



Quality Account

2012/13

Contents

PART 1 – Statement on Quality Page **4**

PART 2 – Priorities for Improvements in 2013/14 Page **6**

Our Vision for the Future Page **6**

Quality Improvements for 2013/14 Page **7**

PART 3 – Review of Quality Performance Page **10**

CQUIN (Commissioning for Quality and Innovation) Page **10**

2012/13 Quality Improvement Review Page **11**

Patient Safety Page **12**

Clinical Effectiveness Page **14**

Patient Experience Page **17**

Workforce Quality Page **19**

Audits Page **20**

Appendix 1 - Services Provided Page **25**

Appendix 2 - Letters from Stakeholders Page **26**

We Welcome Your Views Page **28**

Part 1 - Statement on Quality

Our Governance Structure

In response to feedback from members of the Local Involvement Networks (LINKs) last year we have designed this Quality Account to be more accessible for members of the general public. We have therefore aimed to create a document that is clear, easy to read, and concise.

About Us

East Coast Community Healthcare (ECCH) was launched as a Community Interest Company on 1st October 2011. It is a staff owned, not for profit Social Enterprise, providing community-based health and social care in the Great Yarmouth & Waveney area and beyond. ECCH employs more than 900 staff to deliver a wide range of health and social care services.

Our organisation is driven by a desire to improve health and wellbeing outcomes for the populations we serve. Any surplus we make is reinvested to improve services and to benefit our local communities.

Our values come from and are expressed by our staff. That means first and foremost we care about people and we believe that delivering high quality care every time is our biggest priority. One of our most important challenges is to make our services work in a way that meet the varying needs of patients and service users.

Continually Improving

In the past year we have been determined to continually improve our services working closely with all key agencies and integrating our services with close partners in social services and mental health care. In doing so we have created new and exciting roles that help reduce such things as unhelpful multiple visits and confusion about which agency patients and carers should turn to for help. We have also improved the means of accessing services with a 'one-stop' single point of contact, helping direct people to the right place for the help they need.

We are very proud of our services for mothers, children and families. This year we have increased our health visitor numbers by almost 20% and have been recognised nationally as innovative and forward thinking in our approach. Our breastfeeding team continue to provide outstanding support in the community with more than 40% of mothers successfully continuing to breastfeed their babies. All this happens as we work closely with our children's centres and for example, with the 'healthy schools' programme.

Listening to the public, patients, carers and staff

We are determined that our organisation continues to grow through deepening our understanding of what the public want, need and expect us to deliver.

Sometimes the messages are uncomfortable and challenge our assumptions, yet this year we have shown we are increasing our ability to listen and learn. Our complaints and liaison service reports to the Board and Executive Team and our innovative 'patient journeys' project proactively seeking feedback from the front line services has been very well received. We look forward to working closely with the new HealthWatch organisations in Norfolk and Suffolk this year to further develop our public interface.

We have used the Net Promoter Score, otherwise known as the "Friends and Family Test" to gauge patient and carer opinion on the services we provide in our community hospitals. We have also developed plans to use social networking technology to harness ideas for innovation and quality improvements from our staff.

We are also determined to listen to our staff and help them learn together to provide the safest and best possible services. This year we have heavily invested in mobile working solutions such as lap top computers to help keep all staff connected and in touch. In doing so we have enhanced our electronic systems for incident reporting and are starting to see great improvements in individual and team based learning.

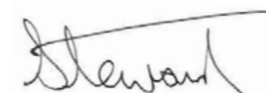
Summary

As we move in to our third year we can now be confident that the foundations have been established to help us grow our social enterprise in the right way, in partnership with our communities, alongside those whose objectives and aspirations we share. We will also continue to enjoy the benefits that our staff ownership model offers us, striving together to provide the best possible services we can.

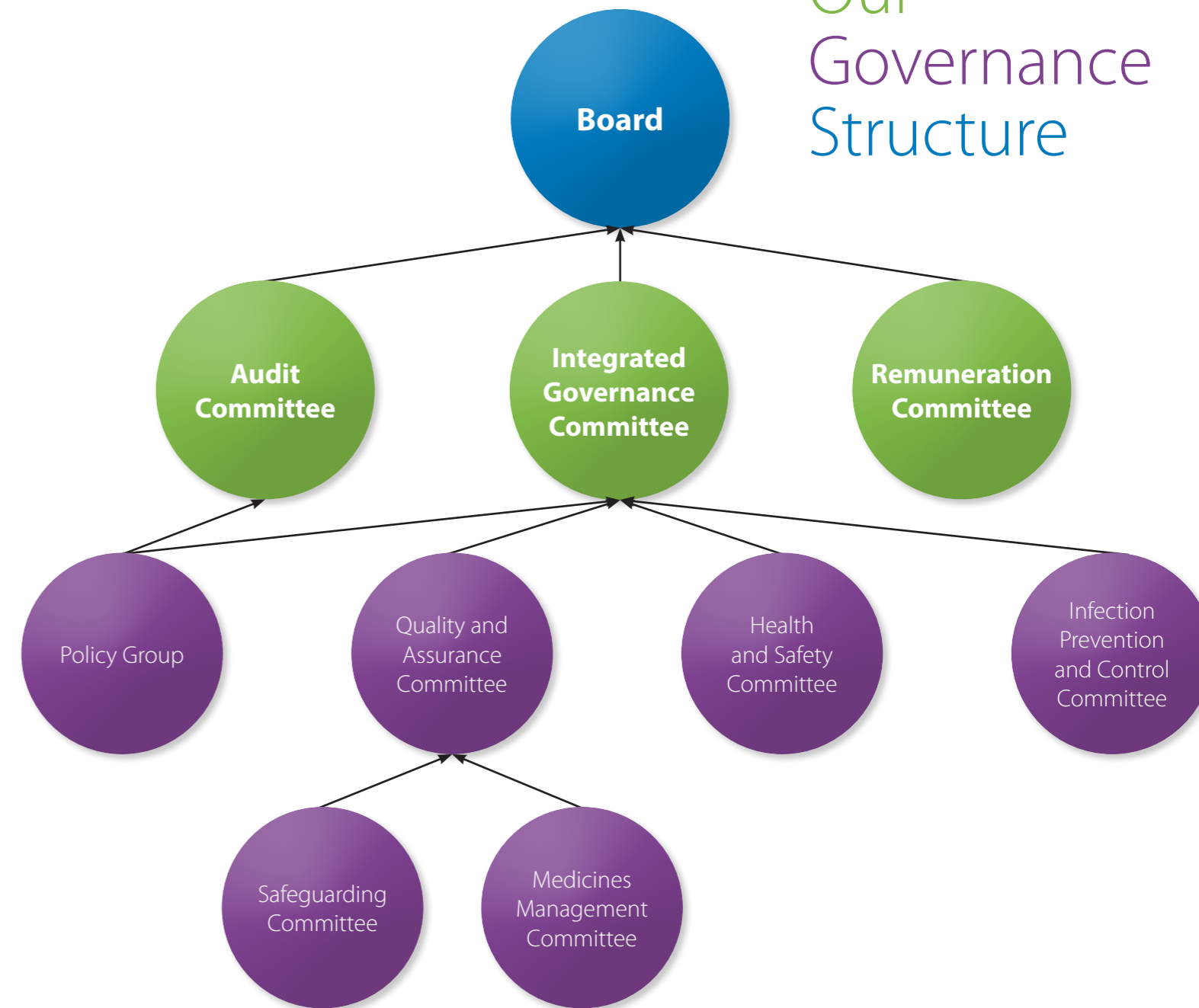
The Board confirms this report as an accurate reflection of the quality of services delivered and we will continue to work hard in the coming year to improve service quality for patients and service users. We hope that you find the report helpful in reviewing our progress against our key priorities in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



Tracy Cannell
Managing Director



Paul Steward
Chairman



Part 2 - Priorities for Improvements in 2013/14

We have worked closely with our NHS Commissioners, staff and stakeholders including care homes to set future direction for our services. In particular, internal audits and patient surveys have been an important tool in measuring progress and determining areas for action. In the coming year we plan to harness the expertise we have by canvassing staff via a project we are calling **Patient and Family Echo – Clever Together**. Using a social-networking-style tool online we shall ask staff what should we stop, start or change. We believe this will lead to significant quality improvements too.

Our vision for the future

Over the next year our vision is to offer the very best care by continuing to develop:

1. The integration of health and social care services and harnessing technology to improve care
2. Developing locally appropriate services that recognise the specific needs of each community
3. Developing our learning through feedback, research and monitoring performance

Integration

We support the NHS Great Yarmouth and Waveney Clinical Commissioning Group's (CCG) Out of Hospital Strategy.

The vision encompassed in the strategy seeks to provide care at home whenever it is safe, sensible and affordable to do so. Care will be organised around the patient, focusing on individual need and empowering independence. We are creating multidisciplinary teams focused on specific geographical areas and working with adult social services with the aim of co-locating their staff alongside our own to create integrated health and social care teams.

Developing locally appropriate services:

Halesworth

In support of our main Commissioner's Out of Hospital Strategy for Great Yarmouth and Waveney - and in partnership with the Halesworth Health and Halesworth Campus projects - East Coast

"There must be very significant change in the way services are commissioned in Great Yarmouth & Waveney – to underpin an improvement in the health and well-being of the people for whom we commission, to improve the quality, range and accessibility of the services available across the CCG area and to maximise the impact and value we achieve from the resources we have available"

Community Healthcare is working towards the creation of an integrated health and social care centre in Halesworth. In March 2013, ECCH was awarded a grant of £800,000 from the Department of Health via the Social Enterprise Investment Fund. The funding covers purchase of land in Halesworth and project development.

Lowestoft

We support the vision for the future of NHS services in Lowestoft described by NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) and have been actively involved in planning for improved facilities and care at Kirkley Rise. These are subject to public consultation.

Reydon

We have played a full role, with our NHS Commissioners in planning the new Reydon Health Centre, at the former Eversley School Playing Fields in Reydon, near Southwold. The new facility will provide modern, fit-for-purpose accommodation for community and primary care.

Developing our staff learning through research and monitoring performance

Research and development is important to create an innovative forward thinking organisation which attracts high calibre staff and allows them to continue to grow and flourish. This in turn will improve the care that we offer our local communities. We have started to increase our research and development programme and are investing in increased support to access external grant opportunities to increase our range of funded projects.

Our investment in mobile working will also provide better monitoring information about our services so that we can ensure that patients are receiving high quality care and so we can plan care more appropriately.



Quality Improvements for 2013/14

Commissioning for Quality and Innovation (CQUIN) targets 2013/14

Progress towards these targets will be monitored by our Integrated Governance Committee and reported both to our Board and our Commissioners.

1. NHS Safety Thermometer

This CQUIN incentivises the collection of data on the three patient harms of pressure ulcers, falls and urinary tract infection in patients with a catheter. All relevant patients in all relevant NHS providers in England are surveyed on a monthly basis to produce the NHS Safety Thermometer. This will allow nationally consistent data to be collected and published as well as facilitating local improvement activity.

2. Friends and Family Test – Children's Speech and Language Therapy

- a) To establish question and baseline Net Promoter Score of a minimum of 10% of patients and carers of the Children's Speech & Language Therapy Service
- b) Monthly report to Commissioner including plans for improvement

- c) Achieve a 10-point improvement in Net Promoter Score or maintain top quartile performance

4. District Nursing Patient Summaries

A written summary of the care provided by a District Nurse to a patient will be designed, developed and implemented in conjunction with Primary Care. The content, timing, frequency and method of transmission of the patient summary will be agreed as part of the quality initiative.

5. 1% System Wide CQUIN

We will invest the funds from this CQUIN to extend our admissions prevention service and support early discharge from hospital.

6. Friends and Family Test – Health Visiting

- a) To establish question and baseline Net Promoter Score of a minimum of 10% of Health Visiting Service users
- b) Monthly report to Commissioner including plans for improvement
- c) Achieve a 10 point improvement in Net Promoter Score or maintain top quartile performance

4. Friends and Family Test – Breastfeeding Team

- a) To establish question and baseline Net Promoter Score of a minimum of 10% of Breastfeeding Service users
- b) Monthly report to Commissioner at organisational and team level, including plans for improvement
- c) Achieve a 10 point improvement in Net Promoter Score or maintain top quartile performance



Part 2 - continued...

Business Unit Targets 2013/14

The following improvement areas will form part of our objectives which are monitored quarterly by our Board. Those which are subject to contractual monitoring are done so on a monthly basis and will be reported to our Commissioners as required.

- We have put in place and are implementing a robust action plan to address quality and service issues at HMP Blundeston, following a joint inspection by HM Inspectorate of Prisons and CQC (Care Quality Commission) which took place in April 2013, subsequent to this reporting year. At the time of printing we are still awaiting the final version of the report following the inspection however we recognise there is a range of quality issues which must be addressed swiftly, to ensure the service meets required standards. We are discussing with our Commissioners how we can secure additional resources to ensure the services are robust, for example increasing the range of primary mental health services.
- We shall continue the roll out of mobile working, which will give clinicians access to real time information about their patients, reduce potential for inadvertent errors, enable staff to work more flexibly and give more valuable face-to-face time with patients.
- We are consulting with staff to extend our district nursing to a full 24/7 service, plugging some gaps in shifts which currently occur during handover periods.
- Our district nursing and safeguarding staff will continue to recruit and support "Pressure Ulcer Champions" in residential care homes across Great Yarmouth and Waveney.
- We will comply with the EU Directive on the safe disposal of 'sharps' by introducing re-sheathable needles from June 2013 and providing appropriate sharps containers for district nursing teams to remove them to disposal points safely.



Part 3 - Review of Quality Performance

CQUIN (Commissioning for Quality and Innovation) Results

A proportion of East Coast Community Healthcare's income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed with NHS Great Yarmouth and Waveney through the Commissioning for Quality and Innovation (CQUIN) payment framework.

These are described below and further details of the agreed goals for 2012/13 and for the following 12-month period are available electronically at:

www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

Indicator	Target	Results
Number of VTE (Venous Thromboembolism) Assessments completed on admission and compliance with NICE (National Institute for Clinical Excellence) guidelines when treating those identified as at risk of VTE	95% Assessments completed 90% compliance with NICE guidance	Staff members were re-trained to conduct risk assessments. This involved partnership working with GPs and pharmacists. 97% assessments completed. 94% compliance to NICE guidelines
Carers Satisfaction Survey	Develop and undertake survey Evidence of actions Outcome of carers focus group	Interviews were held with carers to fully understand the relationship between them and service providers. As a result clinical practices have been reviewed and improved.
Patient Safety Thermometer – healthcare complications caused by the four harms; Pressure ulcers, falls, CAUTI, VTE	Systems and processes in place to make quarterly returns on the four harms for both inpatients and community matrons	Systems and process have been put in place and quarterly returns submitted.
Dementia Care	Performance against care pathway and training in relation to care pathway	A policy has been written and pathway developed to make sure that patients with early signs were identified and treated accordingly. The target for compliance with the pathway was 70% and we achieved 100%. Awareness training for community hospital nursing staff was also undertaken - 100% attendance.
Net Promoter – Inpatients	Patient experience and number of patients surveyed	Results were maintained between 75-100%. A full action plan for negative feedback received from patients and passed to PALs for investigation and resolution. Outcomes were additional therapy for inpatients and the importance of staff's communication style with patients

2012/13 Quality Improvement Review

Review of Quality Improvement Plans

During 2012/13, East Coast Community Healthcare provided or sub-contracted 36 NHS services (detailed in Appendix A). ECCH has reviewed all the data available on the quality of care in all of these NHS services. Overall 84% of our income came from NHS Norfolk and Waveney.



2012/13 Quality Improvement Plans	Result
Primary Care and Prevention	
Recruit two new GPs to support healthcare at Blundeston Prison	Completed
Increase the number of GP reviews provided to our residential care home	Completed
Expand the range of family planning services available to patients to include the Long Acting Reversible Contraception (Implanon) implants	Completed
Improved care offered to diabetic patients	Completed
Reduce the number of secondary care referrals made for diabetic patients	Overall referrals have reduced for all patients with the exception of diabetic patients
ME/CFS	
Increase number of education sessions offered to GPs	A training programme has been developed
Ensure that referrers provide all required information, including blood test results, before referrals are made, to ensure accurate diagnosis and treatment	Completed
North Lowestoft Children's Centres	
A dedicated member of staff to attend all initial child protection conferences	Completed
Recruit additional members to the Combined Parents Group	Completed
Recruit a parent representative to the advisory board	Completed
Children's Centre manager to chair all Team Around the Child (TACs) meetings for 0-5s	Completed
Health Life Team	
To run the Fire Fighting Fit (14-17 year olds) programme with Suffolk Fire Service	Completed
Family Nurse partnership working with vulnerable young women to reduce maternal smoking levels	Completed
Health Visiting	
Roll out the introduction of the Ages and Stages questionnaires to all professionals undertaking this review	Completed
Deliver 70% of 2 - 2.5 year reviews by September 2012 and 100% by March 2013	Completed
Increase client-facing time with the roll-out of mobile working solution	Completed
Conduct a service evaluation with users	Completed

2012/13 Quality Improvement Plans	Result
Health Visiting ctd...	
Develop actions based on the feedback from the patient experience postcards	Completed
Health Improvement Services	
Meet the standards set by the Department of Education, the county council and national governing bodies (such as the FA and the Wright Foundation) for individual sports and activities	Completed
Speech and Language Therapy (Adults and Children)	
Produce a resource book for teachers	Completed
Revise our written reports to make them simpler and more useful to parents	Completed
Continue to develop information packs which will be available on the ECCH website	Completed
Hold a Comm Max Carers Group	This did not take place due to other priorities within the service – it is an aspiration for 2013/14
Run a series of staff workshops to improve understanding of the psychological impact of communication difficulties	Completed
Hold a succession planning event in September 2012 to help identify the future clinical leaders within our teams	Completed
Continue to carry out hand-washing audits	Completed
Hold listening events where we encourage our clients to tell us what we do well and what we could do better	This did not take place due to other priorities within the service – it is an aspiration for 2013/14
Adult Community Nursing	
Take lead role within ECCH to meet the SHA ambition of the elimination of all avoidable grades 2, 3 and 4 pressure ulcers by December 2012	Completed
Reorganise District Nursing Team into geographical areas to improve continuity of care	Completed
All qualified nursing staff to have received regular clinical supervision by year-end audit	Completed
Community Hospitals	
Improve professional standards and pride in nursing.	Completed

Part 3 - continued (Patient Safety)...

2012/13 Quality Improvement Plans	Result
Community Hospitals ctd...	
Community hospitals to maintain healthy budgetary control at year end	Completed
Develop staff as individuals as well as for the good of the organisation	Completed
Embrace ingenuity and innovation in the Social Enterprise and develop positive attitudes towards change	Completed
Encourage staff to be more confident through increased competence and support	Completed
Develop in-house tailored training to support learning needs	Completed
Falls Service	
Hold meetings with care home staff on falls and bone health, along with the Medicines Management team.	Completed and on-going
Support the creation of a Falls Champion in each care home in the area	Completed and on-going
Introduce an outpatient falls service	Introduced to the North of Great Yarmouth and Waveney
Introduce exercise balance classes	Introduced to the North of Great Yarmouth and Waveney
Offer the Otago Exercise Programme (a strength and balance exercise programme that has been shown to reduce falls in older adults) to patients referred to the service	Completed
Podiatry	
Introduce a second practitioner clinic providing steroid injections	We have increased the number of clinics

2012/13 Quality Improvement Plans	Result
Podiatry ctd...	
Continue to use quarterly patient satisfaction survey	Completed
Repeat the nail surgery pain audit	Completed
Introduce team leaders into the service to ensure improved accountability and clinical supervision	Completed
Occupational Therapy	
Work to pilot the use of generic community patient record	Completed
Develop electronic templates in readiness for mobile working	Moved to June 2013 to coincide with roll-out of SystmOne
Use feedback from annual survey to improve service to patients	Completed
Recruit a professional lead for OT to support the service, staff and the organisation	Completed
Patient Advice and Liaison	
Provide the new Patient Liaison poster to all sites and give all staff information on how patients / families can contact the Patient Liaison Manager	Completed
Acknowledge all complaints within three working days and providing a full response within 30 working days	Completed
Provide a minimum of four refresher workshops for staff	Completed
Attend all team meetings to update staff on processes	Attended all Adult Services team meetings
Produce new Patient Liaison leaflets	Completed
Develop patient voice/experience and involvement	Complete and Ongoing



Patient Safety

MRSA/C-diff Performance 2012/13

Our Infection Prevention and Control Team exceeded targets set by the NHS to reduce MRSA and C-difficile in the Great Yarmouth and Waveney area. We have the lowest number of C-diff cases in the East of England. We recorded no cases of either MRSA or C-difficile as a result of the care we provided in 2012/13.

MRSA				C-difficile			
Maximum number of permitted cases for 2012/13	Actual number of cases	Variance	England average	Maximum number of permitted cases for 2012/13	Actual number of cases	Variance	England average
3	2	-1	4	54	34	-20	75
Our Target for 2013/14				Our Target for 2013/14			
zero				50			

Seasonal influenza programme for ECCH staff

This was the second year we ran a totally in-house programme to ensure a high uptake of season flu immunisation, to protect patients, clients, staff and their families. This year immunisation was offered to all ECCH employees:

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

Ambulatory Syringe Drivers

In line with guidance from the National Patient Safety Agency ECCH, together with the James Paget University Hospital, we have worked to replace syringe drivers across the whole healthcare system in Great Yarmouth and Waveney. This included successful trials, training and revision of policies and protocols in relation to syringe drivers. The implementation of new syringe drivers reduced risk of errors with infusions.

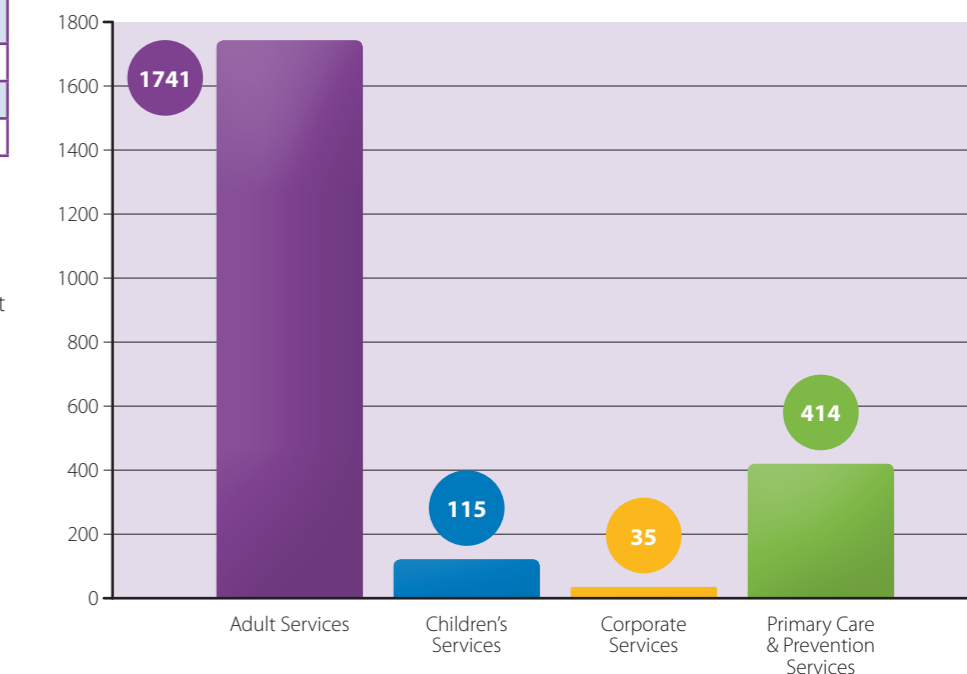
Incidents

Datix web, a live incident reporting system, was made available to all ECCH staff in February 2012. This has led to a significant increase in the amount of incidents reported, April 2012 - March 2013, by 89%. **2305** incidents were reported (approximately 192 a month) compared to **1278** the previous year (approximately 106 a month). This is a positive sign that our staff have increased vigilance over quality issues and that they are recording them well. It also

reflects the inclusion of pressure ulcers as reportable incidents.

Incidents reported through 2012-2013 by ECCH staff have highlighted the need to change suppliers of certain items such as medication and equipment and the need to provide training.

At the start of the year Children's Services reported very few incidents. Their reporting has now increased due to mobile working which enables



Part 3 - continued (Clinical Effectiveness)...

them to access the Datix reporting system more easily.

Adult Services includes Inpatient areas and District Nurses (the highest reporters of incidents). Their figures include the reporting of pressure ulcers.

There were 52 Serious Incidents (SIs) reported to our NHS Commissioners in 2012-2013, 49 of these were Grade 3 or 4 pressure ulcers. Only 3 of these pressure ulcers occurred in patients in our community hospitals, the rest occurred in the patient's own home or residential home. Pressure ulcers are graded from 1 to 4 - Grade 4 being the most serious. In total there were 639 pressure ulcers attributed to patients in the community in 2012-2013 although only 239 developed while in our care. Pressure ulcers are much more likely to occur in patients nearing the end of their lives for physiological reasons and because we must make sensitive judgements about how often they should be disturbed by frequent turning. At the time of publication, comparative national data for the incidence of pressure ulcers was not available.

In response to a rise in the number of more serious pressure ulcers detected in care homes, our District Nursing and Adult Safeguarding teams laid on two voluntary training events, in November 2012 and February 2013. These were attended by 131 staff from 68 homes. The training helped them detect pressure ulcers at an earlier stage and prevent them from occurring.

HMP Blundeston

Following discussions with our Commissioners in June 2012, we commissioned an external review of healthcare services within HMP Blundeston, which is a distinct and unique element of our portfolio. ECCH inherited an isolated service in October 2011: a number of improvements were made, such as replacing the former GP service with in-house staff as part of an integrated team, recruiting an individual with specialist training in June 2012 to improve prescribing and incorporating this service within one of our mainstream Business Units to strengthen peer support. However there remained emerging concerns around the quality of care provided, evidenced by delays in appointments, patient feedback and concerns around prescribing and dispensing. The review was undertaken in September 2012. An action plan was developed and has commenced. However there are still improvements which need to be made.

Clinical Effectiveness

Integration

We integrated our Admissions Prevention and Falls Services, aligned our community matrons to our district nursing teams to improve the sharing of skills and expertise and ensured community matrons have direct access to social care and undertake joint working to support patients. We also began a wide ranging programme to integrate our adult services staff into multidisciplinary teams. By working together they can share information and ensure patient care is as seamless as possible.

We began the roll out of SystmOne, our patient records system, which will eventually ensure all teams can access up to date information about a patient's care. In tandem with this we have radically changed the way district nurses and other frontline staff work. By investing over half a million pounds into laptops with 'personal Wi-Fi hotspots' and smart phones we have liberated

our front line clinicians to work more flexibly for the benefit of patients and clients. 380 staff were provided with 'mobile solutions' in 2012/13 after an investment of half a million pounds and we anticipate this will rise substantially above the 450 originally targeted in 2013/14.



"Many people don't realise we are at the cutting edge. We are using very new technologies and techniques and we're dealing with a huge variety of patients with a huge variety of conditions which need looking after."

Shona Andrews, District Nursing Sister, Beccles Medical Centre

Health Visiting and family support

We have increased our Health Visiting staff by 8 and we are now consistently seeing 98% of families in Great Yarmouth and Waveney, before their babies are born, to support transition to parenthood. We were awarded the status of a First Wave "Early Implementer Site" by the Department of Health and the Strategic Health Authority, we offer all two-year-olds a universal developmental review and are now using the Ages and Stages Questionnaires to assess development as well as social and emotional wellbeing.

Our Specialist Health Visitor for Travellers and Migrant Workers works closely with migrant communities, often with interpreters, to ensure families are able to gain the best outcomes for themselves and their children. A clinic is run each week at a local Children's Centre where an interpreter is always present.

Breastfeeding

ECCH's dedicated Breastfeeding Service trained 16 peer supporters to help increase the number of women who wish to continue to breastfeed to 6 weeks and beyond. We have seen a steady

increase in our numbers and recently achieved over 42% of women continuing to breastfeed. The Service has also worked in partnership with local Children's Centres to develop Baby Cafés, which support both antenatal parents who are considering breastfeeding, as well as mothers who are breastfeeding.

Speech and Language Therapy

Paediatric Service

More staff have completed training to deliver Elklan courses, ensuring staff in early years settings have a greater understanding of speech language and communication needs and can provide more appropriate interventions for the children in their care. A new information leaflet was produced for parents of young children who stammer, giving reassurance and good practical advice.

Waiting times for initial assessment has been reduced across all sites due to the impact of the Productive Community Services programme and the change to integrated cluster working in November 2011.

Adult Service

Our 'Talk Squad' was introduced in November 2012, enabling unemployed Speech and Language Therapy

graduates to work on the Stroke Ward at the James Paget University Hospital (JPUH) as conversation partners with patients. An ECCH strengths-based communication screening tool was launched on the JPUH stroke ward during November, developed within our service to highlight the communication strengths which clients with aphasia have, rather than emphasising their deficits.

We now have 4 Lee Silverman Voice Treatment practitioners; this treatment is recommended by NICE (National Institute for Clinical Excellence) for the treatment of speech and voice difficulties associated with Parkinson's disease. In February 2013 we launched the Communication Café which takes place on the first Tuesday of the month at Christchurch in Great Yarmouth.

Sexual Health Promotion Unit

Sexual Health Promotion was undertaken across Norfolk and Waveney on behalf of the NHS.

Chlamydia Screening

10,127 15-24 year olds were screened for chlamydia.

C-Card and safe sex promotion

The Sexual Health Promotion Unit (SHPU) distributed 860,128 condoms through 563 venues to promote safe sex.

We run the C-Card scheme to give young people access to condoms. There were 3105 C-Card registrations and, in total, 58,464 condoms were distributed via the C-Card scheme.

Professional development

The SHPU's multi-agency training programme is accessed by health, education and social care professionals from statutory and voluntary sectors. They delivered 36 multi-agency courses to 334 participants and 26 bespoke courses to 185 participants.

Campaigns

Campaigns undertaken to improve sexual health awareness included World AIDS Day and the locally produced Just Ask campaign, promoting sexual health services provided by pharmacies under locally enhanced service agreements. The campaign led to an increase in C-card and chlamydia screening activity for 2012/13. There were 26 college/sixth form C-Card events at 15 locations to promote the C-Card scheme and local level 1 sexual health services, to register young people onto the scheme and provide on-site training for staff to ensure that the scheme continues to have sufficient staffing support.

Part 3 - continued (Clinical Effectiveness)...

Stop Smoking Service

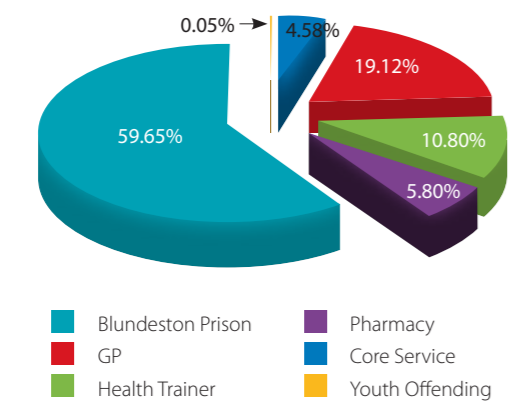
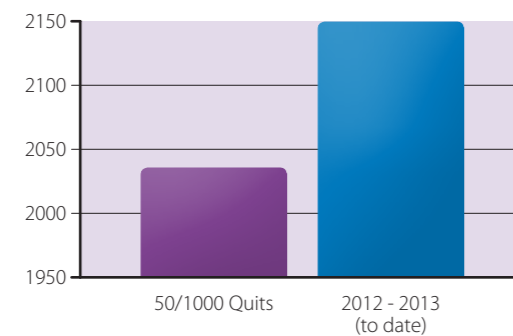
Annual target for 4 week quitters was set at 2418, some 378 higher than the 2011-2012 target and the 50 quitters per 1000 target (2039).

To date: 2148 four week quitters, 88.3% of target. Year end for final submission of data to Department of Health for 2012-2013 is 13 June 2013.

Service Initiatives:

- Quit Club** - We piloted a series of 10 weekly Quit Club sessions, branded as a "Club" rather than a group. This was piloted off the back of the Stoptober campaign and has been followed up with further 10 week sessions. The aim is to build upon these and build up a broad network of Quit Clubs across Great Yarmouth and Waveney. 75% of clients who attend Quit Club actually quit smoking.
- Pregnancy** - Following on from the 100% referral success of previous years, 2012-2013 has seen this consolidated and action taken to boost the number of midwives trained in Brief Intervention (which helps women to stop smoking in pregnancy and ensures robust links between smoking cessation and midwifery services). 95% of Midwives at JPUH are trained in Brief Intervention.

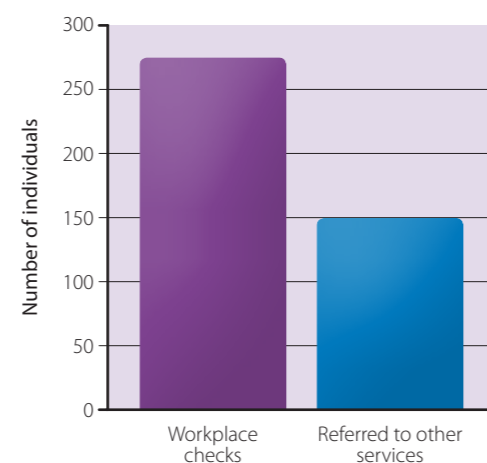
Breakdown of quits by Advisor Types



Health Promotion

Health Promotion is defined as encouraging and enabling individuals and communities to increase their control over their determinants of their health and thereby improve their health. In 2012-2013, the service has continued to actively engage with the public:

- Workplaces - such as large employers like Birdseye**
 - Signposting to other Healthy Lifestyle Services
 - Referring directly to other services – such as Stop Smoking Service, Adult Physical Activity
 - Work to continue to engage in the workplaces and particularly engage with Routine and Manual workers



2. Pharmacies

- Engaging with pharmacies and helping to develop Healthy Living Pharmacies
- Training, mentoring and developing pharmacy staff

3. Public events

- Stoptober – Stop Smoking event
- No Smoking Day
- Health Bus
- Health Checks

Adult Physical Activity

The key outcome is to increase the number of adults achieving the recommended daily amount of activity for an adult (30 minutes, 5 times a week).

The number of our Community Hubs increased from three to seven, offering community based physical activity. 81% of those engaged in the Exercise Referral Programme had an improved Health and Wellbeing score.

Children and Young People Physical Activity

The key outcome is to provide a targeted service for the least active children and young people to enable them to become more active undertaking at least 60 minutes of at least moderate intensity physical activity each day to maintain a healthy weight. 82% of those engaged achieved some

measure of success in improving their Health and Wellbeing score.

Healthy Schools

The Service ensures the provision of a Norfolk and Waveney Cluster-wide framework to co-ordinate and assure the quality of a whole-school approach to health improvement. We helped schools renew their Healthy School Status and to become Enhanced Healthy Schools. Sex and Relationship Education training was delivered to 21 delegates across 17 schools. Staff Wellbeing



Workshops were delivered to 20 delegates across 5 schools and Bullying Intervention Training was delivered to 26 delegates across 15 schools.

Clinical Research

The number of patients receiving NHS services provided or sub-contracted by ECCH in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 123.

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 successful patient outcomes.

We were involved in 14 research studies during 2012/13, an increase of 180% on 11/12 figures, this includes 9 studies that were new in 2012/13 and 5 studies on going from previous years. The National Institute for Health Research (NIHR) supported 50% of these studies through its research networks.

We have achieved the highest recruitment to date for one national portfolio study on shoulder pain which our physiotherapists have been actively involved in, having recruited 118 patients to date since the study started in September 2011.

The median approval time for achieving NHS permission for studies new to ECCH in 12/13 was 23 days, well within the national target of 30 days, and showing a significant improvement over the median of 49 days achieved in 2011/12.

We run one general practice that has started to engage with the Primary Care Research Network to undertake portfolio research studies. As a result of recruitment activity in 2013 the practice has now been awarded a level 1 Research Site Initiative (RSI) contract for 2013/14 and will be looking to build on this work to further embed research into their practice.

Throughout 2012/13 we have taken steps to embed research as a core activity across ECCH and encourage staff to engage with the local clinical research networks. We have appointed an Assurance and Effectiveness Manager to champion research within the organisation as well as managing compliance.

Patient Experience

Patient Feedback and Experience

We provide a totally patient-focused service to patients, their carers and relatives. We have made contacting the service easier by making it much more visible on our website, through the literature we produce and by the continued use of electronic feedback screens on pedestals which are rotated around clinics.

"I would like to thank the wonderful Nursing staff at Northgate Hospital. My mum was treated with such dignity and respect and given outstanding care, above and beyond everyday duties."
Relative of patient, Northgate Hospital, April 2012

The service includes an information point to provide answers to health queries raised, fast and effective resolution of informal concerns raised through the PALS (Patient Advice and Liaison Service) process, logging of all compliments received from patients and attending HMP Blundeston

12 times a year to provide a PALS service to offenders.

"Thank you for your care and attention these last few weeks. You all come in like a ray of sunshine and I have enjoyed your visits"
Patient, District Nursing Team, July

Part 3 - continued (Patient Experience)...

We introduced the Net Promoter Scheme for our community hospitals, otherwise known as the Friends and Family Test. Every month for the whole year since April 2012, no less than 80% of those surveyed said they would either be likely or extremely likely to recommend the hospital they were treated in. For eleven of those months, the figure was well over 90% of patients.

Patients were also able to leave comments – whether they were compliments or concerns and where appropriate we have made changes as a result. Some patients received a letter personally from the Managing Director of ECCH, who let them know what changes had been introduced, for example how the number of physiotherapists has been increased or how building work is improving patient facilities.

When patients have cause to complain, we provide an enhanced service, which we have set out clearly on our website (www.eastcoastch.co.uk):

- Easy access to make complaints - patients can telephone, meet with the Patient Liaison Manager, e-mail or write in.
- We aim to provide a response in 30 days, half the time required by national standards
- We always offer to meet with patients if the complaint is serious, complex or is concerning

end of life matters - or indeed, if the patient would prefer to make their complaint in this way.

- In the formal response letter to patients, at the end of the investigation process, we always offer to meet patients should they remain dissatisfied

Where appropriate we have been able to change services by listening to patient feedback and complaints. For example:

- We changed patient communications in our podiatry service regarding those who were

ineligible for treatment but who should be sent educational literature

- We ensured proper co-ordination between midwives and health visitors so that in the event of a miscarriage the bereaved mother is not contacted inappropriately
- We have ensured nurses in our community hospitals are more visible and accessible during visiting times so that relatives can raise concerns or ask questions about their loved ones' care.

We received a significant number of complaints from patients at HMP Blundeston, as evidenced above. Delays in appointments and prescribing issues – chiefly around delays in repeat prescriptions – received the highest numbers of complaints.

We have made strenuous efforts to improve communications and support for prisoners. A patient forum was put in place for individual patients to attend, led by our Patient Liaison Manager. These occur once every four weeks. In addition to this we have placed videos on the prison TV system to encourage prisoners to feedback about their care.

Our Patient Liaison Manager has reported trends and themes to the prison healthcare service to help inform decision making.

Helping Patients Access Care

In September 2012 we established a new single point of access call centre called East Coast Community Access (ECCA). Our team is based at Northgate Hospital in Great Yarmouth, connecting patients, GPs, nurses and other colleagues with our teams and arranging convenient appointments. District nursing, physiotherapists and occupational therapists were connected in 2012/13.

Health Improvement Services User Surveys

In March 2013 Health Improvement Services conducted small scale user surveys.

Stop Smoking service:

- **97%** Satisfied to Very Satisfied with the service they received
- **99%** of users would recommend service to others
- **99%** of users would return to the service

Health Promotion:

- **93%** Satisfied to Very Satisfied with the service they received
- **99%** of users would recommend service to others
- **99%** of users would return to the services

Adult Physical Activity:

- **98%** Satisfied to Very Satisfied with the service they received
- **99%** of users would recommend service to others
- **99%** of users would return to the services

Children and Young People Physical Activity Service:

- **100%** Satisfied to Very Satisfied with the service they received
- **99%** of users would recommend service to others
- **99%** of users would return to the services

Workforce Quality

Health and Safety

Since ECCH came into being it has recognised the importance of being an organisation committed to a sensible positive and proactive approach to Health, Safety and Security. Over the last year we have:

- Become an accredited training centre with the Chartered Institute of Environmental Health to deliver 15 recognised safety-related courses covering general Health and Safety, Food Safety and First Aid.
- Revised our mandatory training programme, developing in-house training and creating the post of Health and Safety Assistant and Trainer.
- Worked with staff who work in isolation, to ensure we support them, whilst working in the community: We have developed a new ECCH Lone Working policy which includes utilising technology such as GPS locating and lone worker devices.
- Been continually 100% complaint with all of the safety alerts for medical devices, equipment and medications issued by the Governments Medicines and Healthcare products Regulatory Agency (MHRA).

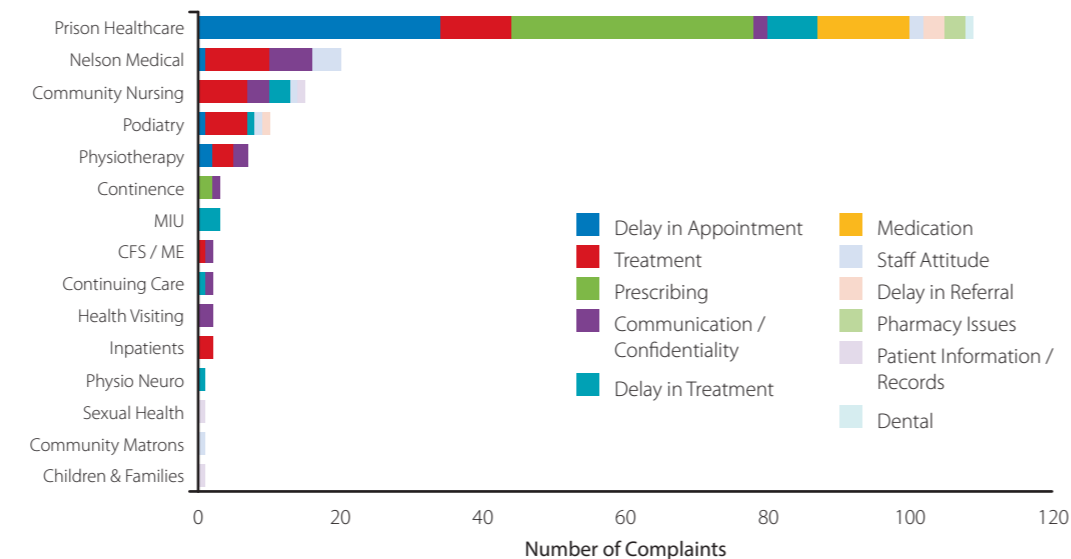
Beccles:
"Every member of staff I met was pleasant and caring. The food was good and plentiful. If I had to award stars I would give Beccles Hospital five!"

Patrick Stead, Halesworth:
"I am so impressed by the care and understanding provided by every member of staff at this hospital at every level... this hospital is a beacon of excellence."

Great Yarmouth:
"The GP Unit at the Northgate Hospital is a gem. Friendly, caring staff go the extra mile in the care of their patients, staffed by a fantastic team."

Southwold:
"Despite being a late night admission, I was met by patient and kind staff who made me welcome. Their unfailing kindness and cheerfulness persisted throughout my ten day stay. The cleaning was excellent, thorough and regular. The meals were good, hot and served on time."

ECCH Complaints by Service and Type 2012-2013



Part 3 - continued (Workforce Quality)...

Our Staff

Workshops were held, open to all staff, to provide the opportunity for each to influence the design of our learning strategy from the outset and share and incorporate their ideas, review outline plans and appraise the aims and objectives.

Last September, 2012 we decided to opt out of the national NHS Staff Survey and produce our own in its place, drawn up in-house and approved by members of the Hub (ECCH's staff council) and our Joint Staff Forum (which has union representation). It broadly mirrors the national NHS staff survey to assist in building up a picture of staff experience and, with care, to compare and monitor change over time and to identify variations between different staff groups. The summary results of the staff survey and our resulting actions will be shared throughout the organisation and with our stakeholders.

We have increased our staff numbers from 851 to 898 from April 2012-March 2013 and the cumulative absence rate for this period was 4.27% compared to a rate of 4.47% for 2011/12.

Our First Birthday Event

We celebrated our first birthday as a staff owned social enterprise with a marketplace event showcasing our services to our staff and stakeholders together with a conference. We had a

guest speaker from the Department of Health speak to staff and stakeholders on the national perspective of the changing healthcare environment and how ECCH fitted into that. This gave our staff a greater understanding of 'the bigger picture'.

ECCH Champions

As part of the birthday event we launched ECCH Champions which was a way of rewarding our most inspirational staff for their behaviour, attitude, drive and dedication. Staff were invited to nominate the colleagues that they felt upheld these values and the winners were announced on the day:

Angie Weston - Neurology Rehab Team
Sandie Shawe - Physiotherapy
Dr Taj Mirza - Nelson Medical Practice
Dawn Newman - Continuing Care
Heather Howman - Patient Safety Manager

Surplus Investment

In May 2012 we declared a surplus and asked all our services to submit proposals for all or part of the surplus. Their bids had to fit in with the QIPP Framework (Quality, Innovation, Productivity and Prevention) and directly improve patient care. Once all bids were submitted our Staff Council (The Hub) shortlisted them and shareholders were then asked to vote on the shortlisted proposals. Because not

one single proposal had asked for the whole surplus we were able to reward and invest the surplus into four of our services:

- Our School Nursing Service received a second audiometer to support their work in providing a timely school hearing screening service to children in North and South Lowestoft.
- Our Rayner Green Day Centre in Halesworth invested in music therapy equipment to help improve patients with neurological conditions such as Alzheimer's disease and Dementia.
- Our Occupational Therapy service purchased a Vendelette system to improve the comfort, pressure care and manual handling safety for patients at the end of their life. Due to the ease of use, it gives independence and control to the family to care for patients at home.
- Our Community Hospitals ran a mental health awareness campaign for staff in respect of dementia and common mental health conditions. The aim of the campaign was to reduce discrimination and improve understanding of patients with mental health issues. The aim is to reduce the stigma associated with these common conditions and improve the environment to support patients, carers and staff.

Audits

Care Quality Commission (CQC)

East Coast Community Healthcare is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against East Coast Community Healthcare during 2012/13. ECCH has not participated in any special reviews or investigations by the CQC.

Five of our units were inspected by the CQC from April 2012 to March 2013. The full reports can be read at: www.cqc.org.uk

GP Unit at Northgate Hospital

The CQC visited on 6th December 2012: Five standards were inspected. 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
- Staffing
- Assessing and monitoring the quality of service provision

One patient said:
"The staff are very kind and help me whenever I need help."

Beccles and District War Memorial Hospital

The CQC visited on 19th December 2012. Five standards were inspected. All were met:

- Respecting and involving people who use services

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

Southwold Community Hospital

The CQC visited on 21st February 2013: Five standards were inspected. All were met:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Complaints

One patient said:
"I think it's really nice here and the staff are lovely."

Patrick Stead Hospital

The CQC visited on 22nd January 2013: Six standards were inspected. Five were met initially and the sixth was met by April 2013:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision

Records – the CQC said:

"people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. We have judged that this has a moderate impact on people who use the service, and have told the provider to take action."

One patient said:
"I have nothing but positive things to say. I don't think they could do anything better."

An action plan was put in place to improve record keeping at Patrick Stead Hospital and, following a subsequent CQC inspection on April 16th 2013, this standard was met.

The Nelson Medical Practice

The CQC visited on March 6th 2013: Six standards were inspected and five were met:

- Consent to care and treatment
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Supporting workers
- Complaints

The sixth standard inspected, management of medicines, did not meet the standard required because:

"the provider did not have appropriate arrangements in place to securely store emergency medications in clinical rooms. There was a risk to people and staff who accessed these medications without supervision or support."

In a follow-up inspection on April 16th 2013, the CQC (Care Quality Commission) judged this standard was met. It said:

"We found that medicines were now stored safely because the emergency trolley was secured in a clinical room and a new system was in place to store the keys to the clinical rooms. We also found that clinical rooms and the fridge containing medications were now kept locked. This meant that people were safe because medicines were stored safely."

One patient said:
"The nurses here are fantastic. They always explain and I feel happy to ask questions."



Part 3 - continued (Audits)...

Local Clinical Audits

By conducting regular clinical audits across our services, we can ensure that what should be happening is actually happening. When there are gaps, an audit will help identify and plan the improvements to care we must make. 38 local clinical audits were conducted over 2012/13. A selection of the results are in the table to the right:

Service / Department	Audit Topic	Aims (What)	Objectives (Why)	Results /Recommendations	Audit Frequency
All departments / sites	Infection Control	To ensure high levels of hygiene maintained, reducing the risk of cross infection	Breaches in the standards have a potential correlation to Healthcare Associated Infections and poor public perception	30 audits completed Average score across all audits 91.43% 93.33% achieved excellent pass 6.66% achieved a pass No sites failed	Rolling Annual Programme
Physiotherapy	Patient Satisfaction Surveys	To perform a survey of patient satisfaction within the physiotherapy service as a whole across ECCH	Department of Health document "Our Healthier Nation" emphasises the importance of obtaining patient views as a way of improving services. Research has shown that satisfied patients are more likely to follow treatment instructions & medical advice	Sample of questions from the audit include: "Are you happy with the care you received today?" 95.65% responded yes. "How much privacy did you have whilst being seen?" 65% responded "more than enough" and 35% responded "enough" "How likely is it that you would recommend this service to friends and family?" 56.25% responded "extremely likely" 37.5% responded "likely", 1 response "don't know"	Annually
Patient Safety	Back to Basics "Check your charts"	To ensure adequate / appropriate recording	Measure and improve patient care & documentation	83.33% compliance with all measures audited against. Best scores for recording temperature, blood pressure and patient details. Learning - improve recording of MEWS (early warning score)	Quarterly
Contraception and Sexual Health Service	Length of appointment	To determine how long appointments should be	The appointment slots in the service are being reviewed.	Results showed average appt was between 22-32 minutes and therefore appropriate to plan 30 minute appointment times initially	One-off
	Bure Clinic Referrals	To review patient referrals to the Bure Clinic to see how patient experience and clinical care may be improved	There can be delays in patients accessing STI services. Early treatment of some conditions significantly affects outcomes	Mostly patients are seen within the next 1-2 days. Some conditions would be better treated if tackled earlier	One-off
	Implant removal procedures	To review clinical practice in the service	To check that procedures and recording is undertaken to a satisfactory standard	Results indicated satisfactory practice, but there should be better recording of the site of the implant, whether and who a chaperone was present and GPs should be advised of these procedures more frequently	One-off

National Audit Participation

During 2012/13, 4 national clinical audits covered NHS services that ECCH provides. During that period ECCH participated in 100% of the national clinical audits which it was eligible to participate in. There were no national confidential enquiries received. The national clinical audits that ECCH were eligible to participate in during 2012/13 are as follows:



Service / Department	Audit Topic	Aims (What)	Objectives (Why)	Results /Recommendations	Audit Frequency
Admission Prevention Service	National Audit of Intermediate Care	To take a whole system view 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	Of 9 main measurements covering patient views, documentation, integrated team working, leadership, training and governance, APS evidenced they were compliant with 8 of these. Non-compliance noted regarding the sharing of an electronic patient record. There is an organisation wide roll out of a project for all clinical services to have access to, and use, electronic patient records and this is due to finalise by the end of 2013	Annually
Falls Service	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 that 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	Implementation of evidence-based exercise interventions by healthcare providers is incomplete and varies widely across participating sites. There is a lack of long term follow-up classes for reducing falls in the community. There is a need for a local, integrated exercise programmes for reducing falls run by appropriately qualified staff. The quality of training and delivery of exercise programmes for reducing falls needs to be monitored locally and nationally against the evidence base for delivering effective exercise programmes to reduce falls	Annually
Children's 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	Sample of results from audit show that 100% of trainees report improved confidence in tackling obesity issues with families, 93% of service users completed the programme Learning: Need to improve rates of children and young people increasing time spent in moderate to vigorous physical activity by at least 60 mins per week (target 80% , achieved 63%)	Annually
	Prevalence of breast feeding at 6-8 weeks	1. The number of infants due for a 6-8 week checks during the quarter. 2. The number of infants recorded as being totally breastfed at 6-8 weeks during the quarter. 3. The number of children recorded as being partially breastfed (receiving both breast milk and artificial infant formula) at 6-8 weeks during the quarter. 4. The number of children being recorded as not at all breastfed at 6-8 weeks during the quarter	1. To gauge an accurate breast feeding comparison of auditable births during the quarter. 2. To provide accurate national public health data for our population in relation to the number of babies receiving breast milk at 6-8 weeks of life. 3. To gauge the success of the public health interventions by the organisation in relation to improving short, medium and long term health outcomes. 4. To measure this success monthly and quarterly as the organisation proceeds through UNICEF 'Baby Friendly Best Practice Standards' and achieves Full UNICEF Accreditation on or before 2014	UNICEF Stage 2 achieved by ECCH before target date. Increase in breastfeeding rates correlates with increasing education of the workforce going through UNICEF Accreditation. Consistent increase in babies being exclusively breastfed in ECCH correlates with high levels of sustainable support via The Breastfeeding Team and 9 Baby Cafes in the community. Safe 3 Full Accreditation on target for Nov 2013	Monthly & Quarterly

Part 3 - continued (Audits)...

Annual Internal Audits

ECCH has a programme each year of independent auditing. Contracted auditors come and test our processes against what we have stated we will

do, and against national standards where relevant too. This year our processes around our payroll system, how we manage risk within ECCH, and our equipment management processes have been audited.

Objective	Results	Actions
To ensure that appropriate and effective risk management and assurance arrangements are in place to identify, assess and mitigate risks to achieving the organisation's objectives.	Taking account of the issues identified, 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. However further action needs to be taken to ensure this risk is managed.	Risk management processes have been thoroughly reviewed and re-organised with a robust Risk Register and Board Assurance Framework now in place. This is reviewed through the Integrated Governance Committee and monitored and maintained by the Assurance and Effectiveness Manager.
To ensure that the payroll contract is managed effectively so that staff are paid all monies due to them each month in a timely manner and that ECCH is correctly accounting for its payroll costs.	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.	Starter and Leaver Forms have been amended to reflect appropriate authorised signatories. The authorised signatory list is regularly reviewed and maintained.
To evaluate the adequacy of control within the system for management, maintenance, ordering and payment for Medical Loan equipment and the extent to which controls have been applied, with a view to providing an opinion.	The audit identified a significant number of issues with the Design and Application of the Control Framework. It was recommended that ECCH should establish and embed a more robust system relating to Medical Equipment to reduce potential operational and financial risk in this area.	A procedure document has been drafted to provide guidance for staff in relation to order process, eligibility and authorisation limits. A review of current contracts was undertaken and investigation of suppliers.

Data Quality

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

1. We have a data quality improvement plan, agreed with our Commissioners, to further improve the quality of data which we collect and report.
2. We will continue the roll-out of mobile working and Systm One across the organisation
3. We will continue to refine feedback on data quality and data completeness entered by the services to:
 - Business Unit Director
 - Line Managers
 - Clinicians
 - Admin Staff



Information Governance Toolkit Attainment Levels

East Coast Community Healthcare's Information Governance Assessment Report score overall for 2012/13 was graded Level 2.

Clinical Coding Error Rate

ECCH was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

Appendix 1 - Services Provided in 2012/13

From April 2012 to March 2013 ECCH provided and/or sub-contracted 36 NHS services:

Adult Services	Children and Families Services	Primary Care and Prevention
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 Injuries Units 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 Team	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		
Continuing Care		



Your Ref:
Our Ref: ECCHQA/CG
28 June 2013


**Great Yarmouth and Waveney
Clinical Commissioning Group**
HealthEast

Jonathan Williams
Director of Quality
East Coast Community Healthcare
1 Common Lane North
Beccles
NR34 9BN

Beccles House
1 Common Lane North
Beccles
Suffolk
NR34 9BN

Tel: 01502 719500
Fax: 01502 719874

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 2012/13. 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 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 2013/14 and support the identified improvement objectives in the quality and safety of care provided to Great Yarmouth & Waveney residents. They will do this by:

- **Improving patient experience** by supporting and engaging in the integration agenda and developing locally appropriate services.
- **Improving patient safety** by improving safety and quality concerns at HMP Blundeston and the recruitment and support of Pressure Ulcer champions within residential care homes; and
- **Improving clinical outcomes and effectiveness** by Extending district nursing services to 24/7 and continuing the roll out of mobile working, by providing clinical staff with technology in order that they can access real time clinical information about their patients.

We note the quality concerns raised by the Care Quality Commission at HMP Blundeston during their unannounced inspection in April 2013 and will work with ECCH and NHS England Anglia Team to ensure necessary improvements are made and sustained. Great Yarmouth & Waveney CCG also acknowledges the excellent infection prevention and control performance and work of the IPC team.

In terms of suggested improvements we note that the following would enhance the quality account:

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

- Further examples of staff members or teams that have been recognised for their contribution to enhancing care and support to patients, relatives or their colleagues;
- Sections of the quality account published in Easy Read format.
- Quality priorities for the forthcoming year will be supported further by publishing why quality priorities have been identified, how they will be improved and how improvement will be measured to ensure success.
- Further information published about how ECCH measures patient experience, and more importantly what has been done to demonstrate improvements in patient experience.

The Great Yarmouth & Waveney Clinical Commissioning Group looks forward to working with the ECCH during 2013/14.

Yours sincerely



Cath Gorman
Director of Quality & Safety



Ms A Dawson
Headquarters
1 Common Lane North
Beccles
Suffolk
NR34 9BN

8th July 2013

Dear Andrea Dawson,

Healthwatch Suffolk response to the East Coast Community Healthcare Quality Accounts 2012/13

Healthwatch Suffolk thanks East Coast Community Healthcare for the opportunity to comment on its Quality Accounts for the year 2012/13.

Healthwatch Suffolk has considered the draft document and produced a response statement (enclosed) for inclusion in the appendix of the published report. The statement has been reviewed and ratified by the Healthwatch Suffolk Board of Directors.

If you have any questions about Healthwatch Suffolk or this response please do not hesitate to contact Michael Ogden on 01449 703949 or by email to michael.ogden@healthwatchesuffolk.co.uk.

Healthwatch Suffolk looks forward to working with East Coast Community Healthcare in the year ahead and to hearing of progress made to improve services and outcomes for patients and service users in Suffolk.

Yours sincerely



Annie Topping
Chief Executive
Enc.



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

Healthwatch Suffolk response to the East Coast Community Healthcare Quality Accounts 2012/13

This is a well written Quality Account, which should prove accessible to the general reader. The document is laid out in a logical manner making it easy to follow. ECCH achieved all of their CQUIN targets for the year. They also achieved most of the items in their 2012/2013 Quality Improvement plan they had set themselves for the year.

The ECCH has a good record of complaints from their Patients and carers, with the exception of Blundeston Prison. The prison has also been the subject of a CQC/HM Inspector of prisons Joint Inspection and they are waiting for the final report. The Quality of healthcare in prisons is very important, the prison population will be a difficult one. ECCH have put in place an action plan to address the issues arising at the prison, and it will be of interest to see how much improvement takes place. ECCH have plans to extend the district nursing service to a full day and night service (24/7).

The Quality Review presents an organisation that is delivering a good quality of care to its patients and carers, and that it is endeavouring to continually improve the quality of the care it delivers in the future. They are making considerable efforts in relation to Blundeston prison, which they inherited in 2011. They have commissioned and external review of the services at Blundeston and Healthwatch Suffolk looks forward to seeing a much improved service being delivered.

Healthwatch Suffolk looks forward to working with ECCH in the coming year and looks forward to seeing a good service to the community becoming even better.



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:

Tracy Cannell

Managing Director

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)

