



Quality Account

2013/14



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In this Quality Account we describe our priorities for improvements and the progress we have made in the past year in terms of the three Quality Domains of Patient Safety, Clinical Effectiveness and Patient Experience.

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Part 1 - Statement on Quality...



A year of challenges and opportunities

A very busy year for the health economy has seen a great deal of dialogue and planning take place as the challenging economic situation drives the need for change, like never before. Our lead commissioners, NHS Great Yarmouth and Waveney CCG (GYWCCG) have responded by publishing their

2 and 5 year strategies, articulating a bold transformational vision for an integrated care system covering the whole population. The County Councils of Norfolk and Suffolk have published commissioning intentions revealing plans for county wide service developments and competitive tendering processes for services currently managed by ECCH.

The response from within ECCH has been to rise to the challenge, demonstrating to our commissioners and partners that we have the skills, knowledge and expertise required and will be positive, innovative and full of initiative as we work towards the development of the best possible integrated services for the people we serve.

Continuing to grow

The year has been all about continuing to develop as an organisation and focussing upon our core aims and objectives, to improve patient outcomes and experience, be a great place to work and to grow our enterprise.

A great deal of work has been undertaken within our adult services to co-locate and integrate health and social care teams, utilising our available estate as smartly as possible by 'hot-desking' and sharing resources. We have also rolled out fully our programme for mobile working, using lap tops and smart phones for all clinical staff. These are all directly contributing to improvements in the quality of services that we ultimately deliver to our patients.

We're particularly proud to have rolled out our new 'Out of Hospital Team' in Lowestoft. This team is pioneering a new model of care designed to help keep care as close to home as possible and prevent unnecessary acute hospital admissions.

In children's services it has been another positive year, with our immunisation team operating as the most successful and efficient in the region and the Family Nurse Partnership continuing to receive extremely positive feedback both locally and nationally.

Engaging with the Public and Patients through an engaged and dynamic workforce

ECCH is all about the people we serve and the people who are there to serve them. We know that as an organisation, the more we value each other the more effective we will become.

Our complaints and liaison service continues to receive plaudits from across the region with our team manager nominated for a regional leadership award last year. This year we will take the initiative further, focussing upon driving the core values we hold through dynamic engagement with staff, listening carefully to what they say and ensuring they are best placed to be the advocates for our patients and carers.



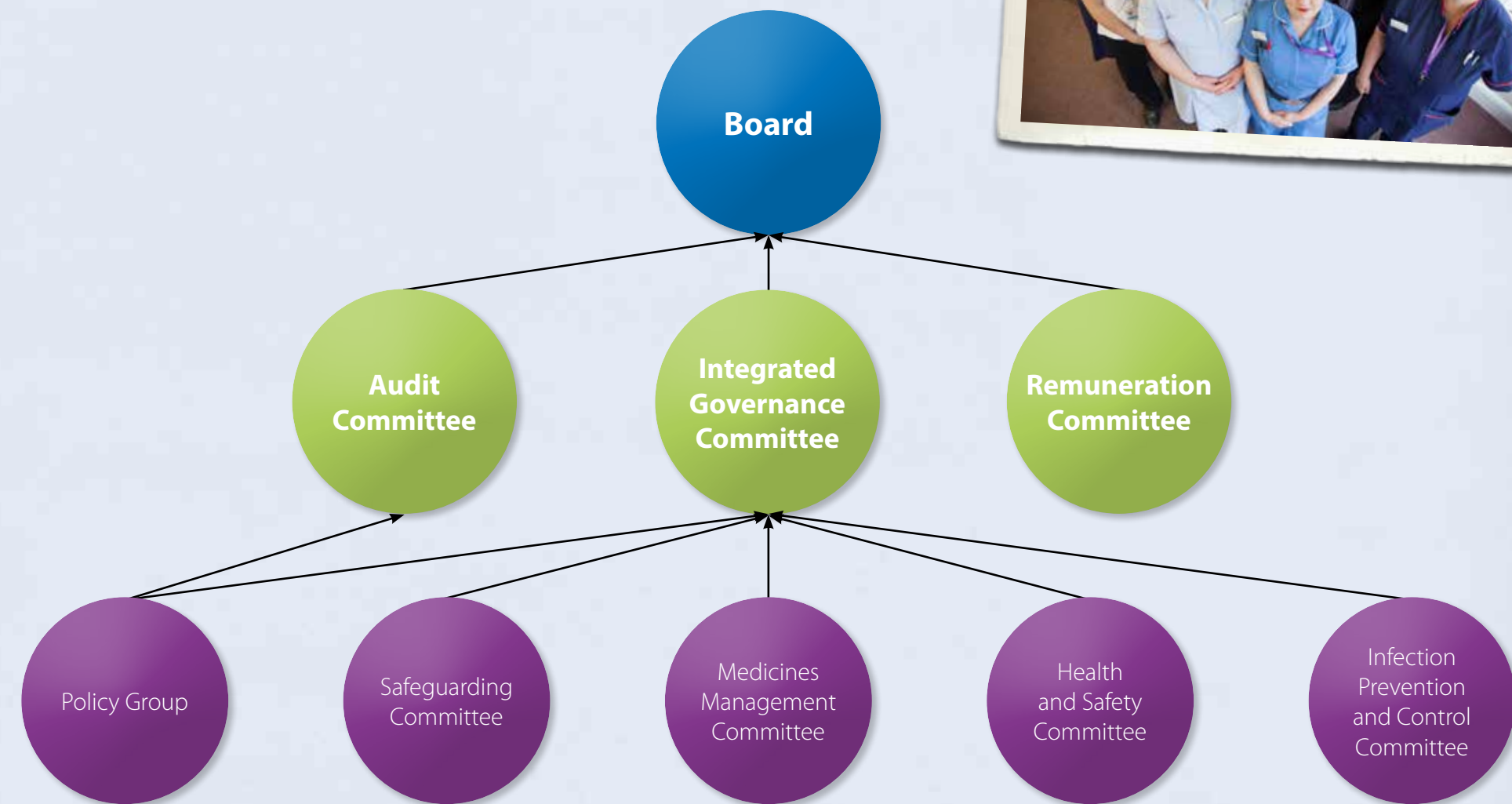
Jonathan Williams

Jonathan Williams
Executive Director of Quality and Assurance

Paul Steward

Paul Steward
Chair

Our Governance Structure...



Part 2 - Priorities for Improvements 2014/15...

We work closely with our Commissioners - and other partners in Great Yarmouth and Waveney who provide health or care - to develop services that are progressive and integrated.

We intend to develop initiatives which will build on the solid progress of last year and which will deliver real improvements in care for our patients in the years to come.

Our priorities for 2014/15 include a number of Commissioning for Quality and Innovation (CQUIN) schemes. The key aim of CQUIN schemes is to bring about improvements in quality of services and better outcomes for patients.

Progress towards all of our targets are monitored by our Integrated Governance Committee and reported both to our Board and to our Commissioners.

Clinical Effectiveness

OUT OF HOSPITAL MULTIDISCIPLINARY TEAM

East Coast Community Healthcare's new integrated Out of Hospital Team was launched in Lowestoft on April 1st, 2014. Team members provide rapid, intensive support to patients at home or in beds with care who would otherwise have been admitted to a community hospital. The team is drawn from and supported by disciplines such as community nursing, occupational therapy and physiotherapy, Falls/Admission Prevention Services, Community Hospitals and the Hospice at home service. Its development was a key priority for quality improvement last year.

From April 1st onwards, it is our priority to ensure this team delivers consistent, safe and effective clinical care to patients. It is a further priority to work with our Commissioner and other partners to examine how this model can be replicated elsewhere if required.

CQUIN: BREASTFEEDING SUPPORT

East Coast Community Healthcare will play a key role in improving breastfeeding prevalence in Great Yarmouth and Waveney to help increase the numbers of women initiating breastfeeding in

line with the Department of Health target of 2% increase per annum.

PATIENTS AS TEACHERS

The Patients as Teachers model has been used in many healthcare environments to learn directly from patients about what changes in service provision can bring about sustainable improvements in care. It is based on an action research model which can be modified to meet the needs of any health organisation.

ECCH is planning to use the model in specialist teams as a series of focus groups. Patients and carers of the service will be invited to attend



small groups which will be facilitated by a skilled professional. They will tell the professionals about their experiences of using the service. A detailed account of their experiences will be recorded. Then a thematic analysis will be conducted on the information and an action plan developed. The action plan will have identified professionals to address any challenges identified by the patients.

Progress on the actions will be fed back regularly to the patients.

HEALTH COACHING FOR BEHAVIOURAL CHANGE

The first Health Coaching Skills Programme was developed as part of a wider primary care initiative within the East of England, supporting practice nurses to coach patients with long term conditions. The aim of Health Coaching is to encourage all health care professionals to adopt a patient- focused approach, to bring about a greater awareness in patients who will ultimately take responsibility for the management of their own health.

There are currently three senior staff members of ECCH undertaking 'Train the Trainer' workshops with a view to rolling out this approach to all health care professionals in the organisation.

It is envisaged there will be local champions in all teams to assist with engagement of all staff. Success will be measured through feedback from patient satisfaction questionnaires and Patients as Teachers forums.

THE INTEGRATED CARE SYSTEM

ECCH has been a key partner this year in negotiations and planning for the development of an Integrated Care System within our health and social care economy. The vision shared with NHS Great Yarmouth and Waveney CCG has come as a result of careful and constructive dialogue between all partner agencies. The Integrated Care System will see a gradual transformation to a service that's designed to best fit the need of patients, carers and families.

We are fully committed to the cultural and system changes required and are determined that through working together, we can ensure we are best placed in Great Yarmouth and Waveney to take advantage of the opportunities presented by the 'Better Care Fund'. This will continue to be a priority for 2014/15.

Patient Safety

CQUIN: NHS SAFETY THERMOMETER

Reduction in the prevalence of pressure ulcers.

CQUIN: LEAD THE DEVELOPMENT AND IMPLEMENTATION OF A PRESSURE ULCER PREVENTION SERVICE

Pressure ulcers have a significant impact on the patients and the health provider services. They are considered to be largely an avoidable harm and an important patient safety issue. Within the Great Yarmouth and Waveney area there is a high incidence of pressure ulcers in all care environments including the patients' homes. There are some extremely vulnerable people that would benefit from a preventative service.

ECCH will be the leader in the development and implementation of a pressure ulcer prevention service. This will include the establishment of a community resource that is part specialist (tissue viability nurse) and part preventive. Patients will be assessed in their own homes to determine risk of pressure ulcers. The overall aim will be to increase prevention awareness and the early recognition of pressure ulcers at grade 1 and 2. This team will work across all sectors, working closely with partners

to identify patients at risk and deliver education, training and treatment in line with NICE guidance, leading to a reduction of the number of avoidable grade 3 and 4 pressure ulcers.

CQUIN: INTEGRATED FALLS SERVICE

Patients who suffer falls account for a significant percentage of admissions to the James Paget University Hospital. As well as representing serious harm to the patient, the incidence of fractured neck of femur amongst the population presents a significant cost to the health and social care system. Patients who fall lose confidence, affecting their ability to remain independent.

ECCH will lead on the development of the falls prevention and management programme. This will include developing milestones, identifying the correct partner organisations for participation and the development of a Falls Reduction Strategic Plan.

Patient Experience

LEARNING AND DEVELOPMENT TO HELP STAFF DELIVER BETTER CARE

- East Coast Community Healthcare has volunteered to be an early implementer for the national roll out of The Fundamental Certificate of Care for Healthcare Assistants. ECCH has also extended the scope of this requirement to all clinical staff. The Fundamental Certificate of Care is a response to the Francis and Cavendish reports, setting minimum standards of care that Healthcare Assistants will need to complete before they have unsupervised patient contact.

ECCH is committed to ensuring that all our interactions with patients are grounded in these fundamental aspects of care. Delivering high quality compassionate care to all of our patients and clients is at the heart of our service to the community. To embed the philosophies of compassionate care across ECCH we will be providing training to all of our clinical staff to refresh the standards of compassion, care and quality that we are committed to delivering.

- Each year ECCH identifies a key area to improve awareness across our organisation. Last year our focus was around improving understanding

around dementia so that we could improve the quality of care of our patients with this condition. This year we are focusing on learning disability. Training is being developed and delivered in partnership with a local patient & carer's group.

- Clinical Supervision is vital to ensure our staff continue to develop, reflect and can improve on the quality of the services we deliver. We have recognised the need to improve access to supervision within ECCH for all staff who provide clinical services. Working in partnership with the University of East Anglia, and using existing funding streams, we are investing in the training and roll out of a robust clinical supervision model, to support our staff to further improve the care they deliver.

CQUIN: FURTHER IMPLEMENTATION OF THE PATIENT FRIENDS & FAMILY TEST AND THE STAFF FRIENDS & FAMILY TEST

Increased response rates for in-patient areas and maintaining/improving positive response rates.

Part 3 - Review of Quality Performance...

Review of Quality Improvement Plans

During 2013/14 East Coast Community Healthcare provided or sub-contracted 35 NHS Services (detailed in Appendix A). ECCH has reviewed all the data available on the quality of care in all these NHS services. Overall, 66% of our income was from NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) and NHS England.



Area	Update	RAG
Creation of multidisciplinary teams	ECCH multidisciplinary teams have been enhanced by collocation, multidisciplinary/multi-organisation patient-focused meetings, the provision of hot desks and internet access for colleagues from Social Care and from the Norfolk and Suffolk Foundation Trust The Lowestoft Out of Hospital Team is the most sophisticated development to date, seeing the total redesign of singular clinical teams into a fully integrated clinical system.	On track and remains an ongoing priority
	Multidisciplinary Team meetings with GP practices have been introduced at the Gorleston Medical Centre, Rosedale Surgery Lowestoft and Cutlers Hill Surgery Halesworth.	Completed
	Co-location with social care	Health and Social care are now co-located in the Shrublands Health Centre, Gorleston, bringing together triaging, rapid response and coordination of services
Co-location with social care	Adult Social Care services and ECCH's domiciliary teams such as Hospice at Home, Community Matrons, District Nursing and Therapy services are co-located at Northgate Hospital site, Great Yarmouth	Completed
	Reydon Healthy Living Centre is nearing completion. Services and teams are expected to co-locate during Autumn 2014. During 2013/14 the GP Practice and ECCH staff worked on the finer details for shared office/clinic space and a single reception with shared receptionists. The Practice will move to the SystmOne records system, to facilitate integration of the delivery of patient care.	On track
	Building works at Kirkley Mill Health Centre are complete, services have moved in. This also brings ECCH's element of the New Lowestoft Out of Hospital Team (re designed Admission Prevention, Falls, Community Nursing, Community Matron and Therapy Services) into shared office and hot desk accommodation.	Complete
	New open plan office accommodation at Beccles Hospital has opened, providing a shared hot desk space for health and social care staff.	Complete
To develop a health and social care centre in Halesworth	ECCH's role in developing for a health and care complex has changed. However we wish to remain an active partner in the delivery of local care.	Concluded
	During 2013/14 ECCH continued to contribute to the thinking and redesign of services for the population of Halesworth	Ongoing

Support NHS GYWCCG's vision for Lowestoft	ECCH fully supported NHS GYWCCG's vision for Lowestoft, from full involvement with the public consultation to development of service specifications for the Out of Hospital Team and Beds with Care. The strategy is set, funding secured and implementation was in progress.	Complete
Develop Kirkley Rise as a hub	Background work on a single administration support function, realignment of clinical teams, streamlining electronic patient records and a shift to a case management-focused approach across the system were nearing completion.	Complete
Develop our R&D programme	This year we have continued to work through an SLA with the Comprehensive Local Research Network (CLRN) on national portfolio studies including Speech and Language studies into aphasia and a randomised control trial into chronic venous ulceration. Our ambition now is to expand our R&D working for the coming years through a closer co-ordinated approach with our partners within the local health economy. In doing so we can focus our efforts upon local innovation and opportunities for study that arise from the integrated care system.	On track
Investment in mobile working	During 2013/14 ECCH invested in 700+ laptops and smartphones. These were built by in-house teams to meet the stringent Information Governance requirements of an organisation dealing with sensitive and personal data. Systems ensure staff can access patient records, emails, documents and files from anywhere. The hub and spoke method of server access has eliminated the need for duplication of filing and as a result has reduced risk and improved safety and security. Our staff have been liberated to work more flexibly, enabling improved work/life balance whilst continuing to deliver high quality patient care that meets their need.	Complete



CQUIN (Commissioning for Quality and Innovation) Results

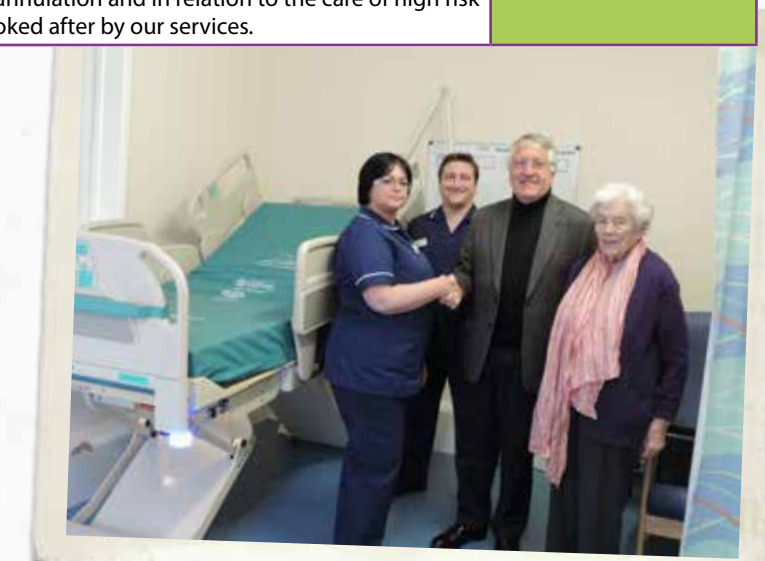
A proportion of East Coast Community Healthcare's income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed with NHS Great Yarmouth and Waveney Clinical Commissioning Group through the CQUIN payment framework.



Area	Update	RAG
NHS Safety Thermometer	During 2013/14 ECCH rolled out the NHS Safety Thermometer to the Community Matrons and District Nursing services.	Complete
Friends and Family Test: Children's SaLT To establish question and baseline Net Promoter Score of a minimum of 10% of patients and carers Monthly report to commissioners Achieve a 10-point improvement in NPS or maintain top quartile performance	The FFT was successfully rolled out to Children's SaLT services during 13/14. All required outcomes were met with a minimum of 10% of patients surveyed. Promoters minus detractors were maintained in the top quartile month on month throughout the year.	Complete
District Nursing summaries	District Nursing summaries were developed in partnership with the CCG and GP practices with a phased implementation of distribution.	Complete
Extend APS and support early discharge	Admission Prevention Services for the Gorleston and Great Yarmouth area were secured during 2013/14.	Complete
Friends and Family Test: Health Visiting To establish question and baseline Net Promoter Score of a minimum of 10% of patients and carers Monthly report to commissioners Achieve a 10-point improvement in NPS or maintain top quartile performance	The FFT was successfully rolled out to the Health Visiting service. All required outcomes were met with a minimum of 10% of patients surveyed. Promoters minus detractors were in the top quartile throughout the year. Improvements in service delivery have been implemented as a result e.g. improved signposting to services service users relating to information contained within the "red book". Concerns relating to staff attitude were addressed.	Complete
Friends and Family Test: Breastfeeding To establish question and baseline Net Promoter Score of a minimum of 10% of patients and carers Monthly report to commissioners Achieve a 10-point improvement in NPS or maintain top quartile performance	The FFT was successfully rolled out to the Breastfeeding Support service during 2013/14. All required outcomes were met with a minimum of 10% of patients surveyed. Promoters minus detractors being maintained in the top quartile month on month throughout the year. Improvements in service delivery have been implemented as a result, e.g. improved information relating to "weaning".	Complete
Friends and Family Test: CASH To establish question and baseline Net Promoter Score of a minimum of 10% of patients and carers Monthly report to commissioners. Achieve a 10-point improvement in NPS or maintain top quartile performance	The FFT was successfully rolled out to CaSH service during 13/14. All required outcomes were met with a minimum of 10% of patients surveyed. Promoters minus detractors were maintained in the top quartile month on month throughout the year. Improvements in service delivery have been implemented as a result, e.g. ensuring butterfly cannulas are used for service users with poor venous access.	Complete

Review of Business Unit Targets

Area	Update	RAG
To improve care at Blundeston	The Healthcare department at HMP Blundeston received a joint visit from HMP Inspectors and the Care Quality Commission in this year. The service received a challenging report and two warning notices. ECCH acted swiftly in order to demonstrate improvements. A team approach was instigated in order to make the changes required to deliver care to this vulnerable population. All of the actions were completed and the CQC released a statement of compliance in all areas. Further information in the audit section.	Complete.
Extend district nursing to a full 24/7 service	Fully implemented	Complete
Continue to recruit pressure ulcer champions in residential care homes	This area continues to be high on ECCH agenda and is a key quality and safety issue relating to the patients in ECCH care. The Pressure Ulcer Champions Group continues to meet on a rolling basis and is led by the Clinical Practice Educators. These meetings provide the opportunity for educational updates, discussion and that sharing of good practice.	Complete
Comply with EU directive on sharps by June 2013	The EU Directive on Sharps was rolled out across the services for those areas that dealt with high risk procedures and patients. These procedures included venepuncture, cannulation and in relation to the care of high risk patient groups that are looked after by our services.	Complete



Patient Safety

C-DIFF

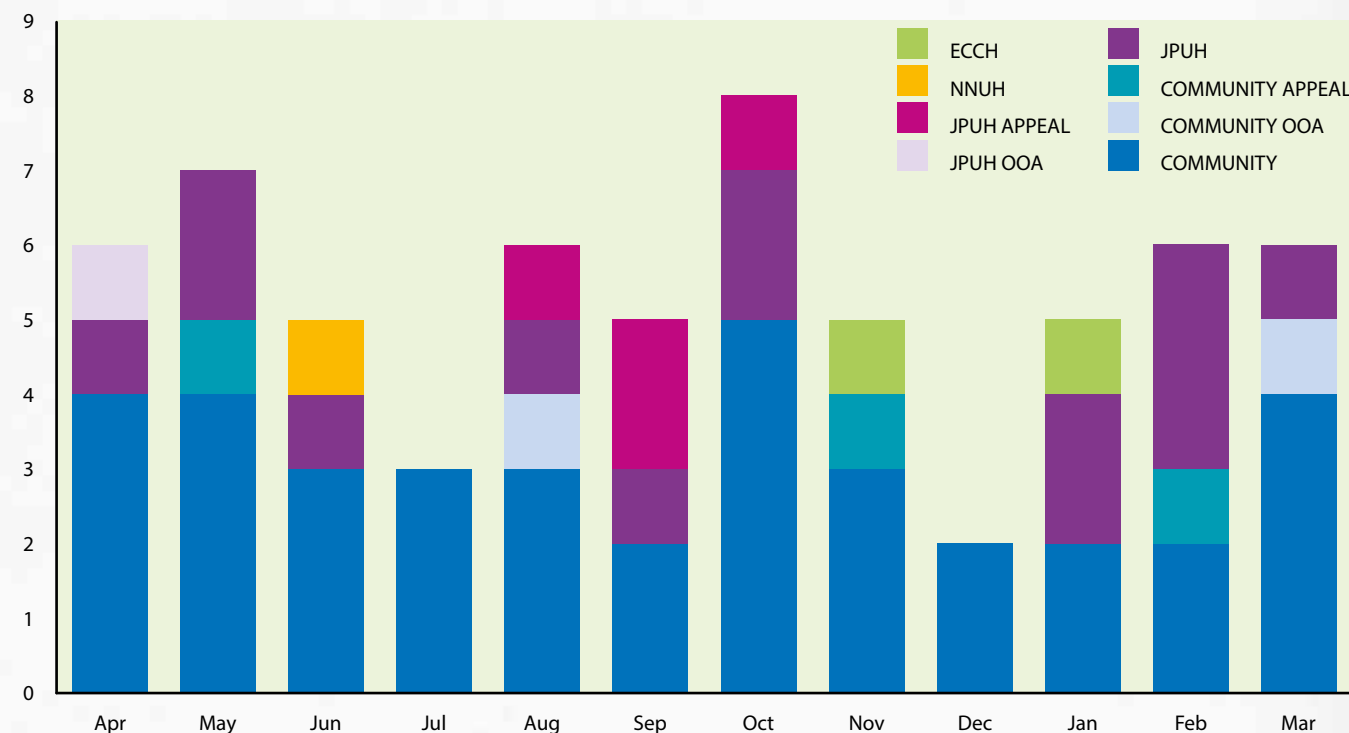
In 2013/14 the local healthcare system had a maximum permitted ceiling of 50 C-diff cases. The actual number of cases was 62.

ECCH's maximum permitted ceiling was 4 cases; 2 were recorded. This was the first year when appeals against cases were allowed, where best practice could be demonstrated. ECCH completed the process on behalf of our Commissioners for all community cases, winning four appeals to date.

In 2012/13 the local healthcare system had a maximum permitted ceiling of 54 C-diff cases. The actual number of cases was 34. ECCH recorded zero cases.

In 2014/15 the whole healthcare system has a maximum permitted ceiling of 55 C-diff cases. ECCH has not been set a target but will continue to work hard towards zero cases and will play an active role to deliver HealthEast's C-diff improvement plan for 2014/15.

2013-2014 C-diff Figures



MRSA

In 2013/14 there were 3 cases across the system; none were attributed to ECCH. This was the first year of a 'zero tolerance approach'. All cases were subjected to an in-depth Post Infection Review which our Infection Control Team undertakes on behalf of NHS GYWCCG.

In 2012/13 the maximum ceiling was 3. The number of cases recorded was 2.

SEASONAL INFLUENZA PROGRAMME FOR ECCH STAFF

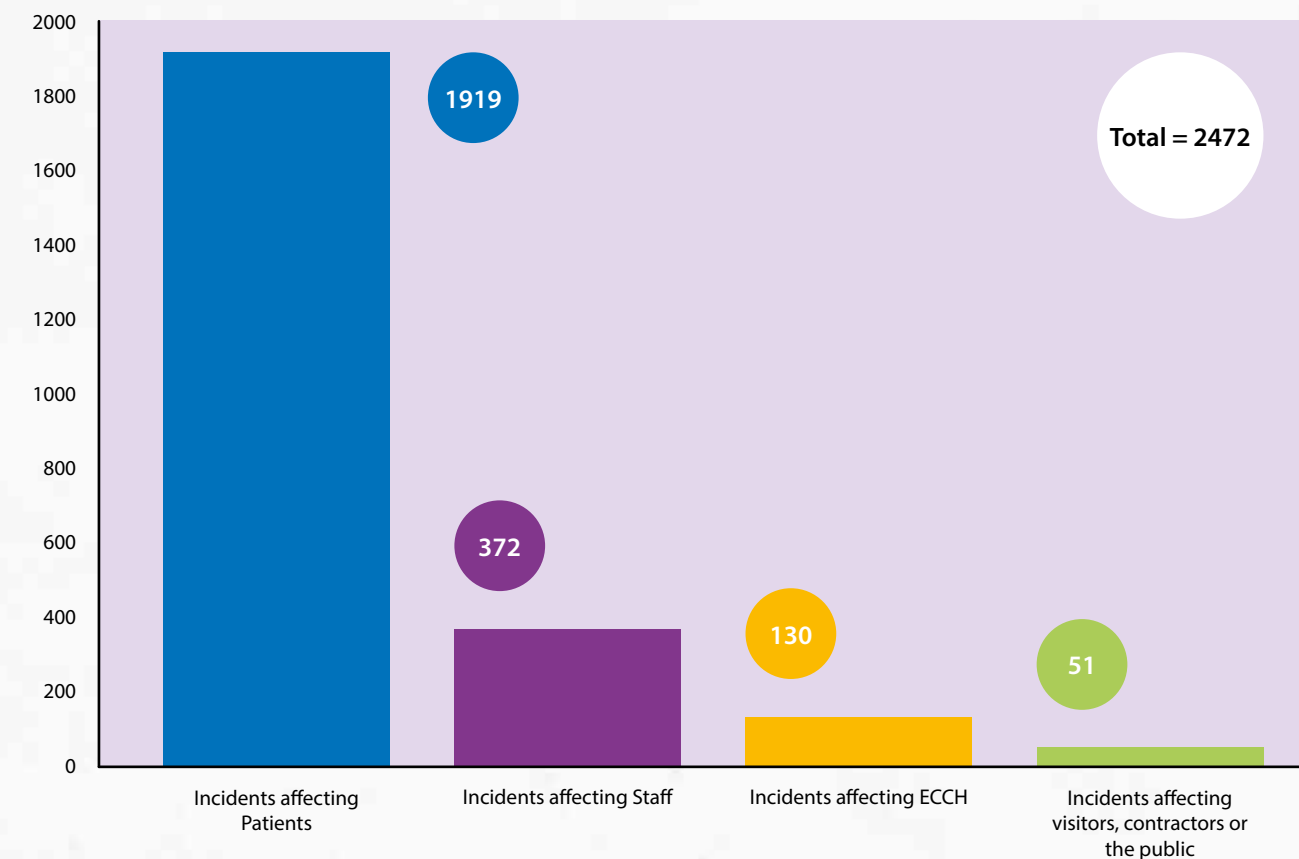
Once again ECCH ran a totally in-house programme to ensure a high uptake of seasonal flu immunisation, to protect patients, clients, staff and their families. All employees are offered the immunisation.

Year	Uptake of front line clinical staff
2010/11	42%
2011/12	58%
2012/13	63%
2013/14	60% (England average 53%)

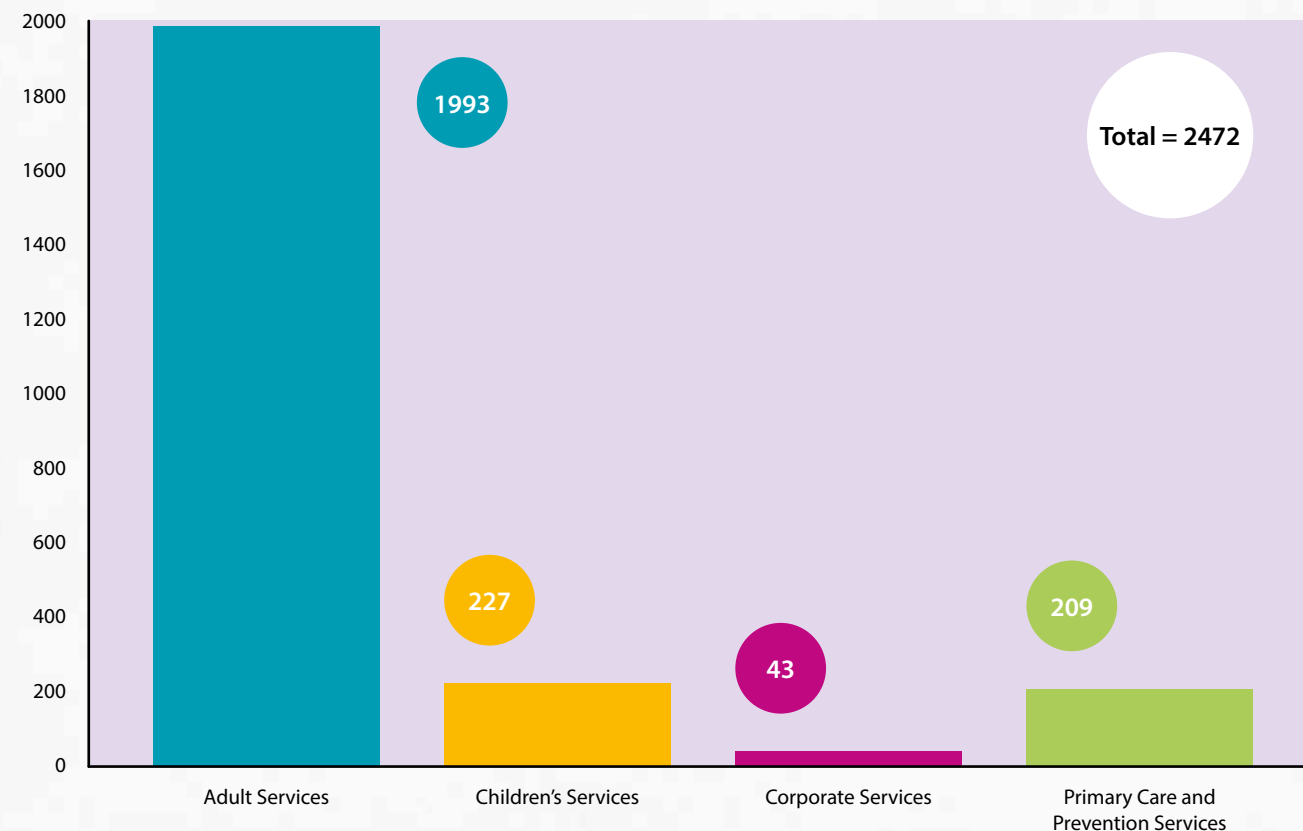
INCIDENTS

The purpose of an incident report is to document the exact details of the occurrence while they are fresh in the minds of those who witnessed the event.

Incident – any accident, event or circumstance, including a near miss, resulting in No harm, minor to severe harm, loss or damage to personal belongings or property. Incidents can be raised concerning Patients, Staff, Visitors and ECCH. ECCH encourages incident reporting at all levels.



Incident by Business Unit



The total number of patient and staff incidents for the year was 2472 which equates to an average of 206 per month. This is compared to 2305 reported the previous year.

Over the year ECCH has been making it as easy as possible for our staff to report any issues including a direct link to Datix web and Datix Risk web, via the new staff intranet. As a result of this and the roll-out of mobile working, incidents are being reported in a timelier manner.

In 2013/14 there were 63 Serious Incidents (SIs) which were reported to our NHS Commissioners. 58 of these were grade 3 or 4 pressure ulcers (49 in 2012/13). No Grade 3 or 4 pressure ulcers occurred in our community hospitals in 2013/14 (3 in 2012/13). Pressure ulcers are graded from 1 to 4, grade 4 being the most serious. In total there were 665 pressure ulcers attributed to patients in the community of which only 227 developed while in our care (239 in 2012/13).

All patients can be at risk of developing pressure ulcers particularly when ill and immobile. This situation requires the management of many factors which can have an influence.



Clinical Effectiveness

SPEECH AND LANGUAGE THERAPY

Adult service - a renegotiation of the Service Level Agreement with JPUH resulted in an improved service on the Stroke Ward. We now have a staffing of 1.8 qualified staff and 0.5 assistant time for this ward

We started a Communication Café in Great Yarmouth. This takes place on the first Tuesday of every month at the Christchurch Café. Clients who have had Speech and Language Therapy are encouraged to attend. Its aim is to provide a supportive environment and reduce social isolation which many clients with speech and communication problems experience.

Paediatric service - children's SLT is part of the friends and family net promoter CQUIN. Results indicate that the parents of children who receive SLT are highly satisfied with our input.

Several members of the Speech and Language Therapy team contributed to a book entitled "Target Ladders: Speech, Language and Communication Needs". Research has shown that outcomes are better when staff are more empowered to support them.

Drop-in sessions for advice and assessment are proving to be very effective at reducing waiting times

and are providing children and parents with the support they need.

NELSON MEDICAL PRACTICE

The Nelson Medical Practice has gained an achievement of 99%; gaining a score of 894.14 out of 900 points in the Quality and Outcomes Framework (QOF). This framework is the annual reward and incentive programme detailing GP practice achievement results.

QOF awards surgeries achievement points for:

- managing some of the most common chronic diseases e.g. asthma
- diabetes
- how well the practice is organised
- how patients view their experience at the surgery
- the amount of extra services offered such as child health and
- Maternity services

There are four domains within QOF, Clinical, Public Health, Quality & productivity and the patient experience.

The practice has also retained its position in the top of the league tables throughout the year against all practices within the Great Yarmouth and Waveney area, in the prescribing incentive scheme.

HEALTH VISITING AND SCHOOL NURSING

Parents can access five services at one session – Health Visiting, Breastfeeding Support, Midwives, Smoking Cessation and Children's Centre services. This is already in existence at Beccles and will be launched in South Lowestoft in the near future.

The Clinical Locality Manager for the Waveney area and a variety of School Nurses are working with Education Welfare Officers (EWOs) and schools on a pilot School Absence project. Three primary schools in Lowestoft and Beccles have been targeted due to high numbers of absence. EWO, School Nurse and teaching staff meet with parents of identified children at appointments during the course of a morning to discuss the absence pattern. ECCH's School Nurse can advise on health promotion and support parents with medical issues. In the two weeks following the first meeting, absence was markedly reduced. Second appointment sessions have been booked in all three schools.

'Preparation for Parenthood and Beyond' classes are running successfully in conjunction with Children's Centres. They are well attended with positive feedback from service users. We continue to use evaluation by parents to improve the service offered. As a direct result we are considering running evening and weekend sessions.

LET'S GET HEALTHY WITH HENRY PARENTS PROGRAMMES

Since implementing an automatic referral to this parenting programme via our Health Visiting Teams we have been able to offer two programmes to parents in Waveney and two programmes to parents in the Great Yarmouth area. Previously we had only been able to offer one programme across the patch. This has made the service more accessible to families, as we are operating in four different Children's Centres across Great Yarmouth and Waveney.

THE MEND PROGRAMME

We have negotiated with Mytime Active for this programme to be delivered on one evening per week for 12 weeks, instead of two evenings a week over 10 weeks. This has increased our recruitment to 19 families attending across Great Yarmouth and Waveney, compared to 4 families in the previous term. The improvement in the programme scheduling has made this service more accessible to families and the commitment more achievable. We have therefore been able to improve retention of families and improve outcomes.

STOP SMOKING SERVICE

We began offering a specialist clinic in Lloyds Pharmacy in Great Yarmouth on Fridays. This has

helped improve the relationship we have with pharmacies and has increased the profile of the service by providing a much needed walk-in service in Great Yarmouth for stopping smoking.

We have been working with schools, colleges, pupil referral units (PRU) and Include to improve engagement of under 18s to stop smoking. Part of this work has included delivering training/education sessions to PRUs and Include.

We have increased the training of Midwives and Health Visitors to deliver brief intervention to increase referrals into the service and help reduce the smoking at time of delivery (SATOD) rates. An improved recording process at admission has had a direct effect on reducing the SATOD rates from 20% in the previous year to 15% - an improvement of 25% in overall rate.

HEALTHY SCHOOLS

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

During 2013-14 the team delivered training to in excess of 800 people through organised training sessions. A further 250 were briefed at other sessions by working with partners on issues such as child sexual

exploitation and homophobic bullying. We act as a conduit for distributing health-related information to all school settings.

The focus of the team's work covers the four key health areas of Emotional Health and Wellbeing, Personal, Social and Health Education (PSHE), including Sex and Relationships Education (SRE), Physical Activity and Healthy Eating. In addition to this key focus, we respond to emerging issues such as sexting, pornography and e-safety.

A key strand of the team's work is to develop partnerships with other agencies in order to support their work in schools.

HELPING PATIENTS ACCESS BETTER CARE

Our well-established single point of access call centre, East Coast Community Access (ECCA) connects patients, GPs, nurses and other colleagues with our teams. In addition to District Nursing, Physiotherapy and Occupational Therapy, which were connected in 2012/13, the service expanded in 2013/14 to include Admission Prevention Services, Community Matrons and our Hospice at Home service.

CLINICAL RESEARCH

The number of patients receiving NHS services provided or sub-contracted by ECCH in 2013/14 that

were recruited during that period to participate in research approved by a research ethics committee was 56.

Participation in clinical research demonstrates ECCH's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to better patient outcomes overall.

We were involved in 13 research studies during 2013/14, a similar level to 2012/13. This includes five studies which were new and eight studies ongoing from previous years. The National Institute for Health Research (NIHR) supported 54% of these studies through its research networks. 100% of studies in 2013/14 achieved NHS permission within 30 days, compared with the national target of 80%.

Our physiotherapists have been actively involved in a large study on shoulder pain which began in September 2011 and is now coming towards an end. They have recruited 150 patients in total, making ECCH one of the top recruiting organisations for this study.

ECCH operates a GP Practice, the Nelson Medical Centre in Great Yarmouth, which engaged with the Primary Care Research Network to undertake portfolio research studies in 2013/14. The Practice was awarded

a Level 1 Research Site Initiative (RSI) contract for the first time in 2013/14 and has actively engaged with research, participating in 6 studies during the year. The practice was acting as a Participant Identification Centre (PIC) for 2 of these, and a site for 4, recruiting 10 patients to these studies. We are hoping to build on this work throughout 2014/15.

Throughout 2013/14 we have taken steps to embed research as a core activity across ECCH and encourage staff to engage with local clinical research. An Assurance and Effectiveness Manager, appointed in 2012/13 has helped to champion research within the organisation as well as managing compliance.

CLINICAL EDUCATION

In 2013 two Clinical Educators were established from within current nursing teams. The Clinical Educators lead and co-ordinate the generic worker programme to enable bands 2, 3 and 4 to deliver a range of skills during a visit to prevent duplicating visits from different agencies.

They also delivered training for McKinley syringe drivers to enable the safe changeover from the previous device in line with an NPSA alert. This training and subsequent changeover was delivered in advance of the 2015 deadline.

The Clinical Educators are also responsible for carrying out community nursing staff inductions for bands 2-5. This has been assisted by the development of an updated induction pack for new starters.

The introduction of a new Doppler machine, used in the assessment for the treatment of leg ulcers was piloted by the Clinical Educators. This led to the purchase of seven machines and the roll out of training to staff on the use of the devices. This will enable ECCH to deliver a gold standard leg ulcer assessment and treatment service within the next 18 months.

Other training programmes the Clinical Educators deliver include: (This is not an exhaustive list)

Phlebotomy - the session lasts approximately 2.5 hrs. It comprises of a presentation on the theory of phlebotomy followed by practice for all delegates on a training arm.

Compression and Doppler - The sessions are 1 full day of training in theory and practice of compression bandaging and completing dopplers with a hand held device.

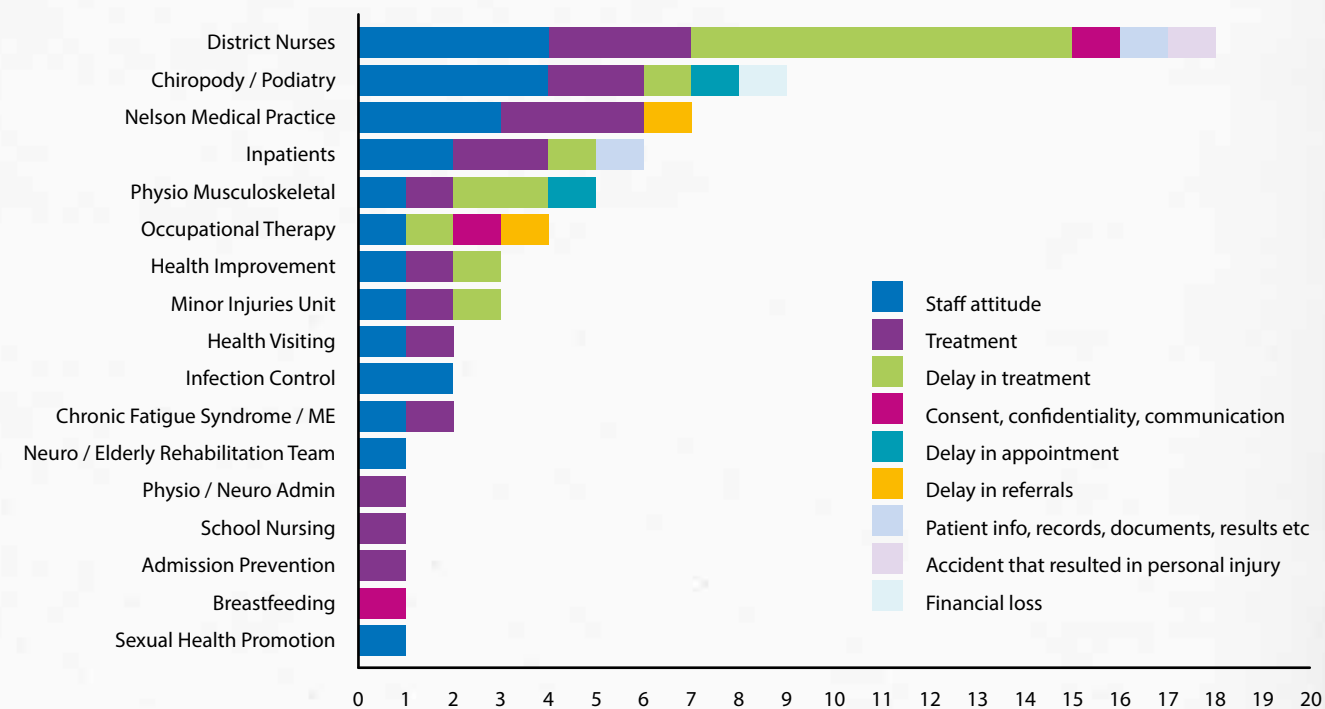
Basic Observations - There is a short presentation on the theory of carrying out basic observations and why they are done followed by a practical session.

Patient and Service User Experience

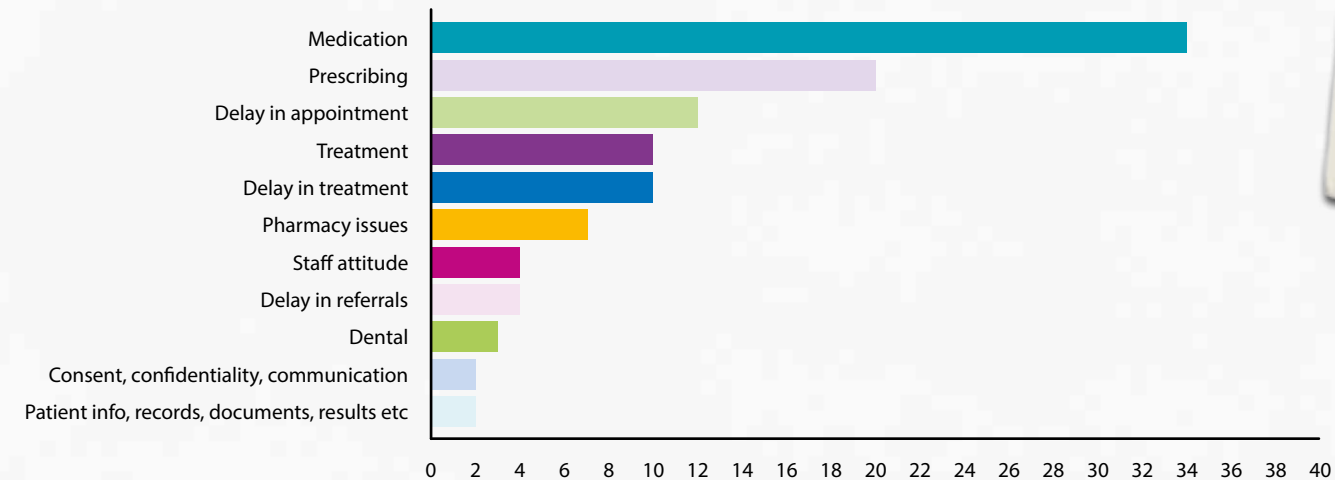
ECCH endeavours to make it easy for patients to contact the Patient Liaison team to ask questions, give compliments, raise concerns or make formal complaints. Clear signage and leaflets are available to all patients. Concerns and questions can be addressed quickly and effectively by the Patient Advice and Liaison Service (PALS). Where appropriate, patients are visited in their homes or invited to attend a meeting to ensure we have complete understanding of the complaint. The graph below provides details of the complaints received during the year 1st April 2013 to 31st March 2014. (HMP Blundeston closed on the 31st December 2014).



ECCH Complaints by Service and Type 2013/2014

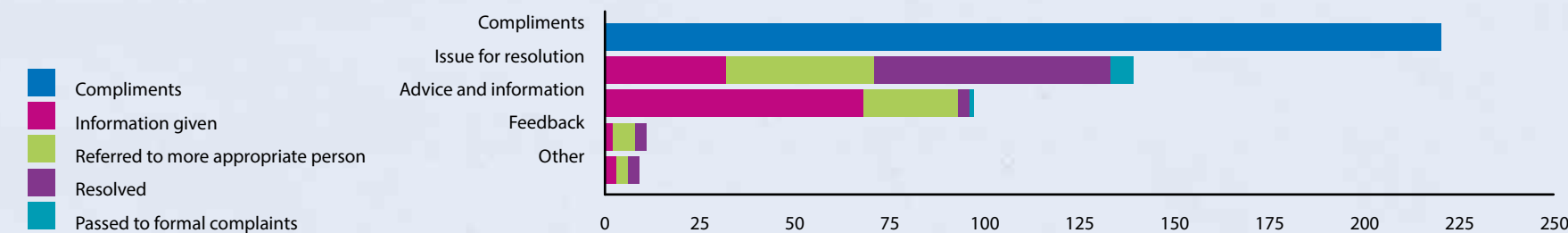


ECCH Complaints by Service and Type Apr - Dec 2013 (Prison Closure)
Prison Healthcare



In addition, we received 476 PALS enquiries, which we have shown compliments, issues for resolution, advice and information, feedback and other items.

ECCH PALS 2013-2014



THE PATIENT JOURNEY

A three-phase project was initiated this year to understand the journey of the patient in each of our services and, where appropriate, make changes to improve the quality of their care. Led by the Patient Liaison Team, Phases 1 and 2 have been already been completed:

1

Phase 1 - Staff Engagement

The Patient Liaison Team consulted staff and asked the question: "What should we stop, start or change?" We received a total of 539 contributions. Some have already been taken forward, some are held for the future, some were not possible. We informed staff of the decisions made.

2

Phase 2 - The Patient Journey through each of our services

Using a band of volunteers, the Patient Liaison Team contacted line managers and team leaders to find the "perfect journey" that patients should expect through each particular service. This led to a greater understanding of how patients are cared for by each service. The Patient Liaison Team then produced templates showing the journey for each of our services. These are an effective tool when investigating formal complaints.

3

Phase 3 - employing the patients as teachers model

This is a priority for quality improvement, described on page 5, which will take place in 2014/15.

PATIENT FEEDBACK

"Mum has been thrilled with what the APS team have been able to do for her in a very short space of time. Thanks to APS Mum has access to better walking and started a small exercise program."

"The Speech & Language Therapist was always kind and patient; my daughter really enjoyed her sessions. Definitely sing their praises to all who notice her improvement."

"What a great girl she is! She sat on my floor amongst all the dog hair to show me exercises, was enthusiastic and a good laugh. But always, always remained professional."

"I was referred to the Occupational Therapy team and I was amazed at the service they offered. It was like an epiphany. My faith in the NHS has been restored as a real gem of a cohesive team is based in Beccles!"

"A message has been received to say a big thank you to the ACCESS Team during the sickness of her father. Every call was met with polite understanding and compassion and she is very grateful."

"I have suffered chronic back pain for approximately 25 years and Stuart is the only physiotherapist who has been able to pinpoint exactly what was causing most of my lower back pain, which was several vertebrae that were not moving. Stuart worked hard at freeing those off and succeeded totally on one side and greatly improved the other."

"I had a lovely phone call from a lady who had spent a short while in Patrick Stead Hospital and found it to be faultless. She mentioned especially the wonderful care, happy staff, cleanliness (you could eat off the floor), food and the colour of the paint (very relaxing). It was better than a hotel, she said."

"The OT's visit had a real impact on our lives and my mother now attends the Rayner Green Day Centre twice a week which is so beneficial to both her and us as a family. We also now have the correct equipment in order to care for Mum with minimal harm to her and us."

"I would just like to formally record our thanks for the wonderful treatment my father received whilst at Beccles Hospital. We really felt that everyone went above and beyond the call of duty, which is something we will not forget."

FRIENDS AND FAMILY TEST

The Friends and Family Test, also detailed on pages 10-11, was rolled out across our community hospitals. This year we rolled the scheme out to other services to include Health Visiting, Breastfeeding Support, Paediatric Speech and Language, and Contraception and Sexual Health. The results formed part of our CQUIN targets this year.



Workforce Quality

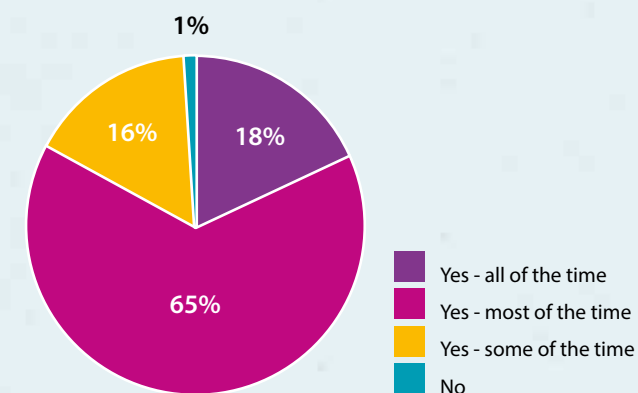
We increased staffing from 898 to 905. The cumulative absence rate for this period was 4.14 compared to a rate of 4.27 for 2012/13.

In April 2013 we launched our own bespoke staff survey focusing primarily on engagement. 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.

RESULT HIGHLIGHTS

83% of our staff believe ECCH provides quality of care and services all or most of the time.

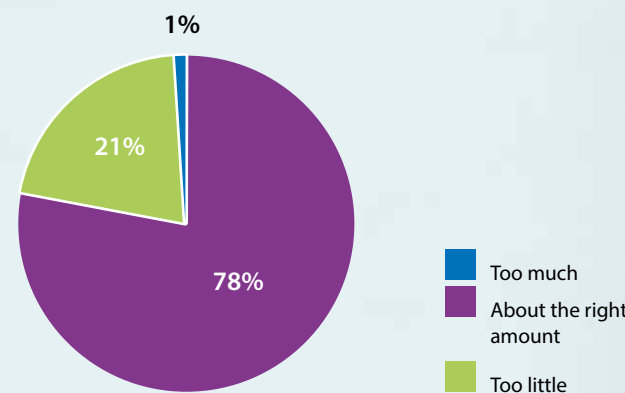
Q69. Do you believe ECCH provide quality services and care?



85% strongly agreed / agreed the people they work with treated them with respect

78% of staff feel that they have adequate supervision in their jobs.

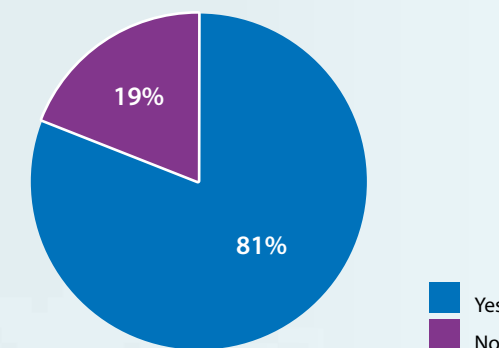
Q18. Do you feel you receive adequate supervision at work?



75% strongly agreed / agreed that their team leader encouraged everyone to work as a team

81% stated that their immediate manager supports them having a good work life balance.

Q56. Does your Team Leader / Line Manager support you in having a good work life balance?



One of the main actions ECCH took as a result of the staff survey results was to design and deliver a management training programme called People Matters. The programme had 4 main themes; Attendance Matters, Recruitment Matters, Performance Matters and Engagement Matters.

Attendance Matters – looked at how to get the best out of our occupational health provision and looked at issues around stress, employee wellbeing and organisation culture

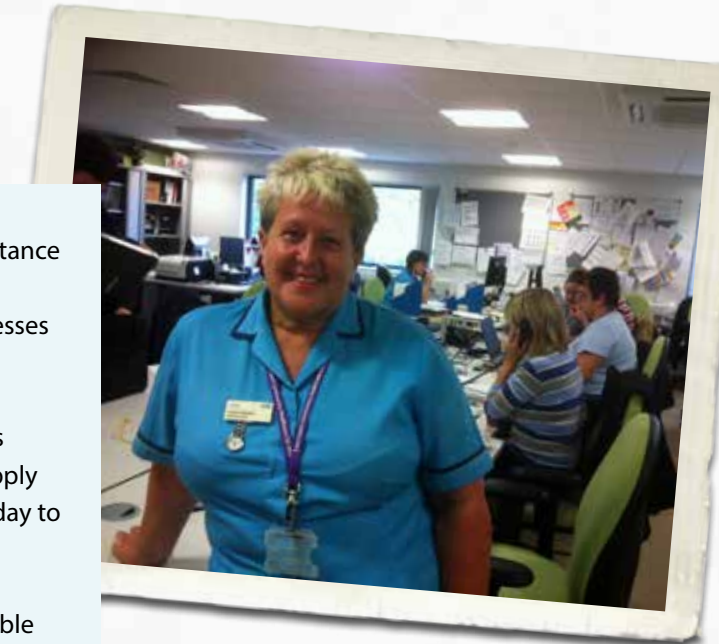
Recruitment Matters – looked behind the importance of making the right selection decisions, based on transparent, fair and evidenced recruitment processes

Performance Matters – understanding why the performance of our people matter and the drivers behind poor performance and learning how to apply the practicalities of managing performance on a day to day basis

Engagement Matters – this was designed to enable managers to actively engage with their teams to assist understanding of how they contribute to the success of ECCH. Managers gained skills to encourage involvement and participation from their staff.

A further theme; Workforce matters is being rolled out in September 2014. This will help managers understand the journey to plan and support successful development.

All staff that had management or supervision responsibility were required to attend with other staff that were looking to develop people management skills having the option to attend.



Audits

CARE QUALITY COMMISSION (CQC)

East Coast Community Healthcare is required to register with the Care Quality Commission and its current registration is unconditional. The Care Quality Commission took enforcement action against East Coast Community Healthcare by issuing two Warning Notices in respect of Blundeston Prison. These were lifted following full compliance in December 2013. ECCH has not participated in any special reviews or investigations by the CQC.

Eight services were inspected by the Care Quality Commission during the course of 2013/14.

PRIMARY CARE AT HMP BLUNDESTON

The CQC inspected the following six standards on 23rd April, 2013.

- Care and welfare of people who use services - action needed
- Management of medicines - enforcement action taken
- Staffing - action needed
- Supporting workers - action needed

- Assessing and monitoring the quality of service provision - enforcement action taken
- Records – action needed

A full management and staff response was initiated and an action plan was submitted to the CQC and implemented. Actions included putting in place a new senior manager to achieve a swift and effective turnaround, ensuring staff received and documented the requisite training, reviewing and implementing new procedures for dispensing medicines, more robust process for assessing the needs of new prisoners and strengthening a number of clinical processes.

A re-inspection took place on 22nd August, 2013. The CQC wrote: "The leadership of the healthcare service had been strengthened and this meant that we were able to collect more robust evidence on this occasion. However, most of the provider's improvements had only been recently introduced. This meant that we were unable to fully assess their effectiveness in sustaining this over time."

In December 2013, the CQC found this service met all required standards and the two Warning Notices were formally lifted. The prison was closed by the Ministry of Justice in early 2014 as part of a national review of capacity.

NELSON MEDICAL PRACTICE

The CQC inspected four standards on 31st October, 2013. All were met:

- Care and welfare of people who use services
- Safety and suitability of premises
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

Patients told the CQC: "I can only say that I am satisfied with everything" and "The doctor was absolutely fantastic."

COMMUNITY NURSING

The CQC inspected five standards on 10th December 2014. All were met:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Assessing and monitoring the quality of service provision
- Complaints

The CQC wrote: "Everyone we spoke with all complimented on the quality of the service they had received."

GP UNIT AT NORTHGATE HOSPITAL, GREAT YARMOUTH

The CQC inspected four standards on 16th December, 2013. Four standards were inspected. All were met:

- Care and welfare of people who use services
- Cleanliness and infection control
- Supporting workers
- Complaints

One patient told the CQC: "I feel very safe here."

REGENT ROAD (CONTRACEPTION AND SEXUAL HEALTH) CLINIC, LOWESTOFT

The CQC inspected four standards on 13th January, 2014. All were met:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

The CQC wrote: "Comment cards we reviewed were mainly positive and contained comments such as, 'Very helpful nurse. I completely understand the contraception I am having,' and 'the people are helpful and friendly... don't make you feel uncomfortable'"

SOUTHWOLD AND DISTRICT COMMUNITY HOSPITAL

The CQC inspected five standards on 30th January 2014. All were met:

- Consent to care and treatment
- Care and welfare of people who use services
- Cooperating with other providers
- Staffing
- Assessing and monitoring the quality of service provision

One patient told the CQC: "It's the best hospital I have been in and I have experienced a fair few, this is without doubt the best one. Staff are kind, caring and respectful."

Beccles and District War Memorial Community Hospital
The CQC inspected six standards on 17th February 2014. Five were met:

- Consent to care and treatment
- Care and welfare of people who use services
- Cleanliness and infection control
- Supporting workers
- Complaints

Their service did not meet the CQC's standard, on the day of inspection, for assessing and monitoring the quality of service provision.

The CQC said: "The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. We have judged that this has a minor impact on people who use the service."

The requirements made by CQC were all fulfilled following submission of an action plan. ECCH was awaiting a follow-up visit by the CQC to confirm compliance.

KITTYWITCHES (CONTRACEPTION AND SEXUAL HEALTH) CLINIC, GREAT YARMOUTH

The CQC inspected four standards on 21st February, 2014. All were met:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

The CQC wrote: "We spoke with two people in the reception area. They commented on the effort that was made to avoid people feeling embarrassed."

LOCAL CLINICAL AUDITS

By conducting regular clinical audits across our services we can identify gaps and plan improvements across our services. 55 local clinical audits were conducted over 2013/14. A selection of these results are detailed here:



Service / Department	Audit Topic	Aims (What)	Objectives (Why)	Results/ Recommendations
Children and Families	Evaluation of Practice Learning Environment (Education Audit)	To monitor the quality and safety of the learning environment, level of student support offered and assessment standard of student performance.	To ensure effective learning opportunities and supervision for healthcare students placed in this service.	The area under evaluation meets all regulatory requirements and will provide effective learning opportunities and effective supervision for those categories of professional healthcare students
Community Tuberculosis (TB) Service	Patient Group Direction for BCG Vaccination	To ensure robust risk assessment has taken place and records are fully completed.	To ensure patient safety and appropriate BCG Vaccination is in line with current recommendations.	Practice was found to be excellent. One minor recommendation noted; on one client record was an omission of the date when patient information leaflets were given out
Community Tuberculosis (TB) Service	Vaccine Storage	To ensure compliance regarding safe storage of vaccines	To ensure all legal requirements and good practice are followed relating to handling of medicines.	Audit indicated that fridge contents were checked and recorded every working day. Temperatures are recorded twice on each working day. It is recommended that records of stock and temperature should be shared within the organisation quarterly.
Contraception and Sexual Health Service	Emergency Contraception	To check standards for provision within the service are satisfactory.	To check that practice follows service guidelines and PGD.	Although practice was mostly satisfactory, the option to have IUD was recorded as being offered in less than 50% of cases. Staff agreed to develop the recording templates. Staff are to be advised when appointments for this procedure can be accessed. Ulipristal should be offered/ supplied more frequently.

ME/CFS	ME-CFS Change Questionnaire Audit	To gauge whether patients feel 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 identify improvements in patient care	To determine whether the ME/CFS service is making a difference to patients.	Additional staff recruitment to ensure continuity of care with regards to appointments To look into providing relaxation CDs for patients who don't have internet access. % of patients who would recommend the service - 87% % of patients who feel they have improved - 57% % of patients who feel their symptoms have improved - 49% % of patients who feel they are able to do more - 49% % of patients who feel they are coping with their illness better - 70% % of patients who feel they are able to control the severity of their symptoms better - 49% % of patients who feel more positive about the future course of their illness - 61%
Neurology	Independent prescribing Audit - Neuro Team	To ensure prescribing guidance was adhered to and record keeping was sufficient	To ensure the Independent Prescribers competencies were up to date and correct prescribing has occurred.	A detailed action plan has been compiled with key recommendations made
Podiatry	Nail Surgery	To check improvement against last year's audit results To review patient satisfaction and incidence of nail regrowth following surgery	To highlight areas of concern and develop action plan	Questions for pre-surgery, on the day and post op. All responses positive. No recommendations.



NATIONAL AUDIT PARTICIPATION

During 2013/14, three national clinical audits covered NHS services that ECCH provides. ECCH participated in 100% of the national clinical audits which it was eligible to participate in. There were no national confidential enquiries received.



Service / Department	Audit Topic	Aims (What)	Objectives (Why)	Results/ Recommendations		
Admissions Prevention Service	National Audit of Intermediate Care	Whole system review of the effectiveness of intermediate care services and the contribution made to demand management across health and social care systems	Develop quality standards, develop patient outcome measures, assess performance against quality outcome and outcome measures, summarise national data and provide local benchmarked results on key performance indicators, potentially inform future policy development.	This was year 2 of participating in the national programme. The full report can be found here: http://www.nhsbenchmarking.nhs.uk/CubeCore/uploads/icsurvey/NAIC%202013/NAICNationalReport2013.pdf		
Children and families	National Child Measurement Programme (NCMP)	Implement the Healthy Weight, Healthy Lives Strategy. Gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. Set local goals and monitor performance	Increase public and professional understanding of weight issues in children. Engage parents and families about healthy lifestyles and weight issues through provision of results and additional information to parents.			
				No. of children in each year	Year Reception	Year Six
				No. of opt outs in each year	74	146
				No. of opt out forms not received	2	5
				No. of children moved out of area	3	2
				No. of children not seen	4	2
					83	155
Total No. measured	2489	2159				
Total No. opted out	74	146				
	2563	2305				
Percentage achieved	99.7	99.6				

Falls	National Audit of Falls and Bone Health/ Falls and Fracture Audit Programme	Examines the organisation and commissioning of services provided to older people for falls prevention and bone health, and the clinical care delivered to people who have fallen and fractured a bone. Covers the patient pathway across acute and primary/community care. The Audit also looks at services for falls prevention in mental healthcare and a sample of care homes.	Improve outcomes and efficiency of care after hip fractures. Respond to the first fracture, prevent the second. Early intervention to restore independence through falls care pathway linking to acute and urgent care services to secondary prevention. Prevent frailty, preserve bone health, reduce accidents – through preserving physical activity, healthy lifestyles and reducing environmental hazards	Full reports can be found on the Royal College of Physicians website: http://www.rcplondon.ac.uk/projects/falls-and-fragility-fracture-audit-programme-fffap-2013
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ANNUAL INTERNAL AUDITS

ECCH has a programme each year of independent auditing. Contracted auditors test our processes against what we stated we would do and against national standards where relevant. This year we conducted audits in relation to performance monitoring, IT, CQC and our governance structure.

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 that deliver the services.

As a provider of community 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. By using data we can improve the quality of services for patients. This means better outcomes and better utilisation of public services.

Objective	Conclusion	Actions
To ensure that appropriate, accurate and timely performance data is produced and reported to facilitate monitoring of operational performance.	Taking account of the issues identified, whilst the Board can take some assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective, action needs to be taken to ensure this risk is managed.	Ongoing work to compile comprehensive procedures in respect of performance reporting which will be made available to relevant members of staff involved in the process.
Provision of an appropriate data warehouse to gather and organise considerable volumes of detailed information from systems throughout the organisation to inform management decision making	Taking account of the issues identified, whilst the Board can take some assurance that the controls upon which the organisation relies to manage its Data Warehouse arrangements as currently laid down and operated are well designed and complied with, action needs to be taken to ensure risks in relation to data security is managed.	Actions were taken to ensure adequate physical and environmental security procedures. However the IT provider at the time of the audit was not able to provide this. The IT provision was tendered in September 2013.
To ensure that an appropriate committee structure is in place to support effective information sharing and decision making	Taking account of the issues identified, the Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.	The Board and its sub-committees will conduct an annual self-assessment of their effectiveness, and the results of this will be reported back to Board members.
To ensure that the organisation has systems in place to enable it to make an accurate annual declaration supported by actual retained evidence for monitoring and inspection purposes.	Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.	We obtained and reviewed the Policy for Managing Compliance to CQC Essential Standards and confirmed that the document is available to all staff via the Intranet

ECCH strives to ensure its information systems are scalable, secure and comply with the standards defined by the Department of Health.

IG TOOLKIT

East Coast Community Healthcare's Information Assessment Report score overall for 2013/14 was graded level 2.

Appendix 1 - Services Provided in 2013/14...

From April 2013 to March 2014 ECCH provided and/or sub-contracted 35 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	Prison Healthcare
Falls Service	MEND	Nelson Medical Practice
Inpatient Services across four community hospitals	HENRY	Physical Activity Team
Minor Injury Unit at Beccles and Patrick Stead Hospitals	Children's Speech and Language Therapy	Healthy Schools Team
Adult Speech and Language Therapy	Breastfeeding Support Service	TB Control Team
Continence Team	Looked After Children	Health Improvement Team
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
26 June 2014



Jonathan Williams
Chief Executive Officer
East Coast Community Healthcare
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NR34 9BN

Beccles House
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Tel: 01502 719561
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Web: www.greatyarmouthandwaveneyccg.nhs.uk

Dear Jonathan,

Great Yarmouth & Waveney Clinical Commissioning Group as the commissioning organisation for ECCH supports the organisation in its publication of a Quality Account for 2013/14. 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 2014/15 and support the identified improvement objectives in the quality and safety of care provided to Great Yarmouth & Waveney residents. They will do this through the range of identified priorities which includes:

- **Improving patient experience** by recognising the importance of supporting and developing their staff who are critical to delivery of a positive patient experience.
- **Improving patient safety** by championing innovations in the prevention and management of pressure ulcers, which are particularly debilitating and harmful to our vulnerable residents of Great Yarmouth and Waveney.
- **Improving clinical outcomes and effectiveness** by contributing to increased prevalence of breast feeding and also the successful roll out of the Out of Hospital team.

We note the number of inspections undertaken by the Care Quality Commission within a large number of services and locations within ECCH. We recognise that on the whole the CQC observed full compliance with the standards inspected; however minor areas of non-compliance at Beccles Hospital. We also recognise the significant challenge for ECCH to make the necessary improvements at HMP Blundeston whilst notification of the planned closure of the prison was announced during this time. The commitment of the staff at the prison during this time is to be commended.

Chair: Dr John Stammers, Chief Executive: Mr Andrew Evans

Waveney CCG also acknowledges the excellent infection prevention and control performance and work of the IPC team.

The Great Yarmouth & Waveney Clinical Commissioning Group looks forward to working with the ECCH during 2014/15.

Yours sincerely

Cath Gorman
Director of Quality & Safety



Healthwatch Norfolk is pleased to have the opportunity to comment on the Quality Account 2013-14. Overall we considered the document to be well laid out with clear illustrations of quality improvement plans and accessible reporting of audit results. However, in the reporting of findings of the Quality Improvement Review for e.g. Patient Safety, Clinical Effectiveness a little more information on the purpose of initiatives and on previous results or issues which initiatives are intended to address would help readers understand whether progress has been made in addressing relevant issues. We would like some assurance that the document will be available in other formats if requested by members of the public.

We note the new 'Out of Hospital Team' in Lowestoft but it would have been helpful if the document confirmed whether this service is available across all of the area covered by ECCH.

We welcome the priority to implement the Commissioning for Quality and Innovation (CQUIN) scheme for a pressure ulcer prevention service, as we have noted with concern the numbers of Grade 3 and 4 pressure ulcers reported in 2013-2014 to the Governing Body of the Great Yarmouth and Waveney Clinical Commission Group. We have noted the absence of Grade 3 or 4 pressure ulcers occurring in community hospitals which suggests locally there is some good practice which could be adopted by ECCH staff in other community or home care settings.

We are pleased to note that the district nursing service has been extended to a full 24/7 service.

We are pleased to see the ECCH will be implementing *The Fundamental Certificate of Care for Healthcare Assistants* in order to improve the quality of services delivered by Healthcare Assistants. This reflects public feedback to Healthwatch Norfolk on the need for all staff, including those caring for people in community settings and in their own homes, to be trained and supported to deliver high quality services.

The Quality Account states that there has been an increase in response rates for in-patient areas but does not provide any detailed figures. We request that ECCH considers publishing its Friends and Family Test Scores, including % of eligible patients returning a response and scores for each of the four community hospitals, District Nursing, Health Visiting, Breastfeeding Support, Contraception and Sexual Health and the Children's SaLT services. This will ensure that the public can see the Friends and Family Test results in a standard format across all the healthcare providers in the county.

Finally, Healthwatch Norfolk confirms that we will continue to develop effective working relationships with the Trust in order to ensure that the views of patients, carers and their families are taken into account in the provision of healthcare by the Trust.

Alex Stewart
Chief Executive

Healthwatch Suffolk response to the East Coast Community Healthcare Quality Account 2013/14

The Quality Account of the ECCH is accessible to the general public. Healthwatch Suffolk welcomes the approach to incident reporting where incidents, including near misses are reported.

ECCH records 2472 incidents affecting patients, staff and contractors. The bulk of these incidents were related to Adult services (1993). Unfortunately while ECCH encourages open reporting of incidents and near misses, the Quality account does not mention what action they would take in the event of a near miss. Near misses are an invaluable source of information and careful analysis and action can prevent future incidents. It would have been encouraging to see what analysis is undertaken by ECCH.

ECCH mentions that there were 63 Serious Incidents in 2013/14, 58 of which were pressure ulcers grade3 or 4. ECCH does not mention what the other 5 incidents were.

ECCH tries to make it easy for patients to raise complaints, compliments or concerns. They provide details of how many complaints were received and provide graphs showing which service received complaints and the category of the complaint i.e., staff attitude delays and so on. They do not however describe what action is taken in the event of a justified complaint or what action is taken when a preponderance of complaints occur in a particular service as, for example, District nurses in the graph at the bottom of page 18.

The impression given is that ECCH is very good at gathering and recording potentially useful information about incidents and from patient complaints but not so clear regarding the very useful learning that can be derived from these sources.

ECCH has set out a clear set of priorities for the coming year. They are exploring some useful ideas for engagement such as the patients as teachers model as described this seems to consist of a series of facilitated focus groups. This is followed up by a thematic analysis which results in an action plan with identified clinicians to address issues. The involvement of the patient and carer appears to be limited to telling their story in a facilitated environment.

This is an encouraging development but it could be taken further. There is no mention of a co-production element where the patient will assist in the design and realisation of a remedy to the issues identified.

ECCH has also introduced health coaching for patients with long term conditions, this is a good scheme and we look forward to watching its development. ECCH is also a partner in the development of the integrated care system within the local health and social care environment. ECCH is working well on its quality improvement plans many of which are completed with just a couple still in progress but recorded as being on track.

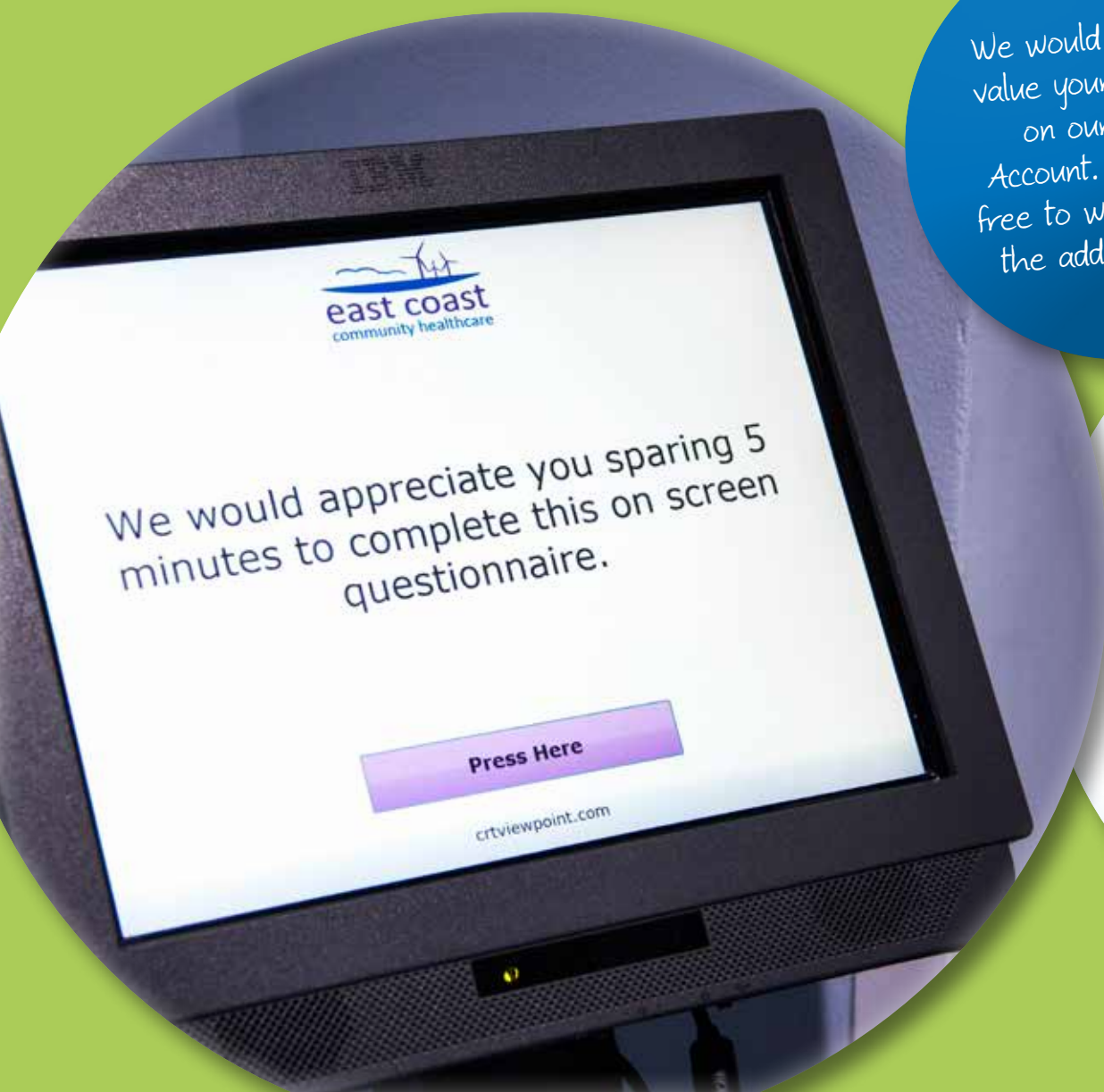
ECCH is a service which is taking interesting and innovative steps to improve its services to patients. They are aware that there is more to do and are working with their commissioners on being a part of a fully developed and integrated service across the health and social care field. This will be of benefit to the Patients and carers who make use of their services. Healthwatch Suffolk looks forward to seeing ECCH continuing to develop its services for the benefit of patients.



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

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:



We would appreciate you sparing 5 minutes to complete this on screen questionnaire.

Press Here

crtviewpoint.com

JONATHAN WILLIAMS

Chief Executive

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