

Quality Accounts 2011



June 2011

Part one

A statement on quality from the Managing Director of WECHS

Welcome to our second annual *Quality Accounts*, setting out our priorities and highlighting the action we have taken to ensure quality care for the people who use our services.

Quality is our watchword and this report demonstrates how it drives everything we do to provide comprehensive community health services for the residents of Harlow, Epping Forest and Uttlesford district council areas.

Our services are provided from sites ranging from community hospitals (Epping and Saffron Walden) to clinics, health centres, GP surgeries, children's centres, schools and other locations including people's homes.

We have an annual income of about £34 million and employ nearly 1000 people in community nursing, therapies, dentistry, clinical support services and inpatient facilities.

Our services can be grouped in the following five main categories:

- children, young people and family services
- adult community teams consisting of nurses, therapists and support staff
- adult inpatient services for older people and those with strokes or others needing neuro-rehabilitation
- specialist services
- other services supporting the clinical work of the organisation.

Our vision is to develop and improve services to increase people's well being and to improve their health. At the heart of this is the imperative to deliver high quality cost effective care to the people who use our services with patient safety our top priority throughout.

Our overriding commitment to patient safety was highlighted by a hugely successful second annual patient safety day which was shortlisted for a national award.

We acknowledge government guidance in the operating framework, and our priorities for this year reflect this. Understanding the need for systemic changes to deliver cost effective and efficient services is at the centre of service provision.

The tough economic climate has meant difficult decisions in order to comply with the government request to bring about financial efficiencies. These financial efficiencies are critical to the future of the NHS. We have been working on the quality, innovation, productivity and prevention (QIPP) project in order to achieve cost savings. This has driven us to critically evaluate our services and streamline their delivery while maintaining quality and standards.

To achieve this successfully, we continue to work with our potential GP commissioners, strengthening our engagement with the public to review their needs and experiences, ensure evidence-based care is at the core of our services and deliver consistency with regard to current and prospective patient choice.

At the same time, as a community services provider organisation we are going through a rigorous process to be acquired by another NHS organisation in line with national policy to separate the provider and commissioning arms of PCTs. Our preferred acquirer is South Essex Partnership University NHS Foundation Trust. Although WECHS will become part of a bigger organisation, the community services it provides will continue to be delivered and managed locally for local people.

Registration with the Care Quality Commission (CQC) remains an important way of keeping our services under critical review. We have worked with all our teams to ensure they understand the principles of CQC registration and evidence collection to demonstrate compliance with the essential standards of quality and safety. This has supported all our staff in understanding the role they play in the delivery of a quality service.

Clinical information from a number of sources including audits and NICE guidance is used to assess our services. This information is scrutinised by our quality, risk and governance committee which was established in 2009 to strengthen our integrated governance processes. These processes are essential for us to operate as a safe and effective organisation.

This report demonstrates the progress we have made across a number of areas including the roll out of Productive Community Services to create more time to care for those who use our services; developments in urgent care to support better use of hospital and community-based health services; and a major patient experience survey across all our services.

This report also describes our priorities for the coming year and how we will build on what we have achieved in 2010/11.

We have worked on this report in conjunction with our commissioners, NHS West Essex, and Essex and Southend LINK. It has also been shared for comment with two key stakeholder groups, Harlow Health Care Forum and Epping Forest User Consultative Forum.

To the best of my knowledge all the information in this document is correct and an accurate reflection of the breadth and quality of the services we provide to the people of west Essex.



Vince McCabe
Managing Director, West Essex Community Health Services (to 31 May 2011)

Part two

Priorities for quality improvements in 2011/12

While continuing with all the initiatives we have pursued in 2010/11, we will give special emphasis to the following priorities in the coming year.

Patient Safety

Infection control

We will continue to maintain the highest standards of infection control both in our community hospitals and in other community settings, including patient's homes. In addition, in line with national objectives, we intend to monitor and reduce the number of urinary tract infections for our patients who have indwelling catheters. We will continue to promote best practice in relation to all aspects of infection control.

Priority	Rationale	Target	Performance measurement/reporting
<p>Infection control In line with national objectives, we intend to monitor and reduce the number of urinary tract infections for our patients who have indwelling catheters</p>	<p>Aim To reduce the incidence of urinary tract infections related to short term and long term indwelling urethral catheters.</p> <p>Urinary tract infections are the second largest single group of healthcare-associated infections in the UK, amounting to 19.7% of all healthcare associated infections.</p> <p>The presence of a urinary catheter and the duration of its insertion, are contributory factors to the development of a urinary tract infection. Some</p>	<p>WECHS has adopted the high impact intervention urinary catheter care bundle published in June 2011.</p> <p>The aim of the care bundle is to ensure appropriate and high quality patient care.</p>	<p>Regular auditing of the care bundle actions will support cycles of review and continuous improvement in care settings. WECHS will audit compliance each month.</p> <p>Audits will represent:</p> <ul style="list-style-type: none"> • 100% of patients with indwelling catheters in our inpatient areas • 10% of patients with indwelling catheters in the community <p>Audit results will be monitored by infection control resource group and reported to quality risk and governance group each month.</p>

	<p>60% of healthcare-associated urinary tract infections are related to catheter insertion. The financial cost of urinary infection has been estimated at £1,122 per patient.</p>		
--	---	--	--

Safeguarding children and adults

In the last year there have been three serious case reviews which featured the sexual abuse of children and the use of internet pornography. As a result staff have been briefed on the key messages from each of the reviews. In July 2011 the main annual update training for children’s services staff will focus on the topic “sexual abuse of children - recognition and management”. This will help to ensure that staff are as up to date as possible and supported in the early identification of children and young people who may be victims of sexual abuse.

We have developed a training strategy this year which will enable us to make sure all staff are trained at the appropriate level and improve the quality of safeguarding practice. The progress of this will be audited throughout the year. One of our main aims this year is to ensure that adult services receive more training in safeguarding children to enable practitioners to effectively manage situations which may involve potential risk to children /young people. We have updated our supervision policy and will continue to work with all staff to ensure they receive regular child protection supervision and support from named nurses.

Priority	Rationale	Target	Performance measurement/reporting
<p>Safeguarding Children.</p> <p>Ensure learning from recent case reviews fully incorporated into practice.</p> <p>Increase</p>	<p>Increase awareness of all staff in relation to safeguarding children.</p> <p>Improve skills</p>	<p>All serious case reviews to be presented at team meetings and at quality, risk and governance committee meetings to ensure Board acknowledgement.</p> <p>All adult teams</p>	<p>Review of minutes of meetings. Action plans set up where extra learning needs to be established in practice. Regular reporting and feedback to quality risk and governance committee. Monitoring of uptake of training</p>

number of adult service practitioners who have safeguarding children training.	and knowledge of all staff and ensure sound and safe practice in safeguarding.	who treat children to have completed appropriate safeguarding training via e-learning or classroom sessions.	
Continue to provide and monitor staff safeguarding supervision.	To ensure consistency and quality in practice, provide staff support and review complex cases.	100% of staff case managing children who have safeguarding needs will comply with the safeguarding supervision policy.	Monthly reviews of supervision uptake and escalation process to line manager in place for staff not attending safeguarding supervision.

For vulnerable adults we are aiming to improve quality of care even further by implementing an improvement plan linked to the annual audit required by the Essex Safeguarding Board. This will incorporate:

- updating all job descriptions to include safeguarding responsibilities
- implementing local audits to assess staff awareness of adult safeguarding processes, identifying areas which may require more intensive support
- including service users/carers in the planning and development of services
- further development of existing adult safeguarding policies
- integration with South Essex Partnership University NHS Foundation Trust (SEPT), providing an opportunity for learning and new ways of working.

Falls prevention

In the coming year we plan to produce information leaflets for patients and carers to raise awareness and understanding of falls and how to prevent them. We will continue to monitor the effectiveness of falls prevention within WECHS and continue to provide regular reports to the quality, risk and governance committee.

Priority	Rationale	Target	Performance measurement/reporting
Falls Prevention Improve our	Falls are the most common patient	All adult community	Monthly TPP reports of falls risk assessments

<p>approach to falls prevention for older people and reduce the number of falls with injury in the wards and community.</p>	<p>safety incident reported to NPSA. Prevention needs to be balanced with rehabilitating patients and their right to make their own decisions about the risks they are prepared to take. According to NPSA (2007) achieving zero falls is not realistic. WECHS is committed to reducing the number of falls with injury in our inpatient areas and community.</p>	<p>patients on WECHS caseload will have falls risk assessment completed on admission.</p> <p>Falls prevention care plan will be in place for all patients identified as at risk of falls.</p> <p>All falls with injury on wards will be recorded.</p>	<p>completed for adult community patients. This will be reported to and monitored by the business performance committee. Modern matron will conduct monthly audits for inpatient areas. This will be reported to and monitored by business performance committee. All falls with injury are recorded on incident forms and monitored by quality risk and governance committee. All falls with injury are recorded in productive ward data which is sent to commissioners every month.</p>
---	---	---	---

While continuing to strive to reduce the number of falls we will encourage all our patients to achieve their rehabilitation goals in our wards and in the community following their discharge.

We are constantly seeking to improve our approach to falls prevention for older people. WECHS has a representative on the Joint Management Team for Older People (JMT). This group is made up of different organisations with the common aim of improving services for older people. JMT considered that a joint initiative between our community hospital and the Active Health team in local councils might benefit patients at St Margaret's Hospital. A fitness expert and personal trainer employed by Epping Forest District Council is piloting a seated exercise programme for patients at St Margaret's. The six week pilot started on 15 June 2011.

Weekly classes are held in the ward day room. All patients will be invited to attend but there will be a particular focus on patients with a history of falls. The exercises are designed to improve strength and balance. Feedback will be gathered from patients after each session. Patients will have the opportunity to continue with the exercises once discharged as a dvd of the programme will be available.

Clinical effectiveness

Urgent care

We will participate in further work in 2011/12 to support initiatives relating to urgent care.

A series of work programmes have been agreed with commissioners, primary care, the local acute trust and WECHS designed to ensure the public are able to access the most appropriate service for their needs in a timely manner.

This work will include ensuring our single point of access (a dedicated phone line for referrers) is available to receive referrals at core times and is able to confidently assure referrers of the outcomes for their patients. We will be working with colleagues from the out-of-hours GP services and the ambulance trust to promote appropriate access to services through this single point of access.

A virtual ward model has been developed in the community to provide a multi-disciplinary model of care for the most acutely unwell patients. We will be reviewing how our virtual wards are meeting the needs of patients and ensuring the model is strengthened and consistent across west Essex. All of our work focused on urgent care supports the overarching care closer to home agenda. In addition our work will avoid unnecessary emergency hospital admissions wherever possible and ensure patients have a smooth transition between different services.

The success of the community assessment and rehabilitation team (CARS) working in accident and emergency and the emergency assessment unit has highlighted the need for expansion of this and other community services to seven days per week provision. Local GPs also see expansion of services into the weekends as essential and a proposal for this is being developed.

Priority	Rationale	Target	Performance measurement/reporting
<p>Urgent Care Improve access to services.</p> <p>Implementation of virtual ward.</p> <p>Reduce unnecessary emergency admissions to hospital.</p>	<p>Aim:</p> <p>To reduce the number of attendances and admissions to secondary care through the provision of accessible community urgent care services. Additionally, to support timely discharge from hospital where appropriate, to enable people to</p>	<p>There are three points of access based in each of the localities of Epping Forest, Harlow and Uttlesford to provide a gateway to services in the community for patients who would otherwise have been admitted to secondary care.</p>	<p>Performance reporting reflects the number of admissions avoided including those diverted by the CARS. This is reported on a monthly basis.</p> <p>There are a number of key performance indicators in relation to virtual wards. These include but are not restricted to:</p> <ul style="list-style-type: none"> • % of patients contacted within 4 hours of receipt of

	<p>manage their health needs within their own home.</p>	<p>The three telephone numbers are promoted as the referral route for all domiciliary community services. This has enabled WECHS to streamline referral processes, provide triage in the form of a 'clinician of the day' and provide a two hour response to urgent assessment requests. In addition, the introduction of virtual wards for those patients in the community who require intensive support and care co-ordination has contributed to the prevention of unnecessary admissions to secondary care. Nurses with advanced skills are working at the front door of PAHT streaming patients to the most appropriate service, with an average of up to 50% being diverted to both the WECHS Urgent Care Centre and primary care.</p>	<p>referral</p> <ul style="list-style-type: none"> • % of patient admitted • % of patients admitted who have an assessment within 2 working days • % of patients with an exacerbation plan • % and number of patients on the virtual ward who died in their preferred place in the previous month <p>UCC performance is measured on the number of attendances.</p>
--	---	--	--

		Community nurses (CARS) work alongside staff in the emergency department in PAHT to further support early facilitated discharge to community services.	
--	--	--	--

Patient experience

Feedback

We will tackle areas for improvement highlighted by feedback from our major patient experience survey and ensure team action plans are implemented. Teams will account for their progress through the quality, risk and governance committee.

We will place names and photographs of people in charge of each shift in our community hospitals so they are easily identifiable to patients and visitors. We will also ensure better signposting for alcohol hand gels in clinic areas.

We will be surveying five percent of service users each month to obtain their feedback on care provided by WECHS as well as another annual survey. We aim to develop a more systematic way of managing and responding to patient feedback which is consistent throughout the organisation. This will enable our teams to share common themes and issues as well as their experience in how to make effective changes in response to patient feedback.

End of Life Care

We will build on the achievements of the past year to ensure that through effective partnership with colleagues in the acute, social care and voluntary sectors we increase the number of people who are able to die in their preferred place of care.

Progress with each of these six priorities will be monitored by the quality, risk and governance committee and the business performance committee within WECHS and reported to the WECHS Board. These monitoring and reporting arrangements will be harmonised with those of WECHS's preferred acquirer once WECHS has actually been acquired.

Priority	Rationale	Target	Performance measurement/ reporting
End of life Care We aim to increase the number of	Aim: Being aware that more people die in	We aim to offer Preferred	All staff record conversations and

<p>people who are able to die in their preferred place of care.</p>	<p>hospital than would choose to do so, our aim is to improve patient experience and choice in relation to end of life care in a community setting.</p> <p>A recent Living and Dying Well Project demonstrated that improvements can be achieved when a holistic approach to facilitate prompt discharge from the acute setting is undertaken by community staff working with social care and medical teams. Patients may change their wishes at any stage, in particular when individual needs cannot be met in the home setting, with consideration of wider carer risks and needs.</p> <p>We support GP practices and residential homes with Gold Standards Framework compliance.</p>	<p>Priorities for Care (PPC) to a minimum of 75% of clients in the last year of life,</p> <p>The number of deaths outside hospital should increase by 10% in year.</p>	<p>record on a newly devised template on SystmOne which facilitates activity reporting. PPC documentation is submitted to the PPC.</p> <p>The end of life education facilitator audits outcomes against targets.</p>
---	--	--	--

Statutory statements of compliance

WECHS is required to register with the Care Quality Commission and is currently registered with no conditions.

The overall contextual risk estimate for WECHS within the Quality and Risk Profile is green.

WECHS has been involved as a partner agency with the local authority in working on an action plan following the local authority Ofsted /CQC visit in relation to safeguarding children. The local authority was identified as needing improvement and all partner agencies have been meeting regularly over the

last year, reporting positive actions and improvements to the West Essex Health Economy Safeguarding Group and the Local Authority Improvement Board. The actions identified for WECHS are acknowledged as green within the action plan. These were related to equipment provision for children with disabilities

In addition to this other areas for improvement across Essex primary care trusts and local authority were identified. To comply with these, there has been additional work in relation to the provision and monitoring of safeguarding training for all staff and new guidance and training on safer recruitment. Workforce runs monthly audits on Criminal Record Bureau checks as part of this.

Participation in national clinical audits

Many of the national clinical audits have an acute focus and have therefore not been part of the audit scheme for WECHS.

Clinical audit remains a key tool to measure clinical effectiveness through a systematic review of care against explicit criteria. Where necessary, changes are implemented at individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery (NICE, 2002).

Local audits

A wide range of audits were undertaken in 2010/11 across WECHS. These included re-audits as part of the Essence of Care benchmarking cycle and other service-wide audits including the healthcare records audit and infection control audits. The infection control audits comprise service wide hand hygiene and invasive devices audits and weekly inpatient environmental/cleanliness audits.

Locally identified audits included a comparative study to determine whether HbA1c (a measure of diabetes control) is improved by early intervention following diagnosis where self management is enabled. The results indicated that intervention leads to better diabetes control. An audit of our cancer information and support service identified that 88 percent of people accessing the service were satisfied with the information and support they received. However, it did highlight areas for improvement in the provision of local support groups and as a result there is ongoing work with colleagues in the voluntary sector. Our heart failure team participated in the Heart Failure Community Standards – baseline audit in line with NICE guidelines for the management of chronic heart failure. The outcomes will be used to monitor service improvement.

NICE guidance

We are committed to ensuring that there are effective systems in place to review, implement and evaluate NICE guidance where commissioned. The clinical development administrator uses a dedicated database to administer the processes for the receipt and dissemination of NICE guidance. The quality, risk and governance committee, with representation across a range of professions including pharmacy, continues to monitor NICE guidance

implementation. Clinical leads are responsible for reviewing the guidance and, where guidance is relevant, recommending and following up on any actions to be undertaken in order to evidence compliance.

We have a current audit framework for 2011-12 which includes statutory priorities, for example infection control, information governance and patient safety.

The Section 11 safeguarding audit completed in June 2010 identified the organisation as meeting all the standards required for the Local Safeguarding Children Board and this is due to be reviewed in July 2011.

The Section 11 audit for adult services is currently being undertaken.

WECHS scored well in the rigorous national Patient Environment Action Team (PEAT) assessments in 2010.

The PEAT assessments are managed by the National Patient Safety Agency and cover all NHS hospital and inpatient units with ten or more beds. They score NHS organisations from 1 (unacceptable) to 5 (excellent) with the aim of driving up standards in the non-clinical aspects of a patient's healthcare experience.

St Margaret's Hospital at Epping was one of only 16 NHS sites out of 142 across the east of England to be rated as "excellent" across all three categories covering quality of the environment, food and privacy and dignity.

Saffron Walden Community Hospital also scored "excellent" for food in the assessment, improving on its "good" rating the year before, The hospital once again scored "good" for quality of environment and was also rated "good" for privacy and dignity compared to "excellent" the year before

Participation in Research

This year we are delighted to have had the opportunity to support a team from the London School of Tropical Medicine undertaking a piece of research into parental attitudes to the National Child Measurement Programme. Weight management is a very emotive topic and we hope this research will help us be even more supportive to families trying to tackle these issues. We see it as a key priority with over 30 percent of all year 6 pupils identified as being overweight or very overweight. We are aware of the long term health problems resulting from obesity but are equally concerned about the effect it has on emotional health and well being. We are keen to ensure our approach empowers people to take control of the issue for themselves.

Information Governance Toolkit

We are currently working towards full compliance with the information governance toolkit. Recent separation from the commissioning organisation means that current data which is pertinent just to WECHS is not available for this report.

The organisation's training department currently provides regular reports to managers on the uptake of information governance training. Any incidents involving information governance are fully investigated and reported to the Strategic Health Authority.

The healthcare records audit completed in March 2011 showed many strengths within the record keeping of clinical staff in the organisation. A total of 5 percent of all records were fully audited. Clinical information recorded in records was detailed and accurate but there a few gaps were identified. An action plan for progress in these areas of practice has been developed.

Incident reporting

Falls incidents

During 2010/2011, WECHS has prioritised the reduction of harm caused during falls related incidents. During the period 1 April 2010 - 31 March 2011, 348 falls related incidents were reported. Of these 236 resulted in no harm to the patient. Of the remainder, 104 resulted in minor harm, seven resulted in moderate harm and one resulted in major harm. During the coming year, we aim to continue to reduce the degree of harm caused during falls related incidents.

Datix system.

On 1 January 2011, WECHS went live with our own incident reporting management system which links directly with the National Reporting and Learning System. This not only enables us to report our incidents to a central, national system but also means that we have up to date, relevant information regarding incidents that enable us to learn and change systems and processes where necessary to ensure safe patient care.

Commissioning for Quality and Improvement (CQUIN)

During 2010-2011 we were set CQUIN targets by our commissioners in relation to a range of services. These included urgent care, safeguarding children, patient experience, end of life care, medicines management, breastfeeding and smoking cessation. These targets were all met and as a result WECHS received a total of £500,000 to support patient care in these services.

Part three

Look back at last year

1. Productive Community Services

Invest time to save time

Productive Community Services (PCS) aim to support the drive to deliver quality, innovation, productivity and prevention (QIPP) and is a tool that will be used for the benefit of staff and patients.

In particular, it aims to improve the following areas:

- safety and reliability of care
- patient experience
- staff wellbeing
- quality and productivity.

Examples of team achievements:

Following completion of two modules, a therapy team has already made savings equivalent to one week of a full time band 6.

Time the therapists have saved is invested in increasing patient facing time and used to reduce waiting times.

Other areas of change:

- teams were pleased with their activity level measurement because it showed an increase of 20 percent in their face to face contact time with patients
- sacks of unwanted items were removed to improve on stock levels and save storage space, at the same time identifying unused and expired items
- some teams now have a dedicated staff member ordering stock to ensure stock is kept at required levels to minimise waste
- other changes include removing out of date policies and referral forms, archiving patient notes, labelling files, moving the fax machine to a central place, organising the store and stationary cupboard and adopting a team notice board, all to improve workplace efficiency
- in some areas arrangements were made with the high street pharmacy to deliver patients dressings/prescriptions to their nursing homes, thus saving storage space in the clinic and also saving travelling time in the morning to collect dressings from the clinic base.

Seventeen out of 28 identified teams have achieved a great deal by rolling out PCS across WECHS. Saving valuable staff time is the biggest prize for all – releasing time to care.



Therapy co-ordinator Lucy Hastie (front) with therapy colleagues who took part in PCS

New methods of working scores big success in the Child Development Centre

A change in the way equipment is ordered has resulted in a leaner, speedier service being run by the children's physiotherapy team. It provides specialised devices to support or supplement weakened or abnormal joints or limbs. Trialling off-the-shelf products and measuring for equipment has speeded up the process.

This new method of working has saved not only a substantial amount of money but its innovative approach has cut the number of appointments needed for each child and means reduced waiting times too.

"The best satisfaction is in seeing how the changes improve the lives of the young people," says Julie Maybury, integrated team manager at the Child Development Centre in Harlow.

"To summarise as a team we have:

- saved over £2000 in the last three months on orthotics alone by ordering them direct from cheaper companies
- increased quality of our service and patient satisfaction because they do not have a three month referral for an orthotics appointment to be measured. This is done in their normal physio treatment session, and ordered the same day.

- obtained orthotics/specialist shoes much quicker - two to three weeks later rather than waiting up to six months from initial referral to people receiving their orthotics.

“Our team work has:

- increased knowledge on how to measure for specialist boots and a range of products
- made effective and efficient use of its time
- increased flow rate of patients through the system
- been patient and parent friendly.”

Senior physiotherapist Jenny Craigie explains: “We did the research, obtained fresh training to better equip ourselves and trialled the new method for three months and on top of that achieved a big cost saving. It’s been a win-win situation for patients and staff.”

Case study

Teenage patient Amy Leigh Gray originally had custom made splints costing £500 a pair to support her ankles. Amy Leigh did not want to look different and so never wore them. Jenny Craigie, senior paediatric physio with the Child Development Centre at Church Langley, Harlow, ordered knee-high specialist boots with increased ankle and calf support. The boots cost a fifth of the price at £100. Fitted with the boots a fortnight later she has been so pleased she has not taken them off!

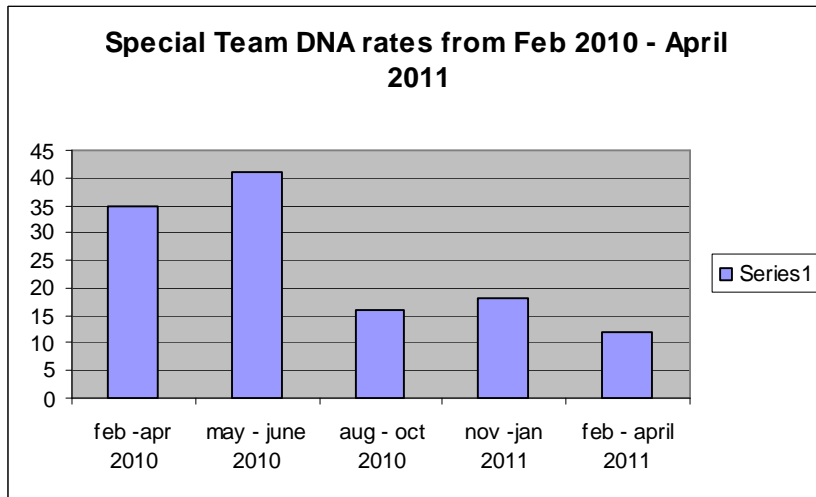
Now able to wear the latest look including skirts, her special boots do not look different to others. She is delighted she no longer stands out with her footwear. Asked about her boots at her most recent appointment with Great Ormond Street Hospital, therapists there asked for company and product details so they could consider recommending them too.



Amy Leigh Gray

SMS appointment reminders halve ‘missed appointments’

Following the development of consent forms to send SMS appointment reminders to parents of children from the Special Needs Team, SMS reminders are now being sent via mobile phones. The NHS Mail texting service began in February 2011. Audited at the end of March it showed the new working practice has halved the DNA rate.



Patient Safety

Infection Control

In our Quality Improvement Plan for 2010/2011 we said we would continue work to prevent healthcare acquired infections. Our aim was to extend the good work already carried out by our inpatient wards into our community teams and people's homes.

This process was overseen by our infection control resource group. The group is chaired by our nurse lead and has representatives from all our service delivery areas and the infection control nurse from the commissioning team. The group meets monthly and reports to the quality risk and governance committee.

In the past year all community teams and hospital wards achieved 100 percent compliance in carrying out hand hygiene audits and invasive devices audits. The audit results are collated and discussed every month and demonstrate our teams are now achieving best practice in relation to infection control.

All learning is cascaded via the group members to our clinical delivery teams. Changes in practice included the introduction of single use tourniquets to be used by our staff when taking blood from patients in the community setting, and single use equipment for podiatry services. The group was also involved in developing wound swab guidelines for our community nurses.

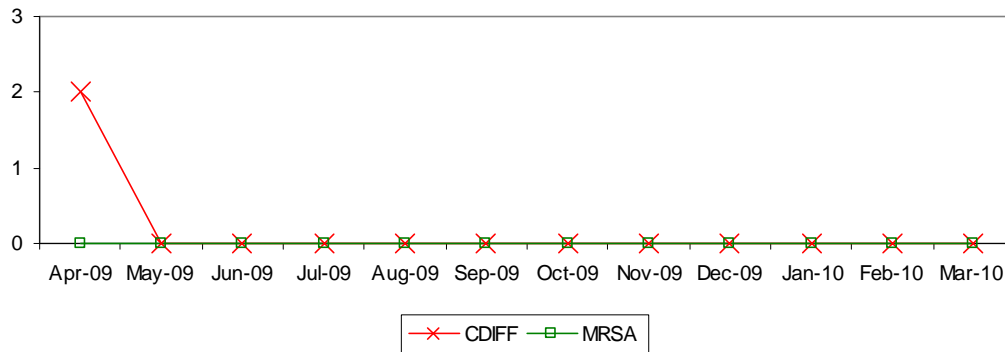
During the past 12 months cleanliness and equipment audits were conducted in all community clinics. As a result we have invested in new equipment such as examination couches and chairs which can be easily cleaned for waiting areas. The ward housekeepers conducted quarterly mattress audits and any mattress found to be defective was replaced immediately.



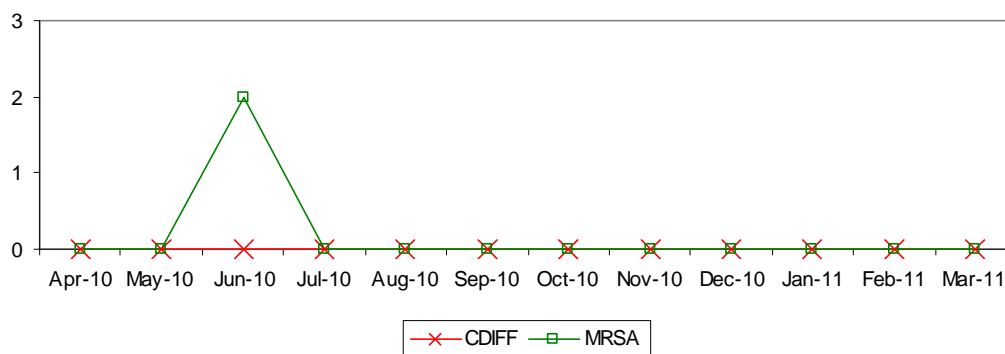
Ward housekeeper Linda Bard inspects a mattress

There were two cases of MRSA bacteraemia in our community hospitals in June 2010 and no cases of Clostridium difficile. An in-depth root cause analysis was carried out into the two MRSA cases and as a result we introduced night time hand hygiene audits and our cleaning contractors discontinued the use of vacuum cleaners in all clinical areas.

CDIFF and MRSA Infection Rates 2009/2010



CDIFF and MRSA Infection Rates 2010/2011

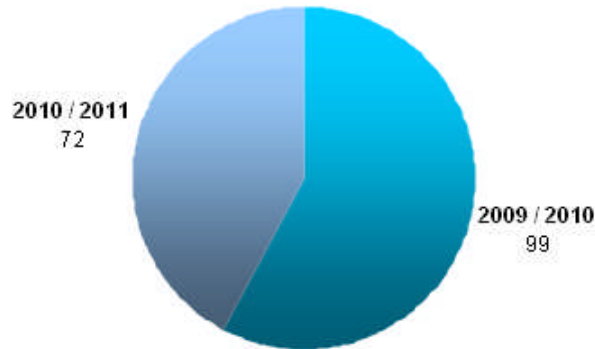


As reported earlier, the PEAT results in both our community hospitals were very positive. Patient feedback to the lay members of the inspection team confirmed our patients believe that staff held the prevention of healthcare infections as a high priority.

Falls

In last year’s *Quality Accounts* we said we would monitor the effectiveness of specialised falls monitors that we had purchased for our wards. These monitors alert nursing staff when a patient is moving from a chair or bed. We record the number of falls on each ward every month and this information is displayed at the entrance to each ward as part of the productive ward initiative. Analysis of the year’s data demonstrated we have achieved a 25 percent reduction in falls since the monitors were purchased.

Falls Comparison of 2009/10 to 2010/11



Falls had reduced by 26 % in 2010/11 compared to 2009/10



Staff nurse Christine Hansell (left) and student nurse Kirsty Cook with the falls information display on Beech Ward

Many of the patients admitted to our wards for rehabilitation post fracture also have a diagnosis of dementia. They often forget they need supervision or assistance when walking so monitors have proved particularly effective for some of these patients. Carers have told us that seeing the monitors in use has given them confidence to use similar equipment on discharge.

We have achieved 100 percent compliance on all wards for completing falls risk assessments for all patients on admission. Our medical, nursing, physiotherapy, pharmacy and occupational therapy staff all advise patients on falls prevention while in hospital.

During the last year we purchased six extra specialist low beds which can be used to minimise risk of injury for those patients deemed at high risk of climbing and falling out of bed



Physiotherapists Clare Knight and Ben Ruby with patient Patricia Leiper

How patient safety day (PSD) 2009 has been taken forward

Double the number of people registered for Patient Safety Day 2010 showing how clinical services are making staff available to be actively involved in taking forward patient safety across the organisation.

Productive ward is now fully implemented and continues to provide a robust framework to support patient safety. In addition, WECHS is now in the process of rolling out the Productive Community Toolkit and initial feedback from pilot teams indicates this is a very positive tool (see section on Productive Community Services).

The presentation and work done on patient safety day in 2009 to focus on how we tackle patient safety has benefited from the involvement of NHS East of England's patient safety lead. It has seen incident reporting increase but the degree of harm caused to patients reduced.

Last year, 58 percent of all incidents reported to us resulted in some level of harm to the patient. This year only ten percent of all incidents reported resulted in harm to the patient. This is a significant reduction and demonstrates we are now becoming a more pro-active safety organisation.

Staff feedback from last year encouraged us to hold our second annual patient safety day event. PSD 2010 wanted to build on the success of the 2009 event, with greater involvement from staff and service users.

Teams shared their innovative ideas and round-table discussions focussed on how those innovations could be developed in other services and teams. PSD 2010 benefited from the attendance of a service user who told of their own poignant experience at the hands of different services within different NHS organisations. Event feedback showed this service user's narrative had the most profound impact on the attendees.

PSD 2010 was entered into the Health Service Journal/Nursing Times National Patient Safety Awards and was shortlisted in the category of 'Communicating Patient Safety'. Members of staff presented their entry to three judges in London at the final stage of the competition.

Although the award went to another organisation, we felt spurred on by our success as first time entrants and we will all continue to strive for excellence in patient safety for the residents of west Essex.



Delegates to Patient Safety Day 2010 viewing displays as part of the event

Safeguarding

Domestic abuse project

Department of Health funding enabled WECHS to embark on a range of training and support initiatives to raise understanding on the impact of domestic abuse. It also increased the skills of managers in identifying and supporting staff who may be victims.

Domestic abuse affects one in four women with two women being killed every week. Seventy-five percent of domestic abuse cases result in physical injury and/or mental health problems.

Over the last year WECHS ran specialist training for more than 40 frontline staff and senior managers, supported by Laura Richards, clinical behavioural psychologist and specialist in domestic abuse. We have prepared our own leaflet which provides information to staff and suggestions for support and help. This is available to all new staff joining the organisation.

We have also run mental health awareness sessions for managers to enable them to support staff with emotional needs.

In November 2010 we staged a major “Domestic Abuse – no excuse” conference attended by 120 staff and a number of partner agencies. The conference had excellent evaluation and was supported by Laura Richards, clinical psychologist Roxanne Agnew Davies and the Resound Interactive Theatre Group.

From April 2011, the issue of domestic abuse has been highlighted throughout the organisation with articles in our electronic staff newsletter We Brief, staff orientation and mandatory update training.



WECHS clinical delivery manager Judy Hurry (left) with domestic abuse specialist Laura Richards at the “Domestic Abuse – no excuse” conference.

Safeguarding children

In June 2010, WECHS submitted its Section11 audit to the Essex Safeguarding Children’s Board and was found to be compliant. As an organisation we have continued to work on the action plan developed as a result of this to improve and extend training opportunities and ensure managers are aware of the expectations related to *Working Together to Safeguard Children*.

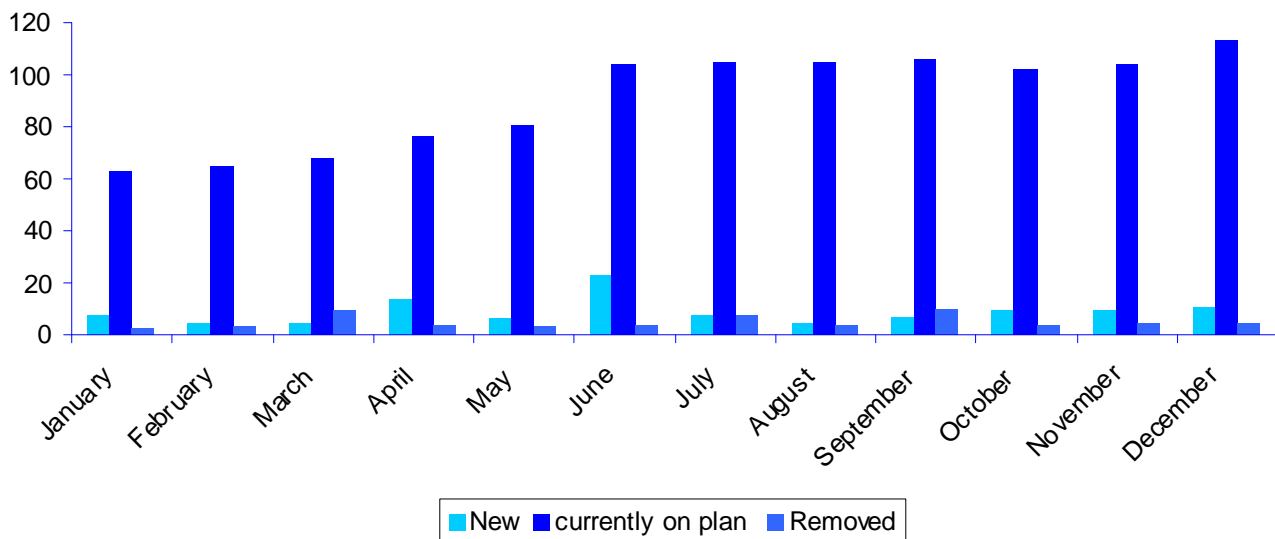
More than 200 frontline staff received level 3 training and a training strategy is being developed to improve the quality and coverage of training to all WECHS staff.

Human resources implemented new recruitment training for managers which strengthened the processes relating to safer recruitment and increased the skill of managers in this area.

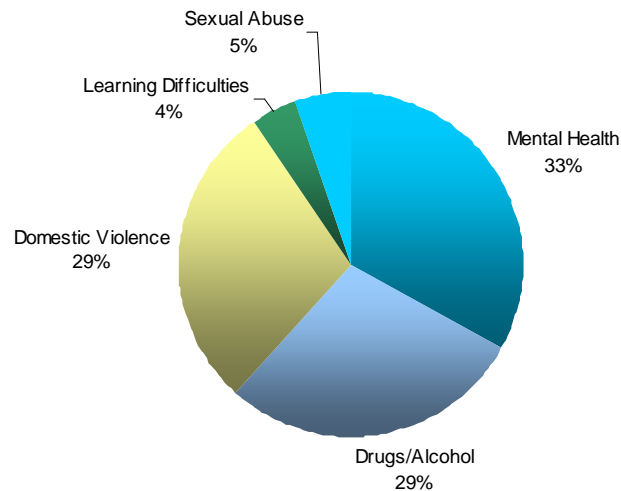
One of the key challenges identified in the Section11 audit continues to be facilitation of complaints by children and young people. Some of this work began through the Patient Experience Week project, and the success of this has encouraged staff working with young people in some areas to continue constant evaluation and feedback during interventions.

Over the last year there was a noticeable increase in the level of safeguarding work, particularly in Harlow, which led to a greater analysis of the activity. Key factors presenting in the Harlow area during this time are shown here.

Child Protections Plans - Harlow



Risk indicators



One clear feature to emerge was the prevalence of drug, alcohol or mental health issues and domestic abuse in these vulnerable families. Staff continue to have regular safeguarding supervision to ensure the needs of children in these families are fully met.

Safeguarding vulnerable adults

WECHS is committed to safeguarding vulnerable adults and regards this as the responsibility of all employees. The Essex Safeguarding Board needs assurance that there are effective adult safeguarding arrangements in Essex and this includes the requirement for WECHS to complete an annual audit. This was done in 2010 and exceeded with ease many of the required standards.

There are three adult safeguarding leads working across the three localities in west Essex. During 2011 they will be continuing to raise safeguarding of vulnerable adults awareness via staff induction, mandatory training update days and team meetings. The training provided by the leads is being continually reviewed to ensure maximum engagement with staff. The particular focus during the mandatory update this year is on financial abuse which Action on Elder Abuse predicts as “The Crime of the 21st Century”.

During the last year we have ensured that all our key performance indicators related to safeguarding have been reported to our commissioners.

2. Patient Experience

Tell it like it is

Patient experience involves looking at the quality of care from the patient and carer's perspective. High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.

Patient experience in the planning and delivery of health services by WECHS is not new. There are many good examples of patients and the public being asked for their views and this feedback being used to improve services. Our aim in the past year was to take this further and make improvement part of everyday practice, incorporating patient and carer experience as a key component of the process.

We launched patient experience week on 31 January 2011 with our *Tell it like it is* survey. Everybody who accessed our services that week was encouraged to provide feedback on their experience. We developed two separate tools: one for community hospital wards and one for all other services. Participants were able to post their responses in boxes provided on clinic/ward areas, and pre post paid envelopes were provided on request in some areas.

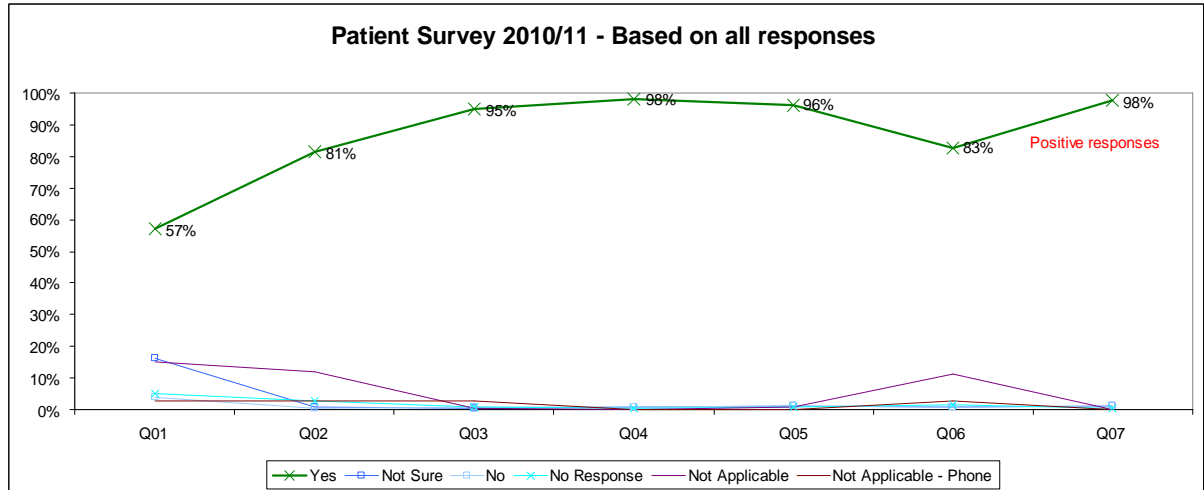


Cherry Heath, who played a key role in helping to organise *Tell it like it is*, with one of the survey boxes

We received 2265 responses which represents 40 percent of all patients seen on the week of the survey. The number of responses from community hospital wards was 97 which represents 80 percent of patients.

Areas for improvement highlighted by the feedback included making clear to patients and visitors who is in charge of the shift in our community hospitals and better signposting for alcohol hand gels in clinic areas.

The survey results indicated patients have a high regard for the health care provided by WECHS with 98 percent saying they would recommend the service to others.



Service managers will develop action plans where appropriate to address issues raised and these action plans will be monitored at the quality, risk and governance committee meeting in July 2011.

We will continue to monitor patient experience in the coming year. Our hospital and community teams are all involved in Essence of Care benchmarking, a key aspect of which is the involvement of those who use our services.

We will repeat our patient survey and build on the success of last year’s results.

One Stop Shop

The One Stop Shop offering health advice and support to 13 to 25 year-olds in Harlow was awarded the “You’re Welcome” at the first attempt, the first venue in west Essex to achieve this accreditation. The award followed a rigorous assessment process with an external panel and young people themselves checking the facilities to ensure they were up to scratch. Two team members have also now gained the necessary qualifications to insert long acting contraceptives (implants) and with the support of our public health commissioners we have secured a funding stream to enable them to offer this service for the foreseeable future.

Living and Dying Well Project

This joint health and social care project resulted from a national bid by WECHS and partners in social, secondary care and the voluntary sector.

For three months, a dedicated member of staff has worked in an acute hospital with medical and nursing staff, to identify patients nearing the end of their lives.

Engaging with everyone involved, including health and social care professionals, relatives and carers, challenged traditional practice. The benefit of this approach was demonstrated by the identification of about ten referrals a week, resulting in 54 discharges to the patient's preferred place of care within 48 hours. In total 71 patients were discharged.

This is a significant achievement and further work will follow to investigate its value as an ongoing investment.

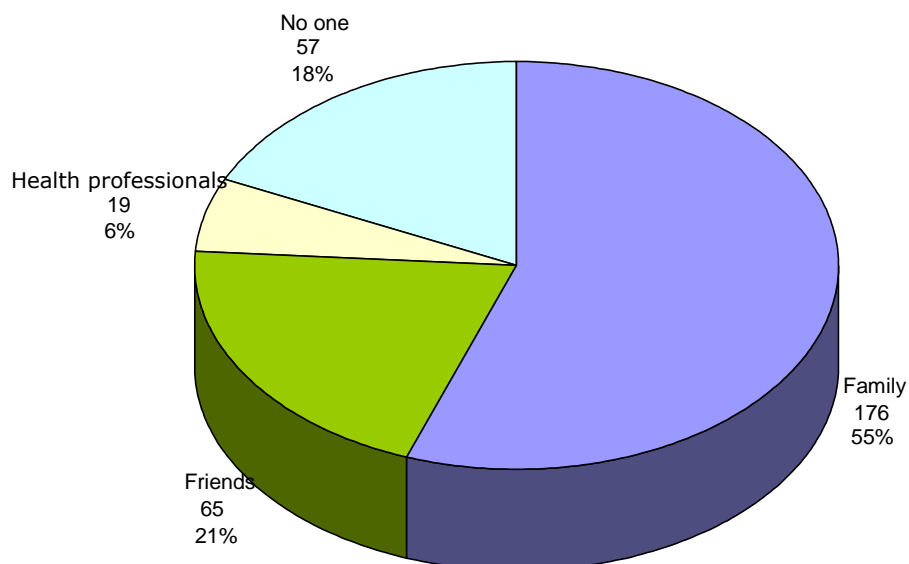
End of life care

In 2009 the National Council for Palliative Care set up the 'Dying matters' coalition to promote public awareness of dying, death and bereavement.

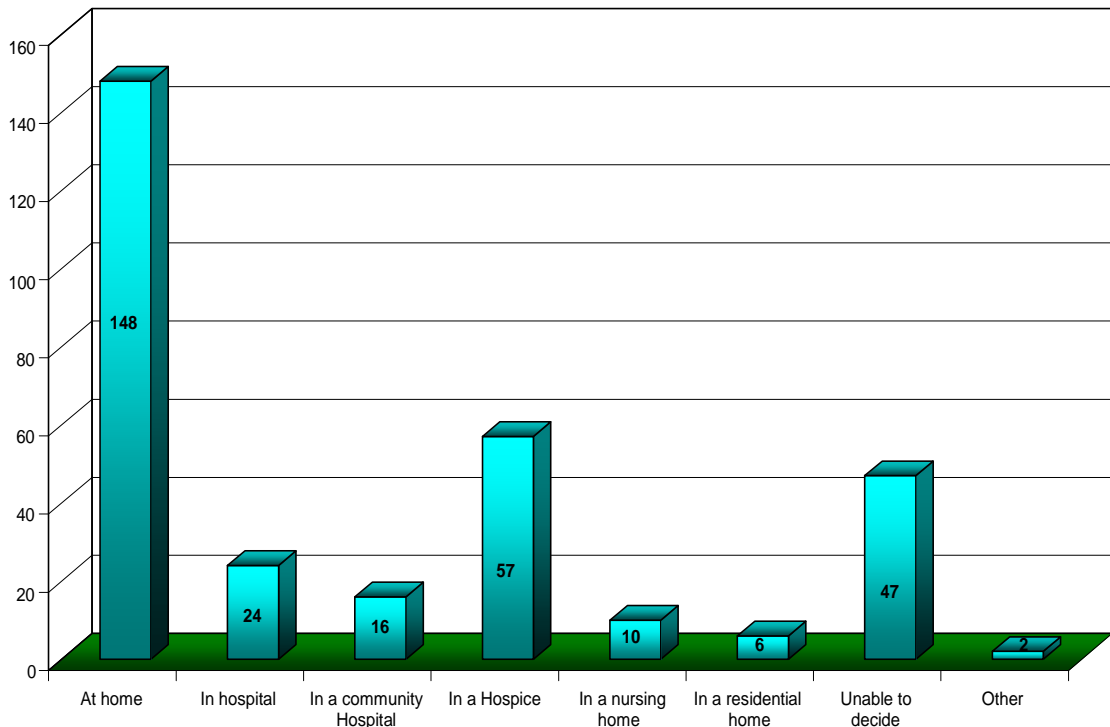
Stalls were set up in various locations across west Essex to raise awareness and promote discussions with local people about end of life issues. The public were very receptive to this approach which gave them the opportunity to speak directly about their thoughts and feelings.

The stalls were supported by staff and volunteers from NHS West Essex, WECHS, Princess Alexandra Hospital and St Clare Hospice. Responses from the public included the following:

Have you ever talked about death in any way with your family, friends or health professionals?



Where would you prefer to die?



3. Clinical Effectiveness

Essence of Care 2010/11

WECHS has been using a benchmarking toolkit produced by the NHS Modernisation Agency in response to patient concerns nationally about the quality of care.

The toolkit is patient focused and addresses fundamental aspects of patient care, helping practitioners to share and compare practice and develop action plans to improve patient care.

Building on work completed in 2009/10 and with the number of benchmarks increasing to 12, a new matrix for Essence of Care for 2010/11 was agreed to enable WECHS to continue the cycle.

Teams were able to develop their own project plan for all mandatory benchmarks to ensure ongoing feedback to the quality, risk and governance committee, one of two key committees supporting the WECHS Board.

The benchmarking process has involved discussions with patients and staff, observation and a record keeping review. Service areas achieved best practice results across a number of benchmarks including communication, safety in mental health, pressure ulcers and privacy and dignity.

Practice improvements arising from this have included the development of a continence service information leaflet available to patients, carers and health

and social care professionals. The leaflet promotes the safe use and ongoing care of urinary catheters at home. Continence resource folders and information leaflets for patients are also available across all inpatient areas.



Providing advice on effective use of a catheter

Three of four inpatient areas achieved best practice scores across all factors and will continue to utilise best practice in identifying and addressing issues of pain management, especially in end of life care. Where this has not been the case, staff have ensured that pain scales and pain control monitoring forms are in nursing records and patients who have been identified as being in pain have a care plan in place.

Baby Friendly: boost for breastfeeding mums

The UNICEF UK Baby Friendly Initiative was launched in the UK in 1994. Its principles were extended to cover the work of community healthcare services in 1998 in the *Seven Point Plan for the Promotion, Protection and Support of Breastfeeding in Community Health Care Settings*.

We have continued the work we started last year to improve breast feeding support to new mothers and progress towards Baby Friendly status.

This is reflected in a 16 percent increase in the number of infants recorded as being totally breastfed at six to eight weeks in the last quarter of the year, from 273 in 2009/10 to 316 in 2010/11.

The number of children with a breastfeeding status recorded as a percentage of all infants due for a six to eight week check during the last quarter increased by five percent from 90 percent in 2009/10 to 95 percent in 2010/11.

We have made good strides with developing peer supporters who provide additional support and advice to pregnant and breastfeeding mums.

Our first group of peer supporters in Waltham Abbey completed training two years ago and a second group has now been trained. We also have two groups of trained peer helpers in Harlow. These areas were chosen for the peer helper programme due to their poor breastfeeding rates.

Peer helpers across the area are also volunteering within children's centres and in community clinics.

During the last year WECHS continued to train its frontline staff in Baby Friendly to ensure best practice standards, high quality information and consistency are achieved across west Essex. To date 98 percent of frontline staff have attended training days or updates.

We were awarded our Baby Friendly Certificate of Commitment in 2011 and are actively working towards full Baby Friendly status.

WECHS has also trained many children's centre staff to recognise when a mother may be having problems with breastfeeding and knowing where to signpost them. This was achieved through a series of one day training workshops.

We have worked closely with many of the children's centres and our midwives to offer a wide range of breastfeeding support groups. These are now available in most areas including a drop in clinic at Princess Alexandra Hospital, Harlow, where a health professional or a breastfeeding network trained helper is available for advice and support.



Fun time at the Ongar breastfeeding support group party

We have employed a breastfeeding support worker to work alongside the early years infant feeding advisor. Her role is to make telephone contact with

mums who are breastfeeding when discharged from hospital to discuss normal breastfeeding patterns and behaviours.

This development, funded by the PCT from money received from the Department of Health, was in response to drop off rates of breastfeeding between discharge from hospital and the first visit by the health visiting team. Initially the post was for one year but due to its success we have recently been informed it will also be funded next year.

The breastfeeding support worker is also able to support breastfeeding groups locally and carry out visits to mums referred to her by local health professionals where there may be breastfeeding problems. She has attended our locally run two-day breastfeeding workshop as well as the three day breastfeeding management course run by Baby Friendly UNICEF.

We will be assessed towards stage one of the Baby Friendly programme in June 2011. Work towards this is well underway including an audit of our education programme as well as a local breastfeeding policy.

Urgent care

This was a major priority in 2010/11 and a key development to help ensure people get the right care in the right place at the right time. We worked in partnership with NHS West Essex, our acute hospital colleagues, local GPs, the ambulance service and social care across a range of initiatives. These included discharge planning, better information flows, strengthening community teams by moving to the virtual ward model, and developing a new urgent care centre at Princess Alexandra Hospital in Harlow.

Members of the urgent care team stream people at A&E to direct them to the most appropriate place for treatment. This may be the urgent care centre or their GP or other primary care professional, or A&E if their condition is serious enough.

The role the urgent care centre plays in helping to ease pressure on A&E is illustrated by one weekend in March 2011 when 357 people were seen for streaming. Of these 153 were directed to A&E, 159 to the urgent care centre, and 33 to their GPs.



Members of the urgent care centre team

HPV

The immunisation team have had another successful year. They completed the accelerated programme to the older age range of girls and young women and despite the challenges of reaching the older age range had a good uptake through providing clinics in many settings across west Essex and at different times of the day to suit those who may be working or in education elsewhere.

They are focusing their efforts on Year 8 girls where this year's uptake is currently above the national target of 90 percent and they continue to deliver key health messages at this important stage of development.

Mend – Mind Exercise Nutrition and Do it!!!

The final MEND programme ran in January of 2011 and was felt to be one of the most successful.

MEND is an evidence-based intervention that makes a real difference to children who are overweight.

The experienced team who had previously struggled to recruit a sufficient number of families had a complete complement this time after renewed vigour in helping families to identify the programme's benefits. The team promoted the course through schools and the height and weight monitoring programme.

Thirteen families started and 11 completed the extensive course run two nights a week over nine weeks. Evaluations are currently being assessed by the MEND Central team who will complete a report on the outcomes. Early indications are the families benefited hugely, learning so much more about healthy lifestyles and empowering them to improve the whole family's health.

We are now looking forward to working closely with Carnegie which has been awarded a contract to deliver a family based intervention over the next few years.

Chlamydia screening

This screening programme has continued over the last year with more young people being screened. The incentive scheme continued to offer vouchers to young people and during 2010 and 2011 this was extended to Waltham Abbey with the permission of Harlow Health Centres Trust. Extensive work has been undertaken by the enthusiastic team in Harlow and Epping Forest colleges, not just promoting knowledge and understanding of chlamydia but encouraging young people to have a greater awareness of their sexual and physical health. The team has also worked hard to build links with secondary schools across west Essex.

The team has continued to develop its outreach service and has received positive feedback from all areas involved. This includes developing a closer relationship with the medical team at Carver Barracks. During the year the team have also taken over provision of sexual health drop-ins at several locations in west Essex.

In November the team facilitated the West Essex Sexual Health Conference, which was extremely well attended with more than 50 delegates.

National Child Measurement Programme/healthy eating talks

The school nursing team undertook an additional exercise following last year's measurement programme where they made efforts to make telephone contact with parents whose children were identified as being outside the healthy weight range. Advice and information were offered in the first instance with referral into additional services at the parent's request. For the most part parents felt they had sufficient information and did not request additional support but it did lead to an increased number of families accessing support from programmes such as MEND.

As well as one to one support, the school nurses continue to undertake an active part in a whole school approach with healthy eating activities linked to the curriculum.

Essex Pride

Action for Men, a highly specialised service for men who have sex with men, once again took part in Essex Pride in 2010. The service provides high quality support and advice to promote health and help prevent spread of sexually transmitted infections, especially among the hard to reach.

Feedback from people using the service has very been positive, demonstrating how valuable the service is to them. During Essex Pride 2010 about 1500 people were seen. They received sexual health advice and guidance on HIV, healthy lifestyle, free condoms and lube. Our sexual health clinic run by two staff provided in excess of 100 sexual health tests in three hours.

Statement of response by NHS West Essex

NHS West Essex Commissioning PCT welcomes the opportunity to respond to the Draft Quality Account presented by West Essex Community Health Services (WECHS).

The PCT acknowledges that WECHS has had a challenging year as it has gone through the acquisitions process. We are pleased to see that in spite of this WECHS has continued in its efforts to improve both patient experience and patient safety through initiatives such as patient experience week and practically through the continuation of the Releasing Time to Care programme on the wards and roll out of the Releasing time to Care in the Community settings. We would like to be assured that focus on quality is to be sustained throughout the forthcoming year during the organisational transfer process.

The PCT would like to see within the Quality Account how WECHS performed against its priorities for the last year and how these were measured i.e. were the priorities fully/partly or not achieved.

The PCT acknowledges the 5 priorities set for 2011/12 and we would like to know how these were identified. We would like to emphasise the importance of involving service users when developing the Quality Account and would want to be assured this has happened.

We congratulate WECHS on being shortlisted for the Health Service Journal/Nursing Times for its work on Communicating Patient Safety.

Priorities for Improvement 11/12

In principle we support the 5 priorities areas WECHS has chosen to work on and the overall approach as some of these links in with priorities aligned with Commissioning for Quality and Innovation (CQUIN) and Quality Innovation Productivity and Prevention (QIPP) schemes. We would like to these set out in the 3 domains of Quality (Patient Experience, Safety and Clinical Effectiveness).

Your priorities:

Priority 1 - Infection Control

Priority 2 - Safeguarding Adults and Children

Priority 3 - Falls Prevention

Priority 4 - Urgent Care

Priority 5 - Patient Experience

The PCT would like to see specific measures and targets against the priorities set and how these will be monitored.

There appear to be areas missing in terms of how this Quality Account fits in with the toolkit e.g. Research & innovation, Clinical Audit, Information Governance, CQC Registration, Incidents etc.

In light of national media attention during last year surrounding the care of elderly patients, we would like to see emphasis on ensuring that the findings of these reports have been fully embedded.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'SJ Relf', is centered on the page.

Sarah Jane Relf
Director of quality and Governance

(Note: WECHS amended the draft Quality Accounts in the light of these comments from NHS West Essex)

Statement of response by Essex and Southend LINK

WECHS shared its draft Quality Accounts with the chairman of the West Essex Locality Group of Essex and Southend LINK for comment before making a presentation to LINK members at their annual general meeting on 21 June 2011. Immediate feedback was recorded and members were invited to make further comments and observations to be collected by LINK and sent on to WECHS by 29 June 2011.

Once this feedback has been collated it will be published in this part of the document as a response from LINK. In addition, the Quality Accounts document will be amended to reflect this feedback where appropriate.