healthy Schools Team
Minor Injury Unit at Beccles and Patrick Stead Hospitals	Children's Speech and Language Therapy	TB Control Team
Adult Speech and Language Therapy	Breastfeeding Support Service	Health Improvement Team
Continence Team	Looked After Children	
Physiotherapy		
Neurological Specialist Nursing		
Occupational Therapy		
Podiatry		
Rayner Green Resource Centre		
Community Matrons – case management		
ME/Chronic Fatigue Syndrome Service		
Chronic Obstructive Pulmonary Disease Specialist Nursing		



Your Ref:
Our Ref: ECCHQA/CG v2
14 May 2015



Elaine James
Director of Nursing
East Coast Community Healthcare
1 Common Lane North
Beccles
NR34 9BN

Beccles House
1 Common Lane North
Beccles
Suffolk
NR34 9BN

Tel: 01502 719561
Fax: 01502 719874

Web: www.greatyarmouthandwaveneyccg.nhs.uk

Dear Elaine,

Great Yarmouth & Waveney Clinical Commissioning Group as the commissioning organisation for ECCH supports the organisation in its publication of a Quality Account for 2014/15. We are satisfied that the Quality Account incorporates the mandated elements required based on available data. The information contained within the Quality Account is reflective of the challenges and achievements within the Trust over the previous 12 month period.

In our review, we have taken account and support the clinical quality improvement priorities identified for 2015/16 and support the identified improvement objectives in the quality and safety of care provided to Great Yarmouth & Waveney residents. This will be achieved through a range of identified priorities which includes:

- **Improving patient experience** by the roll-out of a training programme to improve staff understanding when delivering care to patients with learning disability and also continuing to build on staff education to support patients with dementia.
- **Improving patient safety** by championing innovations in the prevention and management of pressure ulcers including using the expertise of a Tissue Viability Nurse to further improve the care to our vulnerable residents of Great Yarmouth and Waveney.
- **Improving clinical outcomes and effectiveness** by continuing on the successful expansion and delivery of the Out of Hospital multi-disciplinary teams providing care at home or in a "bed with care".

We are also pleased to note the development of an integrated respiratory nursing team, working with the James Paget University Hospital Trust, to support patients with respiratory disease to return home safely to continue their recovery in their home environment, as well as the continued development of the leg ulcer service.

The development of a Research and Development Lead is a welcome addition to ECCH.

We also acknowledge the success and continued development of the Lowestoft Out of Hospital Team into a new working model, which includes the implementation and education of the generic worker role. In addition there is the success of the ECCH McMillan Cancer Matrons with the achievement of an award for Excellent People Centred Care and Support.

It is noted that ECCH have submitted a completed action plan to the Care Quality Commission following the inspection of Beccles Community Hospital and that re-inspection is awaited. The action plan focused on clinical supervision processes, quality monitoring and mandatory training compliance.

The CCG also acknowledges the excellent infection prevention and control performance and work of the Infection Prevention and Control team.

The Great Yarmouth & Waveney Clinical Commissioning Group looks forward to working with ECCH during 2015/16.

Yours sincerely

Cath Gorman
Director of Quality & Safety



Healthwatch Suffolk response to the East Coast Community Healthcare Quality Account 2014/15

We highlighted a number of issues with the draft that we originally saw, this included:

- The opening Statement had no name attributed to it.
- Limited detail provided against some achievements.
- CQUIN results reported two areas as amber (now green following CCG confirmation that they have been achieved). We considered that information presented could have been expanded, giving further detail in the key areas of patient falls and pressure ulcer prevention.
- The CQC visited Beccles Community Hospital in August 2014 and further action is required on 'assessing and monitoring the quality of service'. We felt that more detail of the Action Plan would have been helpful.

It is pleasing to note that East Coast Community Healthcare has taken steps to address many of our comments to some extent in the final report.

The document is well laid out, offered in alternative formats and relatively easy to read, however, there is no glossary.

The Review of Quality Performance 2014/15 is presented in RAG format, which clearly shows areas in green that have achieved objectives. The development of the Out of Hospital multi-disciplinary team is recognised as excellent and explanatory information is well presented.

It is of particular note that Community Matrons won an award for Excellent People Centred Care and Support.

Clinical effectiveness is highlighted in areas such as healthy schools, dental health pilot, child measurement and family nurse partnership with innovations and awards presented. Other areas like access to healthcare, stop smoking service, physical activity team, health promotion, Parkinson's group are discussed in general terms, but some data would have been helpful.

Incident reporting shows an increase of 377 for 2014/5 on the previous year (2849 and 2472 respectively). There is some discussion on possible causes and actions taken. A graph shows the number and profession of complaints received 2014-15, with District Nurses appearing to have a large amount.

Also it would have been helpful to have a comparison to last year - has this figure for District Nurses increased? Issues referred to PALS are presented in a graph and it is welcoming to note the large number of compliments. A summary of some positive actions is presented in a 'you said, we did' format. The Friends and Family test has only recently been introduced so it is rather early to show full results. Local Clinical Audits are presented in a table, contributing to the overall quality picture.

The report clearly reflects how East Coast Community Healthcare values staff and the community, with courses, apprenticeships, conferences and research referred to across many areas. Positive staff evaluation is shown, with an increase on last year.



Unit 12&13 Norfolk House, Williamsport Way, Needham Market,
Suffolk, IP6 8RW (01449 703949)



Statement from Healthwatch Norfolk

Healthwatch Norfolk is pleased to have the opportunity to comment on the Quality Account.

Overall the layout and content of the document makes it very user friendly to the reader. The Appendix clearly outlines to the reader the services provided and/or sub-contracted by East Coast Community Healthcare. In terms of the section on feedback and contact details for obtaining the document in a different format, we would suggest moving this section to the front of the document.

Our understanding is that the Quality Account is 'an annual report to the public from providers of NHS healthcare about the quality of services they deliver. It allows leaders, clinicians, governors and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.' Therefore we believe that the Statement on Quality at the beginning of the document which refers to the fact that the quality Account is written 'for and by our staff' should also have made reference to the importance of the public as the significant audience for the document. The amount of information in the report on workforce quality and staff development is perhaps an indication of the document being aimed at staff rather than the public.

The document clearly sets out the priorities for improvement in 2015/16 and the explanation of quality performance is also easy to read and understand although an explanation of the RAG rating would be useful to lay readers.

Under the section about incidents, although it is clearly laid out in terms of the process for recording incidents, there is little information on actions taken as a result of incidents. This additional information which would reassure members of the public as to the impact of recording and investigating incidents rigorously. The learning from complaints and PALS concerns is helpful in providing this degree of reassurance. The section under 'you said we did' is particularly well laid out.

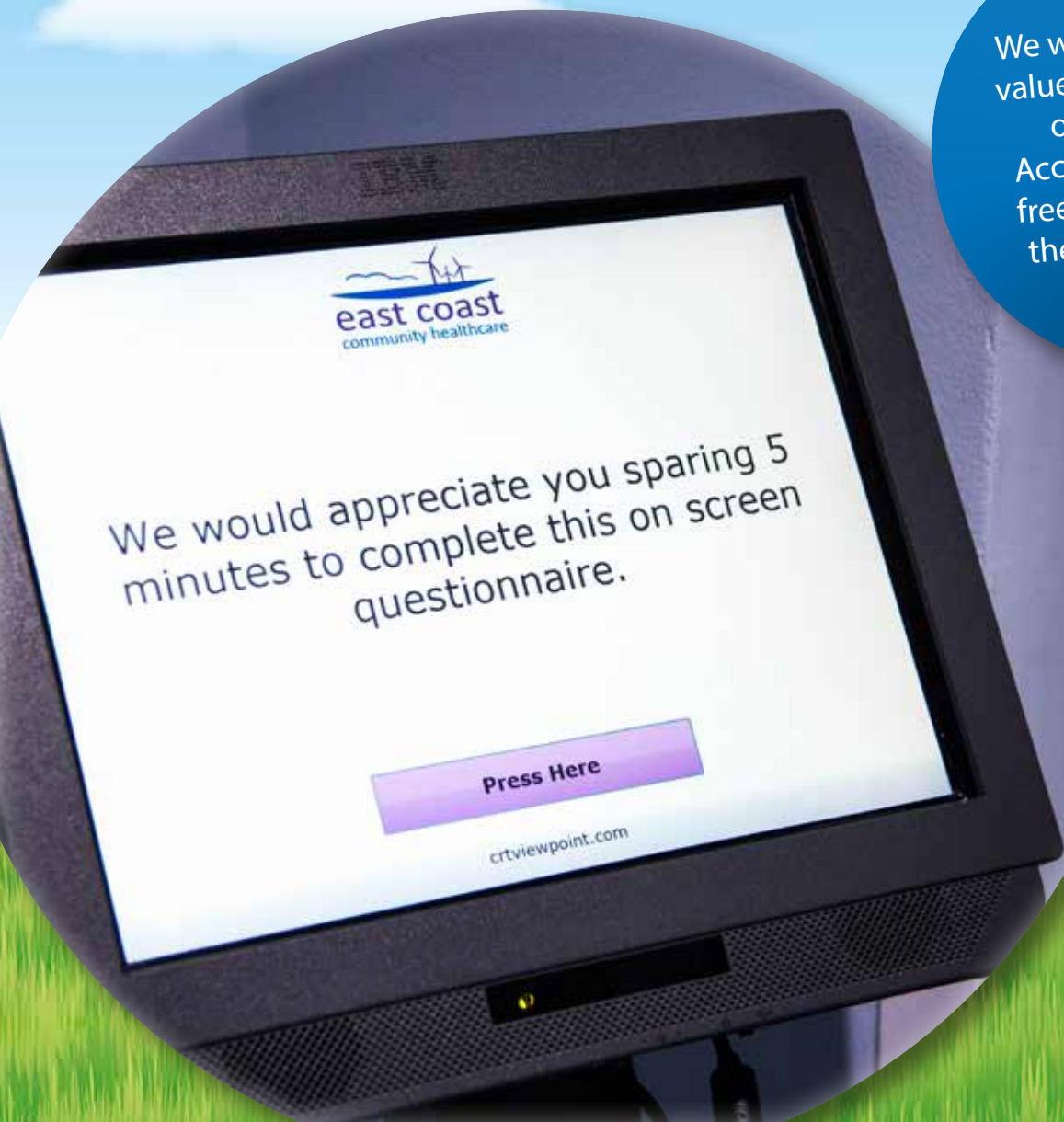
The table detailing the local clinical audits provides a wealth of information although not all of the recommendations include a timescale for implementation.

Finally Healthwatch Norfolk confirms that we will continue to ensure that any feedback we receive from patients, carers and their families is fed back to East Coast Community Healthcare as part of our developing relationship with all health and social care providers in Norfolk.

Alex Stewart
Chief Executive

June 2015

FEEDBACK – WE WELCOME YOUR VIEWS



We would very much value your comments on our Quality Account. Please feel free to write to us at the address below:

If you would like this leaflet in large print, audio cassette, Braille or in a different language please contact:
Andrea Dawson on
01502 718 600

JONATHAN WILLIAMS
Chief Executive
East Coast Community Healthcare
Beccles House
1 Common Lane North
Beccles
Suffolk
NR34 9BN

Email: ecch.enquiry@nhs.net
Website: www.eastcoastch.co.uk
Twitter: [@eastcoastch](https://twitter.com/eastcoastch)