

Quality Account

2017-18



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Inspected and rated

Good



Our Vision:

“We will be a groundbreaking, forward thinking community focused social enterprise with a reputation for excellence and quality in improving health and wellbeing.”

In this Quality Account we detail the progress we have made in the year to April 2018 in terms of the three Quality Domains of Clinical Effectiveness, Patient Safety and Patient Experience.

We also describe our priorities for improvement over the next 12 months and why we have chosen them.

A draft version of this Quality Account was shared with NHS Great Yarmouth and Waveney Clinical Commissioning Group, Healthwatch Norfolk and Healthwatch Suffolk for their review and comments. The responses we received are printed at the back of the document.

Part 1 - Statement on Quality

On behalf of the Board and Executive of East Coast Community Healthcare we are proud to introduce our annual Quality Account. The document reflects our ambition as a Community Interest Company and across all our staff groups to deliver high quality, professionally led services that support and sustain the health and well-being of our communities.

Delivering the best possible quality of service is, of course, a very natural desire for healthcare professionals and at ECCH we recognise that being able to do this consistently across a wide range of services requires a collective drive with appropriate support and a collaborative determination. To ensure this is possible ECCH have embarked this year on an ambitious programme to develop an intentional culture which we have called 'Evolve'.

The programme begins by setting a standard with four 'signature' behaviours that we expect to see in all of our work (see page 35). These behaviours were agreed through collaboration between the Board and our staff-led Shareholder Council and were inspired by previous staff surveys and group discussions.

Through the adoption of our signature behaviours and the evaluation, across the organisation, of our success in doing so, we have set targets for delivering our strategy.

There are four key themes;

- We will **Excel** in the quality of our services with high standards of governance, efficiency and learning
- Our business will **Grow**, we will broaden our horizons, diversify in related areas and strive for innovation in all we do
- We will become a **Partner** of choice for patients/ service users, our communities, commissioners and stakeholders
- We will **Evolve** realising the full potential of our employee owned social enterprise to deliver social value

In this Quality Account we strive to reflect the passion, commitment and drive that our staff have to deliver the best possible services now and into the future.

This year, ECCH has taken a leading role within the Norfolk and Waveney Sustainability and Transformation Partnership (STP) as part of the Executive and Oversight Boards. It has proved invaluable to be working directly with the organisations looking to shape the future of service delivery for our communities and to contribute fully to the transformation planning process. We look forward to continuing this close working relationship throughout the coming year building resilient services for generations to come.



A handwritten signature in black ink, appearing to read 'Tony Osmanski'.

Tony Osmanski
Chairman



A handwritten signature in black ink, appearing to read 'Jonathan Williams'.

Jonathan Williams
Chief Executive Officer

ECCH Strategy

Purpose Statement - To deliver high quality, professionally led services that support and sustain the health and wellbeing of our communities

Strategic Themes

Excel

To excel in the quality of our services:
High quality clinical care
Good governance
Efficient business support

Grow

To grow our business
To broaden our sources of income
To provide new services
To build long term sustainability

Partner

To be the partner of choice for patients / service users, our communities, commissioners and stakeholders

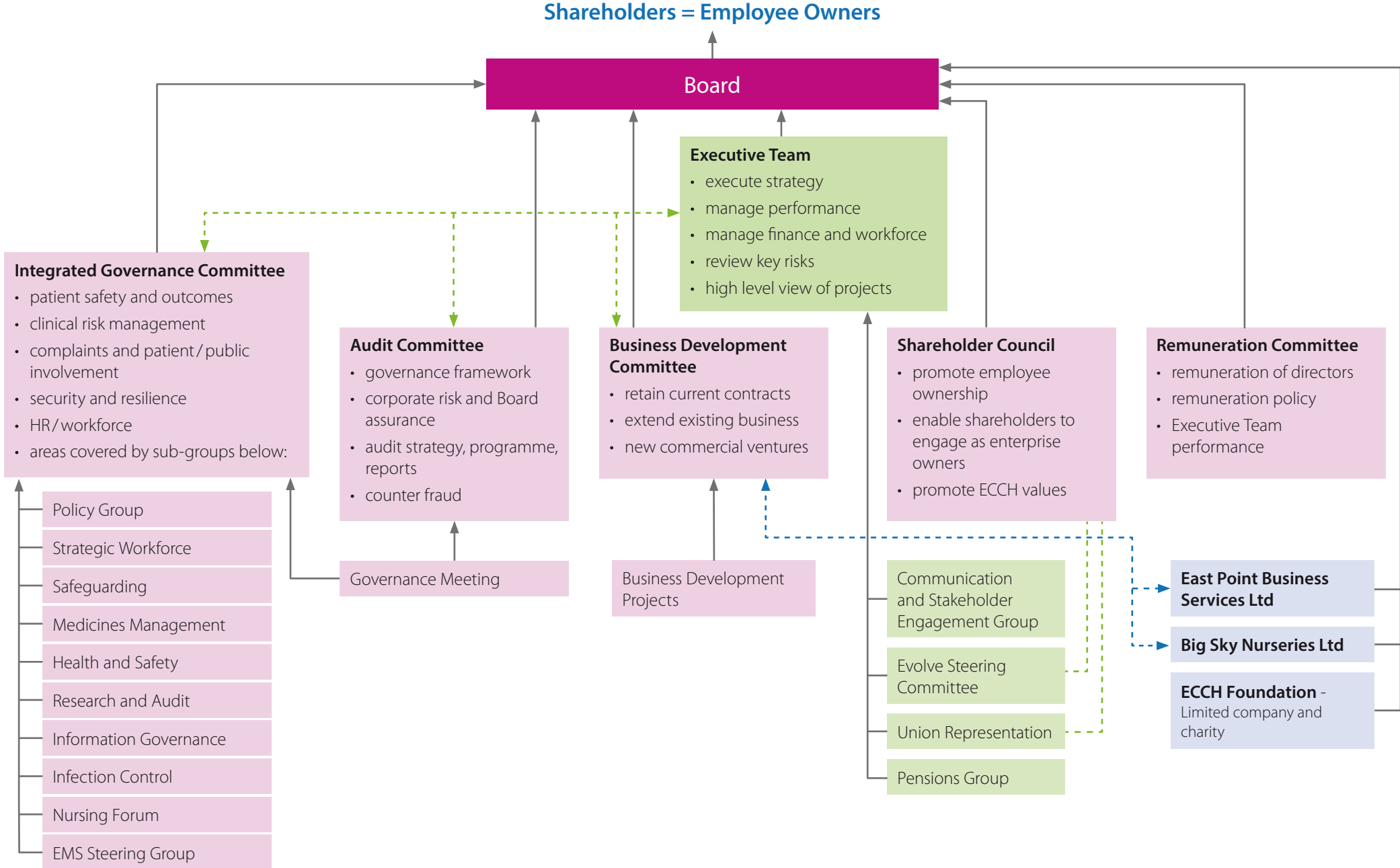
Evolve

To evolve - realising the full potential of an employee-owned social enterprise to generate social value

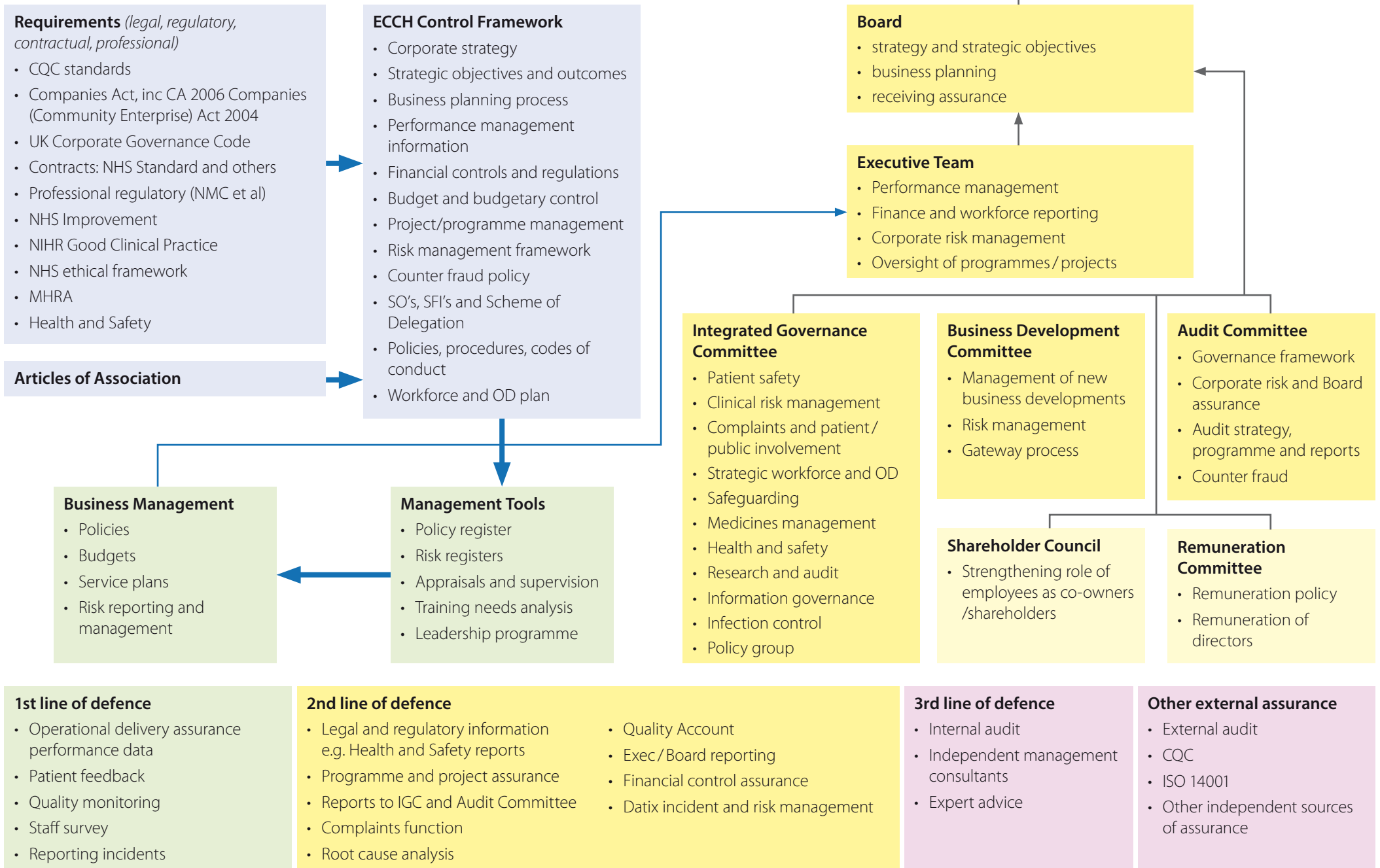
Signature behaviours

We listen, we learn, we lead
Work together, achieve together
My responsibility, my accountability
Be cost conscious, respect our resources

Our Governance Structure



Our Assurance Framework



Part 2 - Priorities for Improvement 2018/19

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

In 2017/18 we offered 28 services for the NHS, public health and social care to communities in Norfolk and Suffolk (detailed in Appendix 1).

Our priorities for 2018/19 include a number of Commissioning for Quality and Innovation (CQUIN) schemes. The key aim of these is to continue to raise the quality of services and provide better outcomes for patients.

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

Clinical Effectiveness

Obesity management research

With obesity a major and growing public health concern in the UK, ECCH is carrying out research to understand the attitudes of our health care professionals towards obesity management. This resulted from the dissertation of an ECCH student nurse who questioned whether organisational factors such as confusion over role responsibility, as well as personal factors such as lack of confidence in initiating weight conversations, were impacting on staff discussing the issue of obesity with patients - despite ECCH's health coaching training providing a clear pathway to facilitate positive attitudes. A task and finish group has been set up to develop a questionnaire that will be sent to all ECCH health care professionals to gain their attitudes towards obesity management. The resulting data will then be analysed with a view to developing an action plan based on the findings.

Diabetes focus

In line with the Sustainability and Transformation Plan, ECCH will focus on diabetes in the coming year. Following on from our successful Diabetes Conference for health and care professionals in November 2017, we are co-producing a patient conference on diabetes in partnership with the Norfolk and Suffolk Foundation Trust and Carers Matter Norfolk. The conference will cover issues including improving management of medicines for diabetes, promotion of self-management through health coaching, how to identify danger signs and actions to take. Diabetes is a key condition for our Podiatry Service which is part of a pilot commissioned by NHS England to develop and improve the use of 3D photography in the management of diabetic foot ulcers. The "Silhouette" pilot will allow the patient to have expert consultation, rapid diagnosis and treatment plans from a multidisciplinary team.

Rehabilitation and reablement

Rehabilitation and reablement is central to the Intermediate Care model that the staff on the newly refurbished Minsmere Ward at Beccles Hospital are delivering. As such, inpatient unit staff are supporting the national campaign to 'End Pyjama Paralysis' which promotes the importance of people in hospital getting up and dressed in order to maintain their usual way of life. Patients and families are encouraged to bring in clothes and footwear to enable patients to regain and retain activity and to promote their independence. Encouraging the use of the day room for shared meals rather than eating at the bedside, creating an environment with daily newspapers, books and activities to promote engagement with others and encouraging access to the garden space all promote normality and stimulation for those going through a programme of rehabilitation. It is essential that the patient journey towards recovery is maintained. We are implementing the national Red

to Green initiative which requires ward staff to promote action or activity every day to ensure patient journeys are maintained and do not have unacceptable waits. If no action takes place the patient is recorded to have a red day. The day is rated green when therapy has been completed, medical tests have been conducted or discharge planning has been undertaken, demonstrating the progress made.

New falls service

An Early Intervention Vehicle (EIV) was introduced in the Great Yarmouth and Waveney area in November 2017 so that people who have suffered a fall can be seen and treated by healthcare staff and receive extra support to help them remain at home, thereby preventing a hospital admission. The East of England Ambulance Service NHS Trust can now dispatch an emergency medical technician to patients who have fallen, accompanied by an occupational therapist or physio from ECCH or the James Paget University Hospitals NHS Foundation Trust. EIV staff can also make onward referrals for extra health and social care support including for community physiotherapy, exercise classes and personal care alarms. They will provide equipment and offer help and guidance to avoid falls in the future, thus improving people's quality of life and reducing pressure on NHS resources.

Patient experiences of the service have been captured. The main themes of the feedback have been:

- The wide knowledge and skills of the team that attend in the EIV
- The benefit of equipment being carried on the vehicle that, if needed, can be given out with advice on safe use rather than having to wait
- Information sharing with GPs about the incident and treatment.

The initial responses to this pilot project from patients, staff involved in working on the EIV and the pilot project leads has been extremely positive. ECCH is now working on a business case in collaboration with partner organisations to secure further funding for this service with the ambition of extending the service's operating hours from four days a week to seven days.

Patient Safety

Clinical Incident Investigation Training

ECCH will be providing a full day training session based around a fictional clinical incident and the documentation that would usually be available for review to the investigators such as medical records, test results and the incident report. The investigators will be tasked with generating a timeline and identifying areas of good practice, areas for improvement and areas where further clarification is needed. The investigators will then be assigned roles relating to the incident. The roles include a patient advocate who tells the story from the patient perspective which is powerful and emotive and ensures the patient and their family are at the centre of the process. Reflective discussion will be held by a trainer to help identify responsibilities, accountabilities and review duty of candour, just culture, human factors and investigation recommendations.

Patient safety culture

ECCH is committed to ensuring our patients are cared for safely. A Patient Safety Culture Audit was carried out in February 2018 to evidence this commitment. The survey tool was derived from the Texas Safety Attitudes Questionnaire which elicits a snapshot of the safety culture within an organisation, with the ultimate aim of improving patient safety via improved understanding of our patient safety culture.

The main themes looked at within the survey included:

- How confident staff are at using the DATIX reporting system to escalate concerns and report incidents in relation to patient care and safety.

- Their understanding of the importance of accurate incident reporting.
- Staff understanding of having an open culture when reporting and receiving incident feedback to enable everyone to learn from mistakes
- The importance of encouraging individuals to continue to use incident reporting as a tool to promote communication with the patient or family when an incident has occurred.

Overall, the staff scores from this audit were between 70% and 80%. However, this was only a snapshot of the true picture. Therefore, the Executive Director of Quality has committed to frequent department walk rounds to ensure compliance. She will use the above themes as part of the structure for these visits which will help to further enhance the patient safety culture within ECCH.

Support for isolated patients

Many of ECCH's services deliver care to patients who are socially isolated, lonely and not aware of the support available to them. ECCH will be looking to improve these patients' safety and wellbeing, having recognised that if we do not take action they may well present with further issues. As part of patient assessment and ongoing treatment, staff talk to patients, not only about their health needs but also about their social support, wishes and values regarding social activity and potential gaps in their access to these. We have worked to improve our ability to signpost by networking with voluntary groups including luncheon clubs, befriending services, access to transport and activity clubs, and through a number of local events.

ECCH staff are now better placed to signpost to services that can reduce the impact of isolation and promote socialisation. Going forward, we will be looking to enhance this signposting via proactive interventions. Local directories of services are being prepared in collaboration with both Norfolk and Suffolk County and District Councils and will be made available via the ECCH intranet to all staff.

Close collaboration with voluntary groups already occurs with groups including:

- Great Yarmouth Early Help Hub
- Lowestoft Rising
- Halesworth Volunteers
- Red Cross
- Healthwatch - Norfolk and Suffolk
- Citizens Advice Bureau
- OneLife Suffolk
- Active Norfolk.

Equipment safety

We recognise the importance for individuals of having the right equipment to meet their needs. We recently had a challenging situation whereby one of our patients alerted us to the failure of an elbow crutch (the aluminium shaft broke). On investigation of this issue we realised that patients were not aware of the life expectancy of equipment. The equipment that this particularly relates to is crutches, walking sticks and other walking aids which are a crucial part of a patient's rehabilitation.

In order to help raise awareness of this issue we contacted local mobility shops to advise on the above finding, spoke with charity shops about the possible risks of selling second hand equipment and informed patients about how to access repair or replacement services for equipment.

We will also develop a series of information leaflets to help improve patients' safety to provide support and advice whilst using such equipment in the community. We will distribute these leaflets to local charity shops to raise awareness and share knowledge. This safety initiative has been disseminated to all staff within ECCH through our governance structure, including at team meetings, Health and Safety Committee and our Integrated Governance Committee which reports to the Board.

Patient Experience

Patients with learning disabilities

As a community organisation we recognise that a percentage of the community we serve will have a learning disability and/or autism diagnosis. We have recently established a working group to ensure we provide appropriate care to this group of patients.

A review of our internal reporting systems was undertaken which established that this group of patients are not easily identified. Therefore, the working group will undertake a baseline assessment of patients across all of ECCH services. The results of this assessment will inform the organisation of any gaps in care and appropriate action will be taken to address these. This may involve upskilling staff so that they have the correct skills to provide the most appropriate care.

The working group has established links with voluntary groups who are willing to work alongside them to offer further support in providing care for patients with learning disabilities and/or autism. The working group will also be looking at specific cases to gain a greater insight into how we can improve services for these patients. Learning from these cases will be disseminated to all staff.

Health coaching

ECCH has championed Health Coaching training for the past four years. In that time we have trained more than 360 ECCH staff and extended the offer across the Norfolk and Waveney STP footprint. We aspire to continue building on this success in order to increase patients' ability to manage their own health and wellbeing.

In the coming year we plan to introduce a slightly shorter Coaching Conversations training option alongside the Health Coaching training primarily for non-clinical staff in order to further embed the principles within our organisation. We are exploring ways in which to promote Health Coaching in our recruitment processes, and to build it into staff appraisals.

We also plan to identify and target key long term conditions such as diabetes where Health Coaching may prove most effective, and measure its impact on patients using a patient activation measure (PAM) to understand their level of knowledge, skills and confidence to manage their condition.

Patient engagement

In 2017/18 we used the Patients as Teachers model to gain feedback from service users about a number of our services including Children's Speech and Language Therapy and Neurology. In this way we were able to gather valuable feedback about how service users feel about the care they receive and how we might tailor our services to better meet their needs (see page 31).

We believe that having current patient feedback is invaluable for us to bring about improvement in our services and building on last year's programme of engagement we have drawn up a detailed schedule to target areas including District Nursing (particularly leg ulcer clinics), Musculoskeletal (MSK) services, Podiatry and our inpatient unit - Minsmere ward at Beccles Hospital. This will help us to ensure we deliver effective and timely interventions with a more strategic approach.

We have also recently started to provide a Phlebotomy Service in South Waveney. We recognise the importance it has for the local patient population and want to get it right. Therefore, we have developed a patient survey for this service which will be available to all patients who attend our clinics during a month's period.

Questions cover issues such as:

- access to clinics
- times and appointments
- flexibility of the service currently provided.

The responses from this questionnaire will be analysed and an action plan will be developed in collaboration with local GP practices and patient groups.



Part 3 - Review of Quality Performance

Review of Quality Improvement Plans

ECCH has reviewed all the data available on the quality of care in each of the NHS services it provided or sub-contracted over the period covered by this report. Overall, 76% of our income was from NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG).

AREA	UPDATE	RAG STATUS
<p>Extend competency training programme</p>	<p>ECCH has continued to develop a robust competency training programme in the use and provision of Community Equipment, ensuring that clinical staff from all services are able to assess, prescribe and use a catalogue of items to support and improve patient care in their home environment. ECCH has continued to develop links with James Paget University Hospital clinical staff and our Equipment Team to support and improve the quality of patient discharge through appropriate equipment provision. A Medical Devices Group continues to meet bimonthly, attended by senior clinical staff and facilitated by the Equipment Team. It provides tight governance to all legislation pertaining to equipment used in the care of patients.</p>	<p>Ongoing</p>
<p>Expand Out of Hospital Multidisciplinary Teams</p>	<p>In 2017/18 ECCH expanded its Out of Hospital Team (OHT) coverage to serve the south Waveney area. The new service is an extension of ECCH's existing Lowestoft team and supports five GP practices covering the populations of Kessingland, Beccles, Bungay and Halesworth. The multi-disciplinary team of health and social care professionals provide care to people in their own homes, whenever it is appropriate to do so, thereby empowering their independence and reducing hospital admissions. The success of ECCH's teams in Lowestoft and Great Yarmouth has continued with consistently strong results in the NHS Friends and Family Test.</p>	<p>Ongoing</p>

AREA	UPDATE	RAG STATUS
<p>The Integrated Care System</p>	<p>The development of shared working practices, effective communications and reduction in duplication to streamline patient care has been central to the integration agenda. Working with our partners in Primary Care we have developed new relationships across the statutory and third sector to promote health in the community. The attendance of our Community Matrons and District Nursing team at the Great Yarmouth Early Help Hub has provided ECCH with a voice in the wider health and social care arena to support hard to reach, vulnerable and complex people.</p> <p>Minimising the differences in levels of care for patients with long term conditions who are housebound against those who can attend their GP surgery has been a focus of the nurse integration work. This work stream has provided the opportunity for practice and community nursing staff to shadow each other to have a greater appreciation of the challenges of each other's roles and thereby look at how patient pathways can be improved to reduce duplication and promote parity regardless of where patients are seen for their healthcare.</p> <p>Working with colleagues from Norfolk and Suffolk County Councils ECCH has been present at two Living Well events showcasing services and building relationships with health, social care and third sector colleagues. These events have initiated a number of ongoing projects which will provide our communities with a collaborative approach to health, wellbeing and social care.</p> <p>In 2017 ECCH set up the Great Yarmouth and Waveney Health and Wellbeing Leadership Forum to replace and build on the legacy of the former System Leadership Partnership set up by Great Yarmouth and Waveney CCG. The first forum was held in December with the aim of strengthening leadership relationships, building resilience, and providing a 'learning forum' to work in partnership on improving the health and wellbeing of our communities. Members include Suffolk Constabulary, district and county councils, police, GYWCCG, Lowestoft Rising, and East Norfolk Medical Practices.</p>	<p>Ongoing</p>
<p>Integrated Respiratory Service</p>	<p>Supporting patients with respiratory disease and reducing hospital attendance and admission has been identified as a key area of development. A number of solutions have been considered and, from February this year, we have enhanced the Community Matron service to bring patients with respiratory long term conditions into the caseload. This will provide access to clinical support and guidance to patients across Great Yarmouth and Waveney, rather than limiting the service to Waveney, as was previously commissioned. Patients will benefit from the health coaching approach, promoting self-management of their condition, empowering and enabling them to take control and live as full a life as possible.</p>	<p>Ongoing</p>
<p>Implementation of Leg Ulcer Pathway</p>	<p>The District Nursing Service provides eight dedicated leg ulcer clinics at sites across Gt Yarmouth and Waveney. The number of nurses who have an additional leg ulcer qualification attained at University continues to grow. These nurses share their expertise across the service and shape service development through the ECCH Leg Ulcer Forum. This has strengthened the working relationships with nursing teams in Primary Care, providing patients with an evidenced based pathway for disease management. Following a review of the leg ulcer pathway, increased competency assessments were initiated for specific aspects of leg ulcer care. The Tissue Viability Nurse Specialist redesigned the leg ulcer training programme and all registered nurses providing leg ulcer treatment completed the training this year.</p>	<p>Completed</p>

AREA	UPDATE	RAG STATUS
<p>Develop our Clinical Audit and Research Function</p>	<p>In 2017/18 we significantly increased our research activity on both local and national studies, more than doubling the number of participants recruited (see page 24 for more information). We implemented a new research management system in order to manage this increase and support collaborations with partners. In 2017 ECCH signed up to a pilot Cluster Research Site Initiative scheme (RSI) which allowed us to deliver research studies across clusters of GP surgeries. ECCH was one of the highest performing clusters in the Eastern region. Our Research Forum continues to meet regularly with representatives from all internal services, research networks and local higher educational institutes. Results from our clinical audits are presented bi-monthly to an 'Audit Champions' group in order to share learning across all services and thereby enhance care and quality.</p>	<p>Ongoing</p>
<p>Dementia Care</p>	<p>Understanding mental health issues, predominantly dementia, continues to be an area for development. Assessment of capacity and application of the Mental Capacity Act has been improved through the use of simplified tools and access via the electronic system. Working with family and friends to get to know patients' likes, dislikes, wishes and values is prioritised at the patient's initial assessment.</p>	<p>Ongoing</p>
<p>Review Community Nursing Service</p>	<p>Last year ECCH, in partnership with GYWCCG, carried out a review of our Community Nursing Service and drew up a joint project plan. Our Business Intelligence Unit developed a service level data dashboard which provides patient data directly from our SystemOne software programme. This includes evidence of referrals received, care delivered by care package and by time of day. Data regarding demand across the 24 hour period has been used to inform commissioning, caseload management, service and workforce planning. Work has been carried out on the SystemOne patient data programme to ensure it supports clinicians in practice by accurately recording care plan delivery, improving record sharing (with patient consent) across services in order to streamline care, and providing dependency scoring to identify vulnerable patients and thereby support emergency planning.</p>	<p>Completed</p>



CQUIN (Commissioning for Quality and Innovation) Results

A proportion of East Coast Community Healthcare's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed with NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) through the CQUIN payment framework.

AREA	UPDATE	RAG STATUS
Supporting proactive and safe discharge	This year ECCH has worked very closely with partner agencies including the acute and social care sector to further support proactive and safe discharge of patients from acute hospitals to their usual place of residence within 7 days of admission when admitted via a non-elective route. We mapped out existing discharge pathways and designed new, more efficient ones including the 'Discharge to Assess' pathway. This achieved a near 5% increase in discharge rates based on the first part of the year prior to initiatives being implemented.	Complete
Prevent ill health by risky behaviours (alcohol and tobacco)	Over the last year ECCH has trained Beccles Hospital and Out of Hospital staff in providing 'Very Brief Advice', known as VBA, to patients in relation to alcohol consumption and smoking. Staff were trained to offer screening, advice and referral or medication to patients who are identified as being likely to benefit from such an intervention. In the case of smoking, evidence suggests this could reduce costs through fewer admissions and improved health of smokers and passive smokers. In relation to alcohol, a reduction of weekly consumption could result in reduced alcohol-related hospital admissions through improvements in morbidity. In the second half of the year ECCH met all the targets for this CQUIN with 99% of patients admitted to either Beccles Hospital or Beds with Care receiving screening and advice in the final quarter.	Ongoing
Improve the assessment of wounds	During the last year ECCH has introduced a detailed online assessment tool to help staff assess all wounds that have not healed within 4 weeks to avoid the potential continuation of ineffective treatment. This aimed to reduce delays in healing time and improve the quality of treatment for patients with chronic wounds. Evidence suggests that failure to complete a full assessment can contribute to ineffective treatment and therefore delays the rate of wound healing for patients. This has significant consequences for patients in respect of their quality of life. Following implementation midway through the year ECCH achieved an 81% compliance rate and achieved the CQUIN target for the year.	Ongoing
Introduce additional methods to ensure personalised care and support planning	This has seen the introduction of high quality personalised care and support planning to a number of key services including health coaching, peer support and self-management education, thus providing the foundation for behavioural changes needed to support improvements in self-care. More than half of the population live with long term conditions with a small minority accounting for more than 75% of unscheduled hospital admissions. Many of these people indicate that they have low or very low levels of knowledge, skills and confidence to manage their own health and wellbeing, and support independent living. Inability to self-care often leads to a poorer quality of life and thereby to greater use of health services. Through this CQUIN ECCH staff have identified a cohort of patients with low levels of knowledge and skills in their understanding of their conditions and continue now to work with them through health coaching to improve their ability to self-manage and further develop independence.	Ongoing

AREA	UPDATE	RAG STATUS
<p>Introduce staff health and wellbeing initiatives</p>	<p>This CQUIN required a percentage improvement in two of ECCH's annual staff survey questions, scored against the baseline survey results from 2015. The first question related to health and wellbeing and the level of support provided by ECCH to staff members. The second question looked at levels of work related stress. ECCH achieved a good result in both of these questions and achieved this element of the CQUIN for the year. In addition, we continue to promote healthy eating on our premises, ensuring that healthy options are always available including for those staff working night shifts. We began this process in 2016 and have achieved the targets set by reducing levels further this year. Finally, we aimed to achieve a target of 70% in the uptake of flu vaccinations by frontline clinical staff. This year we achieved 80.1%, a further increase on the result achieved in 2016/17.</p>	<p>Ongoing</p>
<p>Care Home Training</p>	<p>ECCH has developed and delivered a comprehensive training package for local care homes covering a number of subjects including diabetes, falls, urinary tract infections (UTI's) and SBAR (Situation, Background, Assessment, and Recommendation), an easy to remember mechanism that can be used to frame conversations, especially critical ones with, for example, the ambulance service. Six study days were held at a number of locations across Great Yarmouth and Waveney with over 90 care homes invited to attend these free sessions. Feedback has been very positive and ECCH is planning further sessions for next year.</p>	<p>Ongoing</p>



Patient Safety

Infection control

In 2017/18 the healthcare system had a maximum permitted ceiling of 70 C-diff (Clostridium Difficile) cases. The actual number of cases was 68. Of the 68 cases 48 demonstrated best practice and were adjudicated non trajectory (NT).

No cases of blood borne Methicillin-Resistant Staphylococcus (bMRSA) or borne Methicillin-Sensitive Staphylococcus Aureus (bMSSA). One case of E.coli was attributed to ECCH inpatients in 2017/18. There were no outbreaks of norovirus.

The ECCH Infection Prevention and Control Team have the administrative function for the C-diff Root Cause Analysis (RCA) meeting and complete all the non-acute RCAs.



Seasonal influenza programme for ECCH staff

ECCH was the highest performing community health organisation in the east of England for staff flu vaccinations for the second year running, and the second highest in the country.

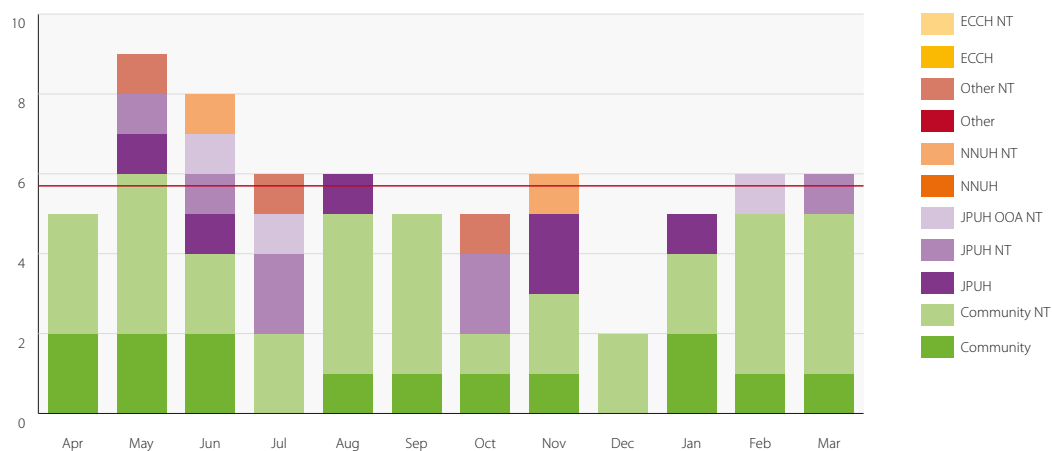
A total of 80.1% of ECCH staff were vaccinated during our annual in-house immunisation programme, protecting themselves, their patients and families from the potentially deadly virus.

All staff were offered the immunisation and our aim was to vaccinate at least 75%. The national average was 68.7%.

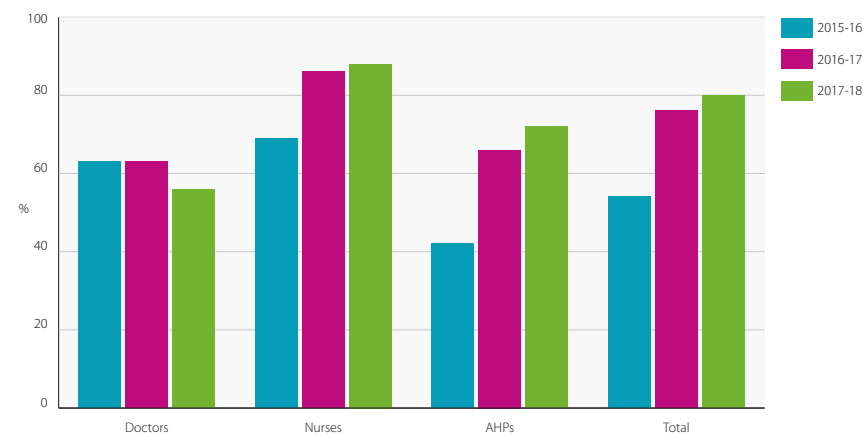
Last year we recorded 76.2% of staff receiving the vaccination - the highest figure recorded in the country for a community health organisation.

Year	Uptake of front line clinical staff
2017/18	80.1 (England average 68.7%)
2016/17	76.2%
2015/16	54%

Clostridium Difficile cases 2017-18



ECCH seasonal influenza immunisation uptake 2016-17



Incidents and how we respond

An incident means any accident, event or circumstance, including a near miss, resulting in no harm, minor to severe harm, loss or damage to personal belongings or property. Incidents can be raised concerning patients, staff, visitors, ECCH and other providers. ECCH encourages incident reporting at all levels.

The incidents that are reported range from poor discharge information, medication incidents, treatment issues, missed visits, abuse of staff and estates issues. The highest category of incidents raised is pressure ulcers of all grades, in and out of ECCH's care.

We utilise the Datix incident and risk management system to manage clinical incidents. The system incorporates a complete risk management and learning cycle through an investigative process. Action plans are formatted from the investigation process which is managed by the team leaders within the services.

The team leaders ensure that action plans are instigated to facilitate learning based around the issues that are identified. The action plans and learning are shared with relevant teams or staff at meetings and any trends are highlighted in order to review practice and implement improved systems.

The incidents reported can also relate to issues affecting patients that may have occurred outside of ECCH care. These incidents are raised with those providers in order to ensure learning across all organisations and an improvement in patient care.

The total number of incidents for the year was 3,039 which equates to an average of 253 per month. As an open and learning organisation, we commend our staff for their reporting as this enables greater understanding and practice change to occur.

Incidents by business unit

Adult Service	2573
Children Services	231
Corporate Services	96
Primary Care and Prevention Services	131
Nursery Services	8
Total:	3039

Incidents by type

Incidents affecting patients	2530
Incidents affecting the staff	321
Incidents affecting ECCH	151
Incidents affecting visitors, contractors or the public	37
Totals:	3039

Incidents involving other providers

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

Incidents affecting patients	1228
Incidents affecting the staff	57
Incidents affecting ECCH	35
Incidents affecting visitors, contractors or the public	12
Totals:	1332

ECCH makes every effort to make it as easy as possible for our staff to report any issues. This includes having a direct link to our incident reporting system, called Datix, on all staff laptops and computers. All clinicians working in the community have mobile working equipment which enables them to access ECCH reporting systems wherever they are located as long as they have a mobile signal. This ensures incidents can be reported in a timely manner.

Serious Incidents

A Serious Incident Requiring Investigation (SIRI) is an incident where one or more patients, staff members, visitors or members of the public experience serious or permanent harm or alleged abuse, or where a service provision is threatened.

17 serious incidents were reported to commissioners in 2017/18, a decrease on the 18 reported in 2016/17.

Pressure Ulcers

Our tissue viability team have increased their presence and support to all care homes in the Great Yarmouth and Waveney area. Some targeted work has been conducted with certain care homes who have faced challenges with this aspect of care. The team have a schedule of training and engagement which has focused on the challenges with recruitment and retention of staff in care homes. Pressure ulcer prevention training has been extended to include staff working within Continence, Falls, Neurology and Occupational Therapy services to support the principle that pressure ulcer prevention is everybody's business. In 2017/18 ECCH treated 1,110 patients for pressure ulcers graded 1-4 (compared to 988 in 2016/17), 230 of which were grade 3 and above. From that total, 434 were in our care when the ulcers developed, (395 in 2016/17) and 676 came into our care with existing pressure ulcers.

Of the 230 patients with pressure ulcers graded 3 or above, 107 were in our care when the ulcers developed and 123 came into our care with pressure ulcers graded 3 or above. Of the patients who developed Grade 3-4 pressure ulcers whilst in ECCH's care, 15 cases were deemed avoidable and investigated fully.

Duty of candour

The professional duty of candour means that every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care, or has the potential to cause harm or distress and must apologise to the patient or, where appropriate, the patient's advocate, carer or family.

Within ECCH we follow the Duty of Candour national process and will notify all patients of any moderate harm or above caused to them by any ECCH staff. This is done verbally and in writing. To date, all such patients have been notified.

2017/2018	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
All Pressure Ulcers developed in ECCH	82	97	93	87	67	71	103	105	95	105	91	114
Avoidable Pressure Ulcers	4	2	3	7	1	6	3	4	1	5	2	3
Unavoidable Falls	5	8	9	10	10	6	9	8	6	9	5	9

	No of patient incidents reported	No of incidents that triggered Duty of Candour	Percentage	% of patients informed of their harm
April 17	239	3	1.26	100
May 17	204	2	0.98	100
June 17	240	3	1.25	100
July 17	189	8	4.23	100
Aug 17	218	2	0.92	100
Sept 17	229	7	3.06	100
Oct 17	208	8	3.85	100
Nov 17	179	4	2.23	100
Dec 17	182	1	0.55	100
Jan 18	222	7	3.15	100
Feb 18	220	0	0.00	100
Mar 18	205	2	0.98	100

By following the Duty of Candour process, ECCH has identified issues such as avoidable pressure ulcers (bed sores) of grade 2 and above which caused moderate harm to the patient, falls which have led to injury such as a cut to the skin, medication errors such as a wrong dose of insulin and an issue with an incorrect dressing applied to a wound.

As part of this process a senior clinician is allocated to undertake a thorough investigation of the event and the patient/patient's advocate or carer will receive a copy of the investigation. Any duty of candour incidents are also documented in our monthly quality report to our commissioners and are discussed at our monthly meeting with them. This report also goes to our Integrated Governance Committee where these events are highlighted and discussed internally and lessons learnt are shared. This process helps us to improve the patient care we deliver.

Mortality review

We believe that lessons can be learnt from every aspect of the patient's pathway including after they have passed away. Recently there has been concern raised nationally about patient safety and particularly the care they received at the end of their lives. This has led to an increased drive for health organisation Boards to be assured that all deaths are reviewed and appropriate changes are made, if necessary, to ensure patients are safe throughout their complete pathway.

Therefore, it is important that effective clinical audit and peer review processes incorporating analysis of mortality and morbidity are in place in all organisations to improve patient safety. Within ECCH we have established quality and safety meetings across our health and care system which includes representation from acute, community, mental health, commissioners and social care. These meetings happen on a monthly basis and any areas of sub-optimal care are identified and discussed so that lessons learnt are shared across the system. The meetings improve professional learning and help provide assurance that patients are not dying as a consequence of sub-optimal care.

Within ECCH we have implemented retrospective case note reviews to identify examples where processes can be improved and where we can gain an understanding of the care delivered to those whose death is expected and inevitable to ensure they receive optimal end of life care.

This standardised ECCH process, integrating mortality peer reviews into the governance framework, provides greater levels of assurance to the Board. It also helps to ensure that the organisation is using mortality rates and indicators alongside other data such as incidents and complaints to monitor the quality of care delivered, share good practice and learn from mistakes.

Learning to date has included a number of positive areas of practice and individuals have been congratulated on their care and encouraged to share their good practice with others. Potential for improvement has been highlighted in areas such as effective communication with other providers such as the East of England Ambulance Trust. Tools to help enhance this communication are being revisited with staff.

Community Inpatients

There were 201 expected deaths which occurred between 01/09/2017 and 31/03/2018 either in our inpatients unit at Beccles Hospital or following discharge from it. The main cause of death was cancer or heart failure with 31 of these patients dying prior to discharge from the community hospital (being too unwell to go home) and 15 passing away within 30 days of discharge.

Beds with Care

We also provide 'beds with care' which means that patients are admitted from their homes into a care home where their care is overseen by our Out of Hospital Teams instead of being admitted to an acute hospital bed. There were 122 patients cared for through the 'beds with care' system between 01/09/2017 and 31/03/2018. Of these, six died whilst receiving care and 12 passed away within 30 days of being discharged.

Clinical Effectiveness

Health Visiting

Our Health Visiting service continues to exceed its key performance indicators. From April to September 2017 ECCH health visitors and Family Nurses once again significantly outperformed the rest of the region - and indeed the country - in all their targets. National and regional figures beyond September have not yet been released but ECCH has maintained its excellent results.

Our health visitors launched a new Breastfeeding Support Café at Gunton Baptist Church in Lowestoft in September where pregnant women, new mums and their partners can drop in for help and advice, or just for a chat. They also worked with GYROS, an organisation which supports newcomers and migrant communities within Lowestoft and Great Yarmouth, to set up new drop-in clinics for families.

The health visitor clinics are held at local Children's Centres and offer information such as safe sleeping guidelines, weaning, breastfeeding and immunisations. A GYROS interpreter is on hand who can speak Portuguese, Lithuanian, Latvian, Russian and Polish and home visits can also be arranged if more privacy is required.

The team marked Health Visiting Week 2017 with a celebration at one of their regular Breastfeeding Support Cafés in Lowestoft at which they asked new mums to write comments about the service on a special board. Other mums at the health visitors' antenatal classes, baby massage sessions and drop-in clinics also added comments. They were delighted with the results which were universally positive. The team also carried out breast feeding audits with staff during Health Visiting Week to ensure their skills and knowledge, as well as writing about their work on social media channels.

Key Performance Indicator	Q1 Data 17/18 April - June 2017			Q2 Data 17/18 July - September 2017		
	England	EoE	ECCH	England	EoE	ECCH
April - June 2016						
% of births that receive a face to face New Birth Visit within 14 days	86.4	81.7	93.0	88.3	87.5	93.8
% of infants that received a 6-8 week review by the time they were 8 weeks	81.5	81.0	96.4	83.5	84.9	95.1
% of children that received a 12 month review by 12 months	74.6	75.1	94.6	74.9	73.0	91.3
% of children that received a 12 month review by 15 months	82.6	90.4	99.3	82.4	92.1	98.2
% of children that received a 2 - 2.5 year review	75.7	78.6	98.2	75.6	72.7	94.7

Key Performance Indicator (national comparator data not yet available)	ECCH Q3 Data 17/18 Oct to Dec 2017	ECCH Q4 Data 17/18 Jan to March 18
% of births that receive a face to face New Birth Visit within 14 days	94	93
% of infants that received a 6-8 week review by the time they were 8 weeks	93	96
% of children that received a 12 month review by 12 months	97	96
% of children that received a 12 month review by 15 months	98	99
% of children that received a 2 - 2.5 year review	98	97



School Nursing

Our School Nursing team set up workshops to help children and young people who have been identified by their school as struggling with anxiety on a daily basis. The workshops have run weekly at the schools over a course of six weeks since summer 2017.

We have seen high demand for this service and it has enabled our school nurses to help children who need support but often do not meet the threshold for Child and Adolescent Mental Health Services.

Practice Development in 0-19 Services

In order to drive quality and ongoing development within health visiting and school nursing a practice development group meets regularly. A number of initiatives have resulted from this during 2017/18 including:

- Continuing to pilot integrated 2 to 2.5 year olds assessment in conjunction with Big Sky Nursery
- Family Nurse Partnership team continues to integrate and act as a resource with wider 0-19 (school nursing and health visiting) team

- New weaning group in North Lowestoft (Tiny Tummies) working with hard to reach vulnerable families to promote healthier eating and prevent obesity.
- School nurses are working with years 5 to 6 in schools to deliver anxiety groups in order to prevent mental health issues
- Facebook page for health visiting is well established for information sharing and health improving updates
- One contact number for the whole team is valued by families and staff.

National Child Measurement Programme

ECCH once again exceeded its targets for delivering a national programme to monitor children's weight in the Waveney area.

Figures show that ECCH's specially trained staff measured 99% of children in Reception and 96.8% in Year 6 from 36 state schools in the year to June 2018. The target is 95%. There were 1,305 Reception children eligible to be measured and 1,292 were actually measured. In Year 6 the number of eligible children was 1,156 with a total of 1,119 measured. All families received 100% feedback of those children who were measured.

Smoking cessation service

Our Smoking Cessation service, which delivers the Smokefree Norfolk scheme across the county, helped 2,876 people to quit this year with 100% of those who completed the Client Satisfaction Survey saying they were satisfied with the service they received.

ECCH was awarded the contract to provide smoking cessation services across the county from April 2017 having provided a smoking cessation service in Great Yarmouth since the social enterprise was launched in 2011. Smokefree Norfolk is part of the national Smokefree public health campaign initiated and supported by Public Health England, which has been in operation in Norfolk for the last 16 years.

People wanting to quit can obtain free advice and support through ECCH's team of specialist advisers as well as in GP surgeries and pharmacies, and via a new website www.smokefreenorfolk.nhs.uk



In July Smokefree Norfolk teamed up with the Norfolk Football Association and NHS Norwich CCG to invite local youth football clubs to become smoke free spaces. This means members and visitors are asked to refrain from smoking anywhere on site, including all playing fields and especially the pitch side lines. The campaign highlights how children copy adult behaviour.

In October our team organised an event for health professionals across Norfolk to learn about the latest ways to support pregnant women to stop smoking. Midwives, health visitors and other healthcare workers were invited to hear the latest thinking on how to tackle and prevent maternal smoking.

The main speaker was Hilary Wareing, a former registered general nurse, midwife and health visitor who now leads the work of the Tobacco Control Collaborating Centre and sits on Public Health England's (PHE) Smoking in Pregnancy Challenge Group. She is also one of PHE's CLear Core Assessors, supporting local authorities and their partners to implement tobacco control strategies.

The event was organised as part of Stoptober, the 28-day national smoking challenge that encourages and supports smokers to quit during October every year. It is based on the insight that if you can stop smoking for 28 days you are five times more likely to be able to kick the habit for good.

Coinciding with the seminar, Smokefree Norfolk ran stop smoking sessions at libraries across the county for anyone who wanted to quit during the Stoptober campaign.

The team also offers specialist support to workplaces including helping a group of staff from Great Yarmouth marine engineering company SEACON.

With the backing of their bosses, eleven SEACON staff pledged to give up smoking at the start of November and after 6 sessions with the Smokefree team at SEACON's site, seven of the original group were completely 'smokefree'.

In addition, on National Stop Smoking Day in March 2018 the team had a stand in the Millennium Library at The Forum in Norwich offering free Carbon Monoxide tests and support to anyone who expressed an interest in quitting.

Tissue Viability

The Tissue Viability team has been working with staff from three care homes in Great Yarmouth on a new initiative to prevent skin tears occurring and design a new pathway for their treatment. ECCH provided special training for the care home staff to promote skin care in older people, aid correct diagnosis of skin tears and apply a first dressing if appropriate. Results from the three month pilot showed a reduction in the number of patients sustaining skin tears, improved healing rates and reduction in the number of inappropriate requests for a nurse visit.



The education package and treatment pathway is now being rolled out by ECCH to all care homes in Great Yarmouth and Waveney. It has been adopted by the STP to roll out to all care homes across Norfolk and has been shared with the East of England Ambulance Service.

NHS England asked the Tissue Viability Team to submit its findings as part of the national 'Leading Change, Adding Value' (LCAV) initiative which aims to highlight practices that have resulted in better outcomes, improved experiences and better use of resources in order that all NHS organisations can learn from them. The LCAV team has made a film with our clinicians about the project.

ECCH's Tissue Viability Team, in partnership with the tissue viability nurse from the James Paget University Hospitals NHS Foundations Trust, organised an event in Great Yarmouth on World Wide Stop the Pressure Day in November 2017.

More than 70 carers and health workers attended the event aimed at informing them about how to prevent pressure ulcers occurring and how to treat them effectively. Specialists gave presentations on subjects including dementia, nutrition, diabetes related ulcers and correct seating for those with pressure ulcers.



District Nursing

This year the District Nursing service has designed new End of Life Care education for its nursing staff. The bespoke package developed with St Elizabeth Hospice covers symptom management, palliative care emergencies and advanced care planning.

ECCH continues to support community nurses to undertake the District Nursing Specialist Practitioner qualification at the University of Suffolk. Since 2015 ECCH has increased the number of District Nurses with this qualification from three to ten. ECCH currently has four nurses on this two year part time course. Those who have completed the course have been able to use their new skills to design and conduct clinical audits and implement clinical initiatives such as education in recognition of lymphoedema, a primary pressure ulceration prevention leaflet for the general public, and wound care education which has been included in Great Yarmouth and Waveney CCG's dressing formulary.



During 2017 the District Nursing service adopted the use of the Safety Huddle for each District Nursing team. The key principles of the Safety Huddle are to ensure that there is a daily discussion on patients with complex needs. This structured meeting ensures any clinical concerns are discussed and allows for redistribution of patient visits if required. The Safety Huddle has significantly enhanced the support and information shared throughout our district nursing teams. It has enabled team members to highlight significant information which could impact patient care or treatment.

Community Matrons

ECCH's Community Matrons have initiated 'complex patient meetings' in order to improve the coordination of care for patients with very complex health and social care needs and provide support for the professionals involved. The meeting is open to attendance from any health and social care professional who is involved with a client/patient they believe would benefit from discussion with a multi-professional group. The meetings are held once a month in Gorleston/Gt Yarmouth, Waveney and Lowestoft. These meetings facilitate integration and coordination of care across health and social care.

Out of Hospital Teams

ECCH has been working with NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) to develop a new out of hospital service for the south Waveney area following the success of its two existing teams.

The new service will support five GP services to provide care to people in their own homes, where possible, avoiding them having to be admitted to an acute hospital. Evidence shows people recover better at home.

Meanwhile patients have given a resounding vote of confidence to ECCH's existing Out of Hospital teams in Lowestoft and the Great Yarmouth area. In the last six months of this reporting period 100% of people who responded to the NHS's Friends and Family Test survey said they were very satisfied or satisfied with the treatment they received. 100% of people said they would recommend the service to their friends and family.

In addition, data from ECCH patient surveys shows staff are seen as friendly and helpful, information given is easy to understand, and 100% of people surveyed feel they are treated with dignity and respect.

The Out of Hospital teams are made up of community nurses, occupational therapists, physiotherapists, rehabilitation support workers and social workers. They work alongside a patient's own GP to provide intensive, short-term care.

Patients in crisis are assessed within two hours of referral and, as well as carrying out nursing and rehabilitation, the team can organise equipment should the patient need it.

They also offer advice and support to a patient's family or carers.

Over the last year more than 2,000 people have been helped to recover in their own homes rather than in hospital.

New Eye Clinic

A new service to treat an eye condition which is the most common cause of blindness was launched at Beccles Hospital in January.

The James Paget University Hospital's ophthalmology team is offering injections to combat the effects of wet Age-related Macular Degeneration (AMD), which causes rapid loss of vision if not treated. The team is working out of new eye clinic facilities at the hospital, which include a treatment room where patients receive these injections that can help save their sight.

Wet AMD is caused by scar tissue which is created as part of an out of control healing process when tiny blood vessels grow and leak at the back of the eye.

More than 2,000 patients are currently receiving injections at the JPUH's Eye Clinic - with three new patients being referred for the treatment every week.

The creation of eye clinic facilities at Beccles Hospital will help meet this growing demand while also providing a service closer to home for residents in Beccles, Bungay, Halesworth and the villages of the Waveney Valley.

These facilities include a consultation room which has a new state-of-the-art eye scanner, funded by the Friends of Beccles Hospital.

Infection Prevention and Control Team

In 2017 ECCH's Infection Prevention and Control (IPC) team was awarded the contract to provide an IPC service to All Hallows Community Hospital at Ditchingham in Suffolk. The contract was renewed in 2018 and extended to include All Hallows Nursing Home.

The team held 2 study days in June and September 2017 with 129 delegates attending in total. Presentations were given by representatives from Public Health England, NHS England and ECCH on topics including anaphylaxis (acute allergic reaction), legal aspects of Patient Group Directions and protocols for ordering, storing and handling vaccines.

ECCH IPC nurse Sharon Bond was asked to be a speaker at the East of England Infection and Prevention Society Conference in June 2017. She gave a very well-received presentation about Legionella, the bacterium which causes Legionnaires' Disease, based on a recent experience in a care home.

At the same event, the IPC team administrator Karen Allen won the poster competition for a design illustrating the success of the 2016/17 flu campaign.



Beccles Hospital Refurbishment

A £1.65million refurbishment of Beccles Hospital was completed in April 2017 to turn it into an intermediate care unit.

ECCH worked very closely with NHS Great Yarmouth and Waveney CCG on the redesign and planning to ensure that the facility meets the needs of those using it. The 20-bedded revamped Minsmere Ward can now provide intense rehabilitation and reablement so that patients can return to an independent life as quickly as possible.

Eight single en suite rooms are now available, along with three four-bedded bays with separate toilet and washing facilities. Oxygen can be piped to every bedside, and patients can undergo intensive rehabilitation in a dedicated therapy area.

The ward has been carefully designed to be welcoming, and uses colours, text and images which meet dementia-friendly standards. It includes a circular corridor to encourage walking and movement. The external spaces have also been designed with vulnerable patients in mind, and include a safe and secure 'dementia garden'. A modern, bright day room has been created thanks to the generosity of the hospital's League of Friends.

The intermediate care unit is an integral part of ECCH's Out of Hospital system and also helps the James Paget University Hospital to discharge patients who no longer need acute care.

In February 2018 the former Secretary of State for Health Patricia Hewitt visited Minsmere Ward and met ECCH staff in her role as independent chair of the Norfolk and Waveney STP. She said she was 'very impressed' and that 'the staff seemed to be highly engaged and patients very happy'.



Occupational Therapy

A team of ECCH Occupational Therapists had a stand at Shrublands Health Centre, Kirkley Mill Health Centre and Beccles Hospital during Occupational Therapy Week in November 2017. The aim was to promote their service and the value they add to patients' lives by empowering them to do the activities that matter to them despite any health or care needs they may have.

Occupational Therapists are the only registered profession qualified to work across mental and physical health and in NHS and social care settings. Within ECCH, we have occupational therapists working within the Community, Falls Prevention, Neurology, Rheumatology, Chronic Fatigue, Out of Hospital teams and the Intermediate Care Unit. We also have Band 5 occupational therapists working with the James Paget University Hospital.

ECCH's Head of Occupational Therapy has been joint working with our Head of Physiotherapy, bringing the two teams together and generating a collective vision for the future. They are also both clinical representatives on the Norfolk and Waveney STP Clinical Advisory Group which demonstrates how much ECCH's therapy skills are respected.



Family Nurse Partnership

In its annual review, the National Family Nurse Partnership (FNP) Unit said ECCH's family nurses 'continue to deliver a robust and high performing service' supporting first time mums in the Waveney area.

The team supports mums aged 19 years and under through home visits from early pregnancy until their child reaches two years of age. The programme aims to improve pregnancy outcomes by helping young parents and their families improve their own health and the health of their unborn babies. Postnatally an aim is to improve the family's development by maximising independence and increasing self-efficacy, and to support parents to become consistent, sensitive and responsive parents to their children.

The National FNP Unit report said: "Governance of the programme is strong with excellent support from the Advisory Board that is well attended by a range of stakeholders who understand the programme and how it benefits young parents and their children. The FNP Safeguarding model is adhered to and the team continue to enjoy opportunities for team learning."

The theme of this year's review was 'Client Vulnerabilities and Mental Health'. Data demonstrates that ECCH's FNP service has a higher than national number of clients reporting as having mental health problems, abusive pasts, low education attainment, low income and living away from their parents. The report said: "Given the theme of this Annual Review it is worth highlighting that the data shows no babies were outside the usual development range for their Ages and Stages Questionnaire (Social and Emotional Development). This can be seen as a positive impact of the programme on young parents with high levels of mental health issues and complex histories in being able to provide secure and nurturing parenting to their babies."

The report says: "East Coast FNP are able to continue to evidence good outcomes for clients over a range of areas including smoking cessation, breastfeeding, use of LARC (long acting reversible contraceptives), second pregnancies, child immunisations, and child development."

In July 2017 East Coast FNP held a special Teddy Bears' Picnic on South Beach in Lowestoft as a triple celebration marking 10 years of service delivery in the UK by the Family Nurse Partnership, recognising the young mums' achievements and also celebrating the fact that Suffolk County Council is to continue to commission the service until 2019. They also held a special party for the children at Christmas with Santa and one of his elves meeting them at Kirkley Children's Centre to give them an early Christmas present.

Diabetes Conference for Healthcare Specialists

ECCH held a conference for health professionals from across Norfolk and Suffolk in November to highlight the latest thinking about diabetes.

ECCH clinicians wanted to promote the importance of integrating healthcare services to provide the best possible support and care for those suffering and at risk of developing this condition. The conference at ECCH's headquarters in Lowestoft was open to staff from GP practices, care homes, community health organisations and acute hospitals in Norfolk and Suffolk.

The event included presentations by the charity Diabetes UK, ECCH's research team, pharmaceuticals companies and diabetes specialist nurses. Workshops were also organised promoting safer administration of insulin, training to teach people how to change their lifestyles to prevent diabetes, and health coaching to help those with the condition to take control of their own treatment. Delegates also had a 'diabetic friendly' lunch.

Feedback from conference delegates:

"The whole day delivered a message: patient centred care, self-care, patient education. Well delivered throughout."

"The day was very informative and plenty of literature available."





Speech and Language Therapy (Children)

ECCH began providing a Speech and Language Therapy (SLT) Service across Norfolk for children aged 0-19 in April 2016, jointly commissioned by Norfolk County Council and the Clinical Commissioning Groups for Norwich, North, South and West Norfolk. We also provide SLT for children in the Waveney area funded by NHS Great Yarmouth and Waveney Clinical Commissioning Group.

The new Norfolk service commenced with 805 children receiving care and approximately 4,000 either awaiting assessment or review. In April 2017 we had improved on these figures significantly with 1,544 children receiving care and 1,149 awaiting assessment. By April 2018 we had 1,578 children receiving care (1,354 children and young people receiving care in the community and 224 being supported in complex needs schools and Early Bird) and 1,356 awaiting assessment.

There were 3,508 new referrals in 2017/18 with 5,887 different children seen. Approximately 60% of these contacts are provided to children under 5 years of age.

A key element of the ECCH service is drop-in sessions which are available to pre-school children at locations across Norfolk and Waveney to support the early identification of children with a speech and communication need and those who may be at risk of developing one. The contract volume for this element of service in Norfolk in 2017/18 was 150 sessions. The full contract volume was delivered and provided 1,320 appointments.

Another core feature of the ECCH service is an advice line for families and professionals which receives an average of 92 calls per month. This service has been extended to support families and professionals in the Waveney area during 2017/18.

Throughout the year the SLT Service has proactively sought feedback via various means including:

- online surveys to parents/carers, health professionals and education professionals
- four 'Community as Teachers' listening events held across Norfolk and open to parents/carers, health professionals and education professionals
- a workshop at the Family Voice Norfolk Conference
- use of a modified Friends and Family Test

Positive observations and areas for improvement identified are used at monthly Service Assurance Meetings, Team Leader meetings and Locality Team Meetings to inform and develop the service through lessons learnt, service action plans and identifying what is working well.

This year some of our Speech and Language Therapy service teamed up with early childhood music practitioners to deliver a nine week programme of special speech, language and music sessions aimed at helping pre-school children with communication difficulties.

The group sessions were held weekly in Great Yarmouth and Norwich for children aged between two and four years and their families or carers. They provided an opportunity to explore different ways to support early communication development such as taking turns, following the child's lead, making choices and signing. There were also frequent opportunities for children to play with musical instruments and sing songs in a low pressure environment. The project was funded by the charity Youth Music.

Following the success of the music project, Great Yarmouth Community Trust organised a summit at the Institute of Education in London in June 2018 to share the learning and findings from the programme.



UNICEF Baby Friendly Accreditation

East Coast Community Healthcare was re-awarded UNICEF Baby Friendly Stage 3 accreditation in June 2017.

UNICEF originally gave ECCH full accreditation in 2013 when the award was presented at the House of Commons. Only a handful of other organisations in the East of England have full accreditation.

In the course of a two day inspection last year UNICEF inspectors visited ECCH facilities and interviewed 32 mothers face to face and via telephone. 88% said they were very happy with their care and had no complaints or comments. None reported being unhappy. 100% of mothers who were surveyed confirmed that the information they were given about breastfeeding was helpful and they felt able to ask questions.

A UNICEF report following the visit said the fact that 90% of mothers have antenatal contact with an ECCH health visitor is 'impressive'. The report said: *"Staff are highly commended for their knowledge and sensitivity to support parents to have close and loving relationships with their baby, promote breastfeeding and support mothers with feeding their baby."*

"It was clear to the assessment team that pregnant women and new mothers receive a very high standard of care. Mothers generally spoke very warmly of the support they received from their health visitor."

ECCH breastfeeding support is provided through its Health Visiting and Family Nurse Partnership services. These teams work with families from pre-birth and all staff are trained specifically to support and encourage mothers who make the choice to breastfeed.

The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies. In the UK, the initiative works with UK public services to protect, promote, and support breastfeeding and to strengthen mother-baby and family relationships. Re-assessment takes place every three to five years with the goal of ensuring standards are being maintained.

Primary Care

ECCH holds an Alternative Provider Medical Services (APMS) contract to run the Nelson Medical Practice in Great Yarmouth. The practice received a 'Good' rating from the Care Quality Commission after inspectors visited in July 2017.

We continue to establish networking links with neighbouring practices in the four GP localities outlined in the Norfolk and Waveney Sustainability and Transformation Plan to develop new ways of working. An example of this in action is the collaborative role we are playing with neighbouring practices in the national Releasing Time for Care programme being implemented in the Great Yarmouth and Northern Villages Hub. Releasing Time for Care is a development programme which helps NHS staff to consider and review their systems and practices to eliminate waste and inefficiencies, thus freeing up time to provide more direct care to patients.

Quality and Outcomes Framework Achievement

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. The Nelson Medical Practice gained 531.11 points out of a possible 559 in the year to April 2017.

Practice	QOF Result	%
Nelson Medical Practice	531.11	95

Productive General Practice (PGP) Quick Start

The Nelson Medical Practice took part in two facilitated modules of the Productive General Practice (PGP) Quick Start programme in 2017 in order to review working processes, identify areas where improvements could be made and build resilience.

The Efficient Process module was used to review how patient correspondence is received, scanned and actioned as it was felt the existing methods were time consuming and involved too many members of staff. A mapping tool was used to streamline and simplify the process and has saved 1.5 work hours per day (390 hours per year) for clinicians and administrative staff. It has also enabled the Practice to update patients' medical records within 24 hours of receiving correspondence.

The Clear Job Standards module was used to address the issue of gaps in administrative competences during staff absences and to identify staff training that was required to fill those gaps. The practice has seen improved team working and productivity as a result.

The PGP programme has given the Practice useful tools which can be re-used to improve practice systems in the future. The Practice has since helped to make an NHS England 'Time for Care' film about their experience.

Clinical Research

In 2017/18 East Coast Community Healthcare recruited in total 395 participants into 14 portfolio studies supported by the National Institute for Health Research Clinical Research Network. This represents an almost three-fold increase on last year's figures, which had themselves increased 3-fold on the previous year. This is a reflection of our efforts to increase both community based and GP based research activity.

Examples of studies include:

Community Based Studies

- **OTIS** Trial looking into whether Occupational Therapist led home environmental assessment and modification will reduce falls among high risk older people.



- **UK FROST** working in partnership with James Paget University NHS Hospitals Trust to assess the clinical and cost effectiveness of the three treatments that are most often provided in NHS hospitals to treat primary frozen shoulder (i.e. physiotherapy versus manipulation under anaesthesia (MUA) versus surgery (arthroscopic capsular release with MUA).
- **PreS** (Preventing Return to Smoking Postpartum), Development of a complex intervention to sustain smoking cessation in postpartum women. This study is being run in collaboration with our Smoking Cessation service.
- **AUTOIMMUNITY IN ME/CFS**, investigating whether there is an immune response against gut microbes or food and parts of the body in sufferers of severe ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome).

General Practice Based Studies

- **Statinwise** This trial, which is recruiting at Falkland Surgery, is for patients who have discontinued or are considering discontinuing statin use as a result of muscle-related symptoms. It aims to assess whether statins cause more muscle symptoms than a placebo.
- **BEST3** This trial aims to aid the diagnosis of throat cancer in primary care by comparing the Cytosponge™-TFF3 test with usual care at Bungay Medical Practice.

- **Barack D** Assessing the benefits of Aldosterone Receptor Antagonism (a diuretic) in Chronic Kidney Disease. Recruiting at Nelson Medical Practice.
- **iQuit in Practice** This is a trial involving a tailored web- and text message-based service for patients receiving support to quit smoking through primary care. We have been recognised as the fourth top recruiting site for this study which is recruiting in Bungay and Kirkley Mill practices.

We have continued to work with the Clinical Research Network to increase ECCH's profile as a research active organisation, and in 2017/18 ECCH signed up to a pilot Cluster Research Site Initiative scheme (RSI). This model of funding, support and collaboration, allowed ECCH to apply and deliver research studies across GP surgeries as a cluster. This scheme was successful and ECCH was one of the highest performing clusters in the Eastern region. ECCH will continue this RSI in 2018/19.

Collaborations with academic partners

We have developed collaborative links with academic colleagues from the Institute of Food Research Gut Health Group, looking to identify research opportunities in the fields of obesity and allergy in primary and community care. We have involved academics from the University of East Anglia and University Campus Suffolk to help us to develop new research ideas, and continue to work within the wider research community in the Great Yarmouth & Waveney area linking up with the CCG and James Paget University Hospital NHS Trust to drive forward research of interest to the local population.

Research training and development in Research

We have 15 members of ECCH staff who have completed their Good Clinical Practice Training. This has enabled us to continue to increase staff capacity to undertake research.

A new research management system (EDGE) was implemented by ECCH in 2017/18. EDGE allows organisations to actively manage their own recruitment information in real-time. This system has enabled us to effectively manage our growing research portfolio and support collaborations with our partners.

Safeguarding Children And Adults Service

It is a responsibility of all ECCH staff to raise concerns about children, young people and adults in receipt of our services who are experiencing, or at risk of, abuse or neglect or who are vulnerable.

The ECCH safeguarding training team provides support and guidance, training and supervision for all staff within ECCH.

In May 2017 ECCH's Safeguarding team held a Level 3 safeguarding training event which was attended by GP's and other primary care staff. The event was held to support staff in understanding their roles and responsibilities in safeguarding and also had talks by guest speakers on subjects including female genital mutilation, child criminal exploitation and trafficking and other current issues. Comments on Evaluation forms following the event included:

"Well presented"

"Very useful"

"Excellent safeguarding event"

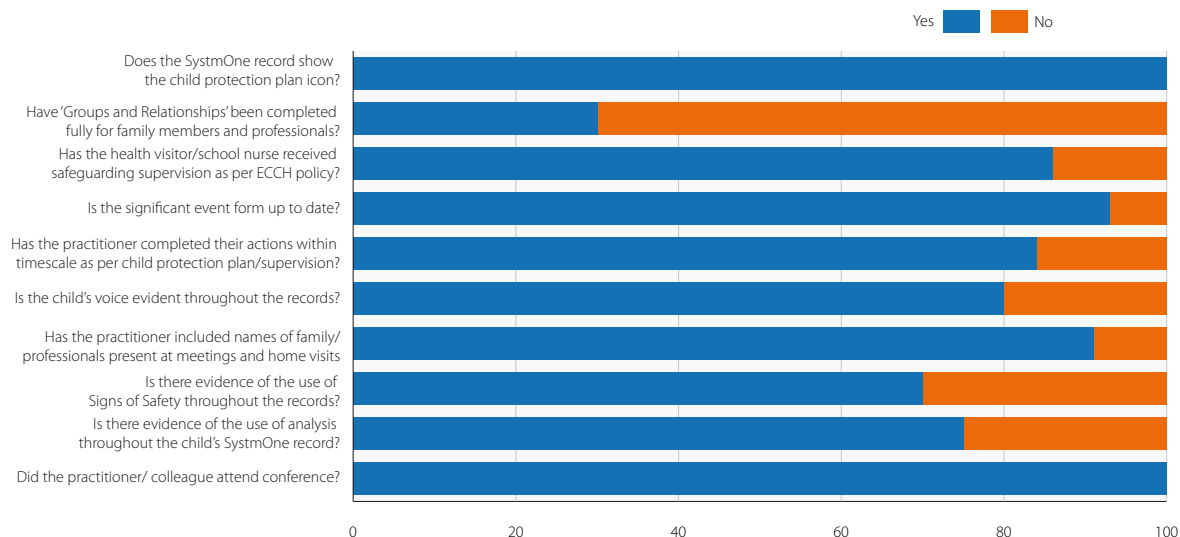
Due to the success of this event future events will be held this year.

Throughout the year the safeguarding team have undertaken audits in both adults and children's safeguarding to assure the organisation that we are complying with both national and local guidance whilst ensuring the team is meeting staff's expectations and requirements.

The safeguarding team work within the multiagency arena. In the last year we have provided safeguarding training at the University of East Anglia for post graduate students in nursing and therapies. This is always well received and promotes ECCH within the wider health community.

Within this multi-agency arena robust relationships have been developed and sustained with the Midwifery Eden team at the James Paget University Hospital. This has improved greater understanding of each other's roles and improved communication in cases of concern.

Within both Safeguarding Children and Adults, our safeguarding team continues to maintain strong working relationships with Children and Adult Social Care. This has a positive impact in managing complex cases, improves communication and upskilling, and enables professional challenge within a safe environment.



To embed safeguarding throughout the organisation we have developed Safeguarding, Domestic Abuse and Neglect Champions. Their role within the organisation is to upskill their knowledge, to offer support and advice to staff within their teams and to disseminate learning. These champions are supported by the Safeguarding Team and attend bi-monthly meetings.

The team continues to work collaboratively with the Safeguarding Adult and Children Boards across both Suffolk and Norfolk to protect and safeguard our client group of both counties. This demonstrates the organisation's commitment to the Adult and Children Safeguarding agenda.

Looked After Children

The Looked After Children team continue to work at an accelerated pace, ensuring the Health Assessments are completed within timescales.

The team has expanded to include two new members - a Looked after Children Nurse and an administration assistant. This has greatly improved the capacity of the team and helped with the attendance of multiagency meetings

The majority of children value these assessments and in their evaluations have made comments such as:

"Both of the teenagers in my care find the nurse very easy to talk to and they will confide in her"

"I liked the lady who came and spoke to me and I would like to have her again"

Feedback from carers who have spoken to administrative staff on the phone includes:

"The person I talked to on the phone was very accommodating to the child"

"Always polite, pleasant and professional when phone call received"

"A telephone call to book a convenient time and friendly staff"

A new initiative has been developed with the other Looked After Children teams across both Norfolk and Suffolk to offer a consistent approach, and develop best practice and learning. These meetings are now embedded quarterly and are proving popular.

The ethos of the Looked after Children team is to embrace new challenges and continue to empower the young people with their health needs and to support them to have a voice and ensure they are heard.

Pharmacy Pilot

ECCH has been running the national 'Clinical Pharmacists in General Practice' pilot in the Great Yarmouth and Waveney area since March 2016. The focus for all clinical pharmacists has been on working directly with patients.

Most pilot pharmacists have now completed the specific training pathway and the independent prescribing course. These essential qualifications enhance the scope of a practice pharmacist and enable them to prescribe independently for any condition within their clinical competence. Examples of clinical skills a pharmacist brings to the practice and its patients include:

- Providing expertise in clinical medicines reviews
- Leading on safe, effective, evidence-based use of medicines
- Reconciling medicines following hospital discharge and working with patients and community pharmacists to ensure patients receive the correct medicines following discharge
- Managing medicines queries from patients and healthcare professionals
- Implementing drug alerts and withdrawals e.g. Medicines and Healthcare products Regulatory Agency (MHRA) alerts
- Developing and running pharmacist-led clinics, such as medicines use reviews and chronic condition management
- Providing medicines information and training to practice healthcare professionals and other staff.

This pilot has been a big success so far. By employing clinical pharmacists, many practices have seen increases in clinician capacity, improved access to general practitioners and reduced medicines wastage and overuse. Patients appear to value having a medicines expert to answer their medicines-related queries.

Further funding has been secured for the Phase 2 pilot which will enable the recruitment, training and development of more clinical pharmacists in general practices in the Great Yarmouth and Waveney area.



Estates and Facilities

In December 2017 ECCH became one of only a handful of healthcare providers in the country to have been recognised by the British Standards Institute for reducing its environmental impact.

We have been granted ISO14001:2015 status - a national standard which confirms our commitment to cut the organisation's carbon footprint and energy consumption and to recycle waste as part of an environmental management system.

ECCH's Estates and Facilities Team undertook training and worked for more than a year to achieve the accreditation, including implementing a number of new measures to change the way the organisation operates.

Our new headquarters in Lowestoft, Hamilton House, has been designed with environmentally friendly initiatives in mind such as additional thermal insulation, dual flush toilets, virtual training and video conferencing facilities to save attendees travelling to the building, LED sensor lighting and streamlined recycling processes.

ECCH now purchases printer paper from sustainable sources, recycles ink and toner cartridges, and sources the most fuel efficient work vehicles. Procurement occurs locally, wherever possible, to support the local economy and ECCH is incentivising staff to use greener transport including offering subsidised cycle purchase schemes. Staff also receive weekly 'green' tips which are posted on the organisation's intranet to encourage them to consider the impact of their behaviour on the environment and make positive changes.

PLACE Audits

Patient Lead Assessments of Care Environment (PLACE) audits were carried out at Beccles Hospital in 2017. The audit includes the fabric and décor of the building, privacy and dignity, cleanliness and food along with other areas.

Beccles Hospital PLACE Audit 2017



Beating The Beast From The East

ECCH staff went the extra mile to ensure patients received the care they needed when heavy snow struck in March. Rosters were carefully revised so nurses could attend patients nearest to their homes on foot, where possible, because of impassable roads. Patients were prioritised to ensure the most in need received care first, meaning no one who required urgent care was missed.

In one incident, Staff Nurse Janey Sheldon enlisted a neighbouring farmer to pick her up from her home by tractor so she could reach a patient. The tractor drove her from her home to the main road, transferred her into a 4x4 vehicle and drove in front of the 4x4 to make sure the road was clear. The two vehicles waited for Janey to see the patient and then drove her to another visit before taking her home. Many thanks to farmer Matthew Baker of Boundary Farm near Spexhall!



Patient and Service User Experience

Friends And Family Test

The Friends and Family Test (FFT) is a national mandatory initiative by NHS England asking patients if they would recommend an NHS service to their friends and family. We have consistently gained an excellent score across the organisation with results showing 96% of patients would recommend East Coast Community Healthcare (ECCH) to their friends and family.

Crucially, when we receive negative feedback we look into the issues raised to identify any failures or shortcomings and we address these. If patients choose to provide their contact details, we telephone or write to them to discuss their concerns and to provide our response.

If a clinician is named on the form by a patient and receives positive comments, we log this as a compliment and send a copy to the clinician for their re-accreditation or revalidation of professional registration.



FFT data for all ECCH services 2017/18

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

Date	Extremely likely (%)	Likely (%)	Neutral (%)	Unlikely (%)	Not at all likely (%)	Don't know (%)	Total	% Positive
Apr 17	150	36	4	3	2	0	195	95
May 17	212	37	5	4	2	0	260	96
Jun 17	249	39	4	3	6	1	302	95
Jul 17	227	48	3	3	7	0	288	95
Aug 17	217	48	3	3	1	1	273	97
Sep 17	237	33	2	3	2	3	280	97
Oct 17	217	32	5	5	4	0	263	95
Nov 17	260	48	3	7	4	0	322	96
Dec 17	122	18	2	2	1	0	145	97
Jan 18	180	24	4	1	2	1	212	97
Feb 18	224	33	4	1	0	2	264	98
Mar 18	219	40	3	2	3	1	268	97
Overall average								96

FFT results April 2017 - March 2018

Percentage positive

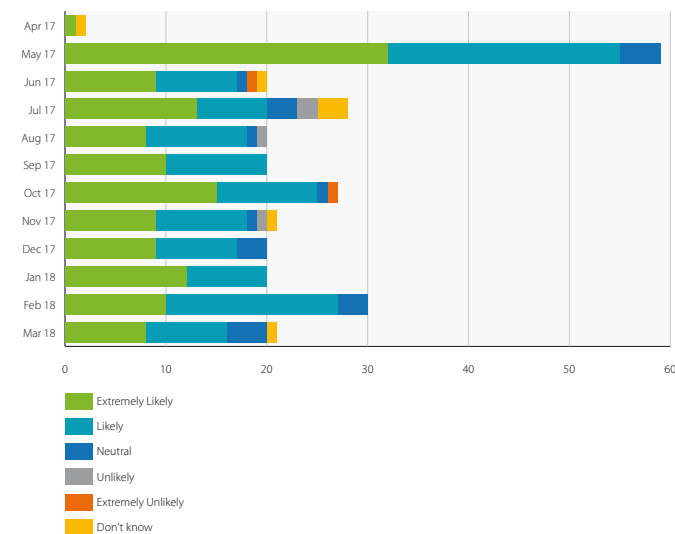
2017/2018	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Beccles Hospital	100	100	75	100	100	100	92	96	100	100	100	86
Children and Families	96	96	100	93	100	100	100	100	100	100	97	100
Community Matrons	N/R	N/R	N/R	N/R	N/R	N/R	100	N/R	100	91	100	100
Continence	100	100	100	100	100	100	100	100	100	100	100	100
District Nursing	100	100	100	100	100	100	92	100	67	N/R	100	100
ECCH General	83	100	100	88	100	100	100	100	100	N/R	100	100
Falls Service	100	N/R	83	100	100	100	100	100	N/R	100	92	100
Infection Control Team	100	N/R	100	N/R	N/R	100	100	N/R	N/R	100	N/R	N/R
ME/CFS	100	78	100	100	100	100	83	91	100	88	88	100
Neurology	100	100	100	100	100	100	100	100	92	100	100	92
Occupational Therapists	100	100	91	100	91	100	100	94	100	100	100	100
OHT	100	95	100	100	100	100	100	100	100	100	100	100
Physiotherapy	95	99	99	100	98	99	99	97	98	100	100	96
Podiatry	0	100	67	100	N/R	96	92	100	100	93	100	100
SALT Adults	100	100	100	100	100	100	100	75	100	N/R	100	100
SALT Paed	79	93	77	69	87	85	84	88	94	86	92	83
Smokefree Norfolk	100	50	100	100	100	100	100	100	100	100	100	100
Wheelchair service	N/R	N/R	100	N/R	100	100	100	100	100	100	100	N/R
Average % positive	95	96	95	95	97	97	95	96	97	97	98	97

N/R = no forms returned

Friends and Family Test 2017/18

Nelson Medical Practice

95% of patients who took part in the Friends and Family Test said they were extremely likely/likely to recommend the Nelson Medical Practice.



Patient Advice and Liaison Service

In addition to the FFT questionnaires, our patient liaison leaflets and posters are prominently displayed at all our sites. Our website gives details of the Patient Advice and Liaison (PALS) team and it is our clear intention that easy access for patients to contact us is always maintained. We strive to ensure that our patients can give compliments, ask questions, raise concerns or make formal complaints easily and with complete confidence.

The PALS team closely follow their aims and goals which are to listen carefully to patients, to offer to visit complainants as and when necessary, to resolve issues as quickly as possible, provide the best patient care and to respond in a fair, open and honest manner.

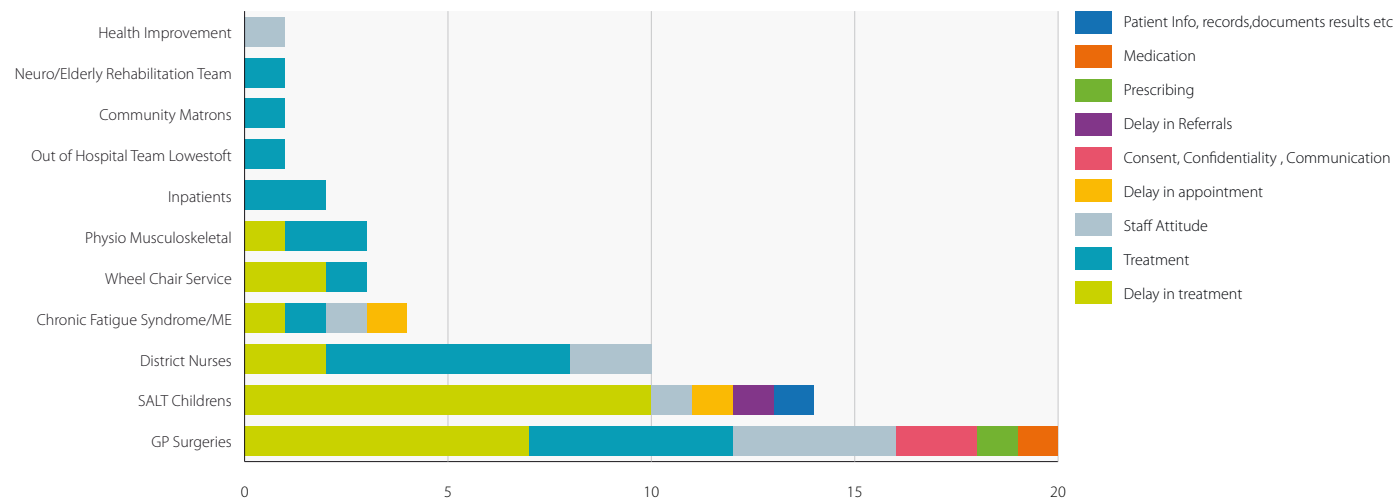
The PALS and Complaints policy, together with the Duty of Candour policy, is fully embedded within the organisation and can be found on both our intranet and website.

Learning from Complaints and PALS Concerns

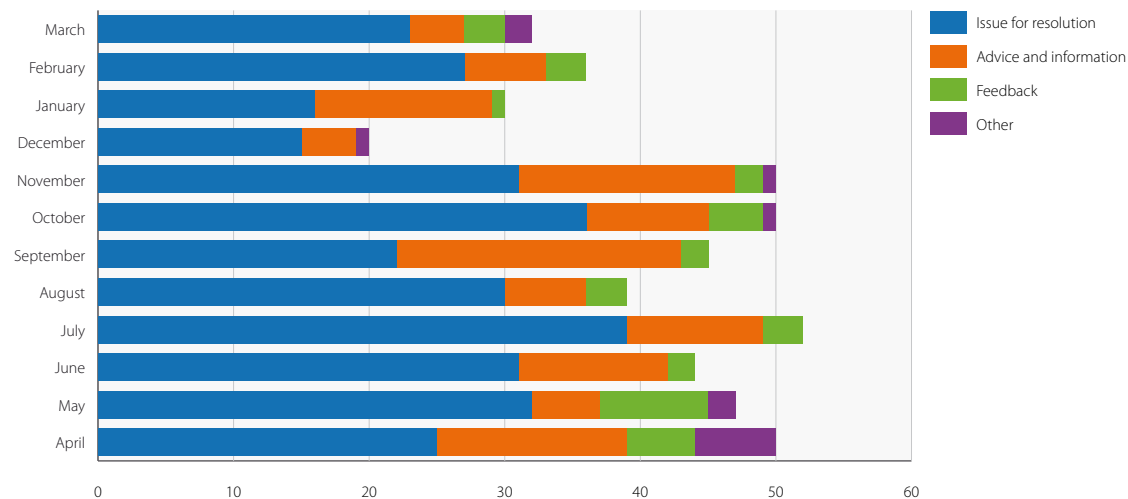
As a learning organisation, complaints are a vital source of information shared across our services to inform and improve what we do. Whenever potential service improvements are identified, complainants are informed by letter that any resulting action plans have been completed. When doing this, we also ask our complainants to complete a short questionnaire on how their complaint was handled. This again is providing us with feedback and any suggested improvements can then be taken forward where possible. Monthly results are uploaded on ECCH's website (www.ecch.org).

The graphs opposite provide details of the complaints received during the year 1 April 2017 to 31 March 2018.

Complaints received April 2017 - March 2018



PALS Enquiries received May 2017-April 2018





Patients as Teachers

We followed up previous work with the Nelson Medical Practice by holding a session with 12 patients and the management team, ascertaining what further improvements could be made by asking the questions: What could we do better? How can we do it better? What do we do well? Responses included improving online access to appointments and reviewing the screens in the waiting area to show more information about the services we offer and the research studies being undertaken at the surgery.

We implemented changes to accommodate the issues identified wherever possible and, whilst we cannot guarantee that every suggestion can be taken forward, this process ensures that we know how our patients think we are doing and that the service provided by ECCH matches, as closely as possible, their needs and expectations.

ECCH's Children's Speech and Language Therapy Service held three listening events in February and March 2018.

They were attended by 34 people in total including parents, carers and health and education professionals. We are also in the process of carrying out an online survey of service users on our website as part of an independent review of the service.

The Neurology Physiotherapists invited patients with long term conditions to take part in a study to understand whether a personalised care plan (PCP) would reduce admissions to hospital by increasing their confidence and ability to self-manage.

Each patient was asked to complete a questionnaire prior to receiving their PCP. They then completed the PCP with a health care professional to assist them and help them set specific goals they wanted to achieve. At the end of the study they were asked to complete another survey and some were invited for one to one interviews. Analysis of the results is ongoing and, if the PCP proves beneficial, it may be adopted by other teams in ECCH.

You said - we did

Beccles Hospital Minsmere Ward does not feel very welcoming after its reburishment and we were not spoken to by the nurses.



We reviewed the ward environment to identify any alterations which would give the appearance of a more welcoming atmosphere. We will ensure that families and patients are kept up to date with care issues and progress.

I was given an appointment to see an ME/CFS Service Occupational Therapist but when I saw her she said I must see the Specialist GP before she would be able to help me.



In response to this complaint, a process has been put into place whereby patients are peer-reviewed with a senior member of the service prior to referral to the Specialist GP to identify those patients who need this approach.

There was a delay in my son receiving treatment from a Speech and Language Therapist as I was not informed about Drop-in centres.



We have amended the process for providing drop-in information on our website and will aim for the information to be available at least one month in advance.

We have provided further training and professional development supervision for relevant staff giving advice on the telephone advice line.

There was a high demand for the Health Visiting baby weaning and resuscitation group and it was consistently overbooked.



We have started a new group in Lowestoft on a more regular basis covering these issues.

Patient Feedback

The therapist was kind, helpful and interested in what I had to say. I was extremely impressed.

Physiotherapy

Got to take everything at my own pace and had a lot of support."

Neurology service

The service was quick to put in place and responsive to my needs. All staff excellent and kind. A very wonderful crew.

Out of Hospital teams

The service was very professional and gave me a very quick diagnosis after waiting most of my life for answers on my illness.

ME/CFS

Always informative and relaxed, never any pressure.

Health Visitors

Both advisers were so helpful and encouraging. It really made it so much easier to quit and stay with it.

Smoking Cessation Service

I found the nurse caring and very understanding. You helped make my life easier and safer.

Falls Team

All the staff were attentive, caring and professional. This ward should be used as an example as to how it should be done.

Beccles Hospital Inpatients

The care and attention I have received is 100% first class. Such warm and caring nurses - wonderful team."

Community Nurses

I felt at all times supported and listened to. It was also very comforting to have a therapist visit me regularly.

Adult Speech and Language Therapy

The help and advice given was excellent and quite beyond my expectations.

Occupational Therapy

Health and Safety, Security and Resilience

ECCH prides itself on its integrated delivery and reputation across the wider local care sector in terms of Health and Safety, Security and Resilience, led from the top by our Chief Executive, supported by designated executives.

We employ a small specialist team who manage, support and advise our directors, executives and operational personnel in these essential aspects.

Assurance and governance for Health & Safety, Security and Resilience functions is through the ECCH Integrated Governance Committee

Health and Safety

ECCH is committed to the health, safety and welfare of everyone associated with what we do.

During this period there were no reported non-patient incidents requiring further reporting to regulators such as the Health and Safety Executive or the Care Quality Commission.

In 2017/18 each ECCH premises undertook an internal compliance audit of their Health and Safety compliance with regard to 24 separate statutory and regulatory Health and Safety elements. The outcome of the assessment showed ECCH to have a 94% compliance rate.

The audit also established local work plans to improve this level of compliance further.

Emergency Preparedness Resilience and Response

As a social enterprise ECCH is committed to its duties under the Civil Contingencies Act.

Like any NHS organisation, ECCH remains an active partner and responder within the local health sector resilience arena. We remain a key player in ensuring cohesive health care support to our community in the event of a major incident.

This has included supporting and maintaining services to our patients and community during a potential significant tidal surge in 2017 and severe winter weather in 2018.

In September 2017 ECCH's performance in the resilience arena, set against the NHS England: Emergency Preparedness Resilience and Response core standards, achieved a rating of Substantial. Through a work plan in the following months ECCH upgraded this compliance to Full, which is the highest rating available.

Security Management

From 1st April 2018 the national support to health organisations from NHS Protect was withdrawn. However, ECCH is required to maintain accredited security management specialist services and therefore directly employs an Accredited Security Management (ASM) Specialist who works with all personnel within ECCH, other local healthcare ASM Specialists and police to promote and support the safety of staff and to tackle violence, harassment and abuse against NHS staff, patients and carers.

Workforce Quality

In 2017/18 ECCH's average number of staff employed was 822. This is a decrease of 28.5 from last year (when the average number of staff employed was 850.5). This reduction is mainly attributable to the Kirkley Mill Primary Care contract ending in November 2017 with staff working at the practice transferring to the new service provider. There were also 9 posts withdrawn from the Hospice at Home Service which was decommissioned in February of this year.

The average turnover rate in 2017/2018 was 19.46%. However, the rate fluctuated throughout this period with the turnover during the last quarter of this reporting period decreasing to 4.39%.



Highly Commended by the Employee Ownership Association

ECCH was highly commended in two categories of the prestigious UK Employee Ownership Association (EOA) awards in December which celebrate the significant contribution employee owned businesses make to the UK economy.

The social enterprise was runner up in the **Positive Impact of the Year** category, and its two Staff Directors Ali Jennings and Simon Drewett were highly commended as **Employee Owners of the Year**.

The Employee Owner of the Year award celebrates true champions of employee ownership. The judges said they were impressed with Simon and Ali's accomplishments as employee representatives including establishing a Shareholder Council at ECCH and helping to raise the number of shareholders within the organisation from 55% to 75%.

The judges of the Positive Impact of the Year Award said they were impressed with the energy and commitment behind ECCH, particularly as one of the first health organisations in the area to introduce Out of Hospital Teams commissioned by NHS Great Yarmouth and Waveney CCG, and for training 300 of its staff in health coaching techniques over the past two years. ECCH was also praised for using its surplus resources to support the community including providing free infant resuscitation classes for parents and helping unemployed young people into work in partnership with The Prince's Trust.

Chief Executive of the Employee Ownership Association Deb Oxley said: "Congratulations to ECCH on being highly commended for, not just one, but two awards. These awards recognise the productivity, innovation and excellence driven by teams and individuals in employee owned businesses. They demonstrate how employees having a stake in their organisation, teamed with a robust culture of transparency and employee engagement, results in outstanding performance in growth and resilience."

Cultural Change Programme

In 2018 we embarked on a three year programme to build an 'intentional culture' within ECCH to help us meet our future challenges and be the best we can be. We've called the programme Evolve.

The aim of the Evolve programme is for all staff to feel a sense of connection across ECCH and share in the collective achievement of our purpose.



Our Purpose:

To deliver high quality, professionally led services that support and sustain the health and wellbeing of our communities.

The Evolve programme is based on a set of four signature behaviours that will underpin how we do things in ECCH in order to achieve our purpose. All staff can relate to these behaviours and all staff will be expected to positively demonstrate them in the workplace.

Our four signature behaviours are:



We Listen, We Learn, We Lead

- We convert ideas and feedback into action
- We lead every day in many different ways (including following)
- We take the time to hear what people say, not what we want to hear
- We believe lifelong learning improves the wellbeing of all



Work Together, Achieve Together

- When the team wins, we all win
- We are part of our community and a system of care (no person is an island)
- To do what I do, I need you (My team needs your team for ECCH to succeed)
- Wellbeing is Key - Comfortable, Healthy, Happy



My Responsibility, My Accountability

- We do what we say we will do
- We are part of the solution, not the problem
- We are positive: where blame is present, accountability is absent
- Our Evolve behaviours are our responsibility



Be Cost Conscious, Respect Our Resources

- We understand that every pound wasted is a need left unmet
- We all share in ECCH's success
- We innovate to grow our success
- Saving 0.5% of our budget generates £175,000 - What could we achieve?

Four surveys will be carried out each year in which staff and the Executive team assess their own and their colleagues' performance at demonstrating the signature behaviours.

The programme has two internal and two external indicators of success - resilience, engagement, customer satisfaction and social impact. Resilience will be measured by our staff attendance rate and engagement by the Evolve survey participation rate, which for the first survey of staff was 68%.

Customer satisfaction will be reflected in the results of our NHS Friends and Family Test and social impact through the Social Value Index.



Staff Survey

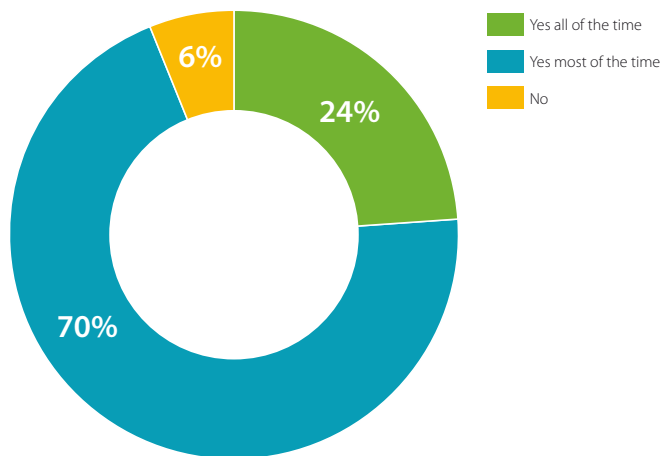
In November/December 2017 we carried out our fifth annual bespoke staff survey. This was developed in-house and approved by members of ECCH's staff council and our Joint Staff Forum, which has union representation.

This year we amended a number of questions in line with the NHS Staff Survey so comparison with last year's results was not always possible. 53% of staff responded, compared to 61% in 2016. We believe this may have been influenced by the launch at around the same time of our cultural change programme 'Evolve' which also encompasses a survey element.

Result Highlights

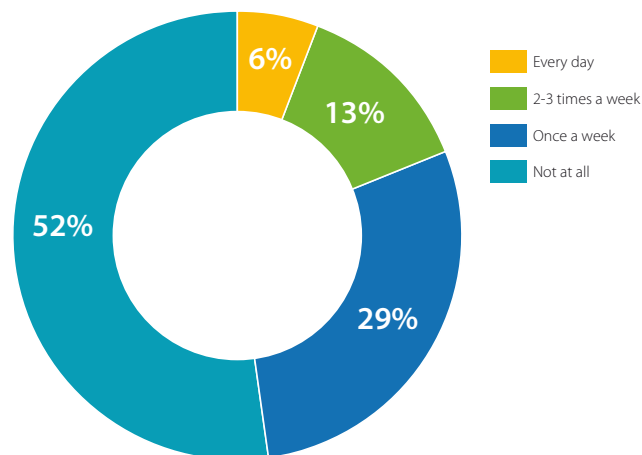
Do you believe ECCH provides high quality services and care?

94% of staff believe ECCH provides quality services and care all of/most of the time compared with 90% a year ago.



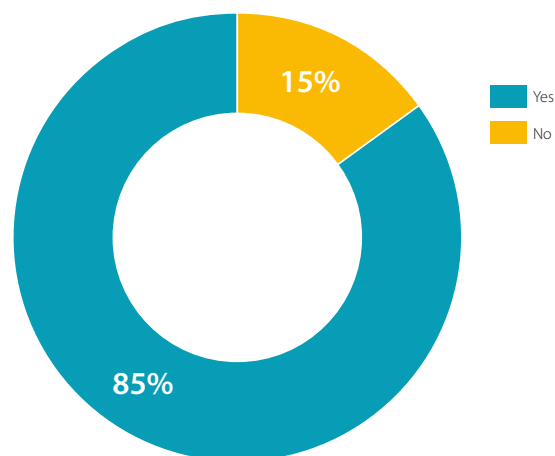
How often, in a typical week do you feel unwell from work-related stress?

The percentage of staff who said they felt unwell from work-related stress has fallen from 59% to 48%.



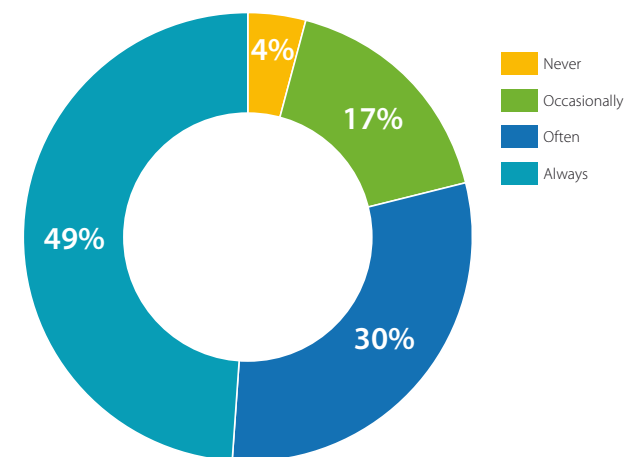
Does your immediate TeamLeader/Line Manager support you in having a good work life balance?

Asked whether team leaders/line managers support staff in having a good work life balance, 85% of respondents said they did - compared to 86% last year.



Are your team meetings a safe environment where you can raise concerns, ideas and be open and honest?

The number of staff who say their team meets regularly - either weekly, fortnightly or monthly - has risen from 78% last year to 81%. Asked whether the team meeting is a safe environment to raise concerns, ideas and be open and honest, 79% said it was compared with 67% last year.



Staff were also asked how many times in the preceding 12 months they had experienced harassment, bullying, abuse or violence. The results can be seen in the table below.

How many times have staff experienced harassment, bullying, abuse or violence from	Never	1-2 times	3-5 times	6-10 times	Over 10 times
a. Patients / service users, their relatives or other members of the public.	224	62	21	11	10
b. Management within ECCH	290	28	5	2	3
c. Colleagues within ECCH	277	37	7	4	3
d. Staff from other organisations	288	28	9	1	2

In addition to the quantitative evaluation, a thematic analysis of individual comments received from respondents was carried out by ECCH's Director of Quality Dr Noreen Cushen-Brewster. When asked 'The last time you experienced harassment, bullying or abuse, did you or a colleague report it?' the following responses were received:

Reasons for not reporting it included:

- It is part of the job. Patients are often aggressive.
- Discussed with a colleague but did not report it further.
- Concerned about reprisal

In answer to a question on whether staff felt safe from reprisal if they reported malpractice or wrongdoing 71% said they felt safe:

Answer choices	Responses
Yes i reported it	78
No	67
Yes a colleague reported it	5
Don't know	11
Not applicable	167

Answer choices	Responses	
Yes	71%	224
No	29%	91
If no please state why not		41

59% of respondents stated that their appraisal had helped them improve how they do their job and 110 comments were received on this theme. Many suggested that it was helpful to have regular contact with line managers. Some stated that opportunities were identified for development. Regarding the negative responses to this question, the main themes were that it was 'a tick box exercise' and that individuals were concerned about confidentiality and whether they would be treated differently by management if they raised a concern.

83 general comments were received highlighting themes around the need for better communication, either between teams or from senior management to others. Hamilton House is perceived as being much better furnished than other sites. Some comments suggested that increases in workloads are contributing to staff stress.

The analysis of the Staff Survey was presented to the Executive team and Board. It was noted that the percentage of positive comments far outweighed the negative ones but there was consensus that an action plan needed to be developed to further explore these. Therefore, it was agreed that the HR and Quality Directors would attend the Shareholder Council's next meeting to present the findings and seek support in addressing the issues

A robust discussion occurred at the Shareholder Council meeting and it was agreed that the members would develop an action plan and take forward areas of concern they felt were appropriate such as effectiveness of appraisals, health and wellbeing of staff, and whether staff felt safe from reprisal if they reported malpractice or wrongdoing. The Shareholder Council will be feeding back to the Board on their progress.

Staff Absence

The cumulative absence rate for the reporting period 2017/18 is 4.94% of FTE. This is a promising decrease on last year's reported rate of 5.25%. ECCH has seen a steady decline in absence rates generally over this reporting period which is due, in the main, to the HR team's continued close working with managers and occupational health to provide support and advice to both employees and their managers.

There has been a reduction in long term absence throughout the reporting period, with the %FTE due to long term absence being an average of 3.36%. Short term absence has also seen a steady decline from an average of 1.82% in 2016/17 to 1.58% in 2017/18 and whilst we have continued to see the regular peaks over the winter months, this has been significantly less than in previous years with a general downward trend. We are continuing to encourage the proactive management of absence which includes our recently revised Attendance Matters course.

HR and Occupational Health continue to work closely with managers to support them in managing attendance including supporting with long term cases as well as those cases with persistent short term episodes. Furthermore, the HR administration team are working to provide additional support in terms of absence management and, following a recent absence audit, we have implemented a number of changes to assist in the management of attendance.

ECCH HR provide a management dashboard report which goes out to all employees with line management responsibility. This is a positive tool which allows HR and managers to drill down on the absence rates within specific departments and business unit leads to support and advise in areas where absence rates peak.

Line managers continue to play a key role in proactively managing short term absence and the launch of our online absence reporting system ePay has enabled them to have a tighter control in this area as well as enabling more accurate and timely reporting of absences.

We continue to develop and implement our health and wellbeing strategy to ensure our employees are adequately supported, motivated and engaged.

Discussions are ongoing as to how best to implement this strategy, which has a particular focus on mental health and wellbeing, with the aim to drive a systematic approach to ensure that senior managers regard the strategy as a priority and that employee well-being practices are integrated into ECCH's day-to-day operations.

Workforce Development

ECCH works in partnership with other health and social care organisations as a member of the Norfolk and Waveney Sustainability and Transformation Partnership (STP) footprint. Planning workforce priorities to address recruitment, development and the retention of health and social care staff is key to the future sustainability of our organisation and our local health and social care public services. ECCH's HR Director is a member of the Local Workforce Action Board (LWAB) whose focus is to plan and develop the amount and type of staff the STP will need to meet population requirements of the future. The LWAB is a sub-committee of the STP Executive Body. Our own Workforce Development Strategy sets out key workforce priorities for our organisation which are relevant to ECCH's services within the communities we serve:

- We will ensure resilient, innovative leadership and talent management
- We will recruit a workforce that embodies ECCH's values
- We will be an exemplar employer in the community
- We are a learning organisation
- We will have consistent, fair and effective people management practices
- We will engage with our people (staff) and all our stakeholders in relation to the develop of ECCH's workforce
- We will create a sustainable future for ECCH, recognising that our success is attributed to the skills, behaviour, wellbeing and expertise of the staff we employ.

Progress is monitored through the ECCH governance structure and in particular by the ECCH Strategic Workforce and Development Group.

Clinical Education

It has been a challenging year for practice education across the board as a result of the Government's Comprehensive Spending Review (2015), which came into force in April 2017. The introduction of the Apprenticeship Levy, the dissolution of the systems level commissioning infrastructure and the continued uncertainty regarding funding streams reductions or continuation heralded a new era for practice education in terms of activity and priorities. We are pleased to reflect that the quality of practice education within ECCH and the learner experience was maintained with our usual high quality placement experiences, despite the 'new world' that is slowly unfolding.

Health Education England (HEE) launched the national Quality Standards in September 2017. It outlines the framework to be used by providers and HEE staff to measure, identify and improve quality in education and training environments and for all learners in health and care. This new framework supersedes the previous regional Quality and Improvement Framework. The new model requires ECCH to assess ourselves against certain quality measures and provide evidence to support our assessment. HEE review this and, if they are not satisfied that we are meeting the standards, they will begin a series of interventions to address any concerns. This starts with requesting further evidence and can result in a formal monitoring visit and the withdrawal of students from the organisation.

The strength of this system is that Placement Providers such as ECCH, who have been commended on the quality of their provision and robust governance processes, benefit from a light touch approach in comparison to previous years. We submitted our self-assessment in January 2018 and the information provided satisfied HEE without the need for additional evidence or a visit this year.

Clinical education highlights this year include:

- We have now achieved over 70% of eligible staff completing the Care Certificate across all areas of the organisation. Throughout last year we held a number of celebration events to recognise our staff who received certificates.
- Nine staff members received their Foundation Degree in Health Studies (FdSC) at a graduation ceremony in Norwich Cathedral last year.
- Our first candidate completed the work-based learning programme in September 2017 and joined one of our community nursing teams in their first registered nurse post.
- A further two staff members - one from children's services and one from the Out of Hospital Teams embarked on the programme in February 2017. They are due to qualify in September 2018. One has already been offered a position in another of our community nursing teams and the other is due to move directly into Health Visiting training. This has been a life-long goal for these individuals.
- Shifting our focus onto a 'grow our own' approach is proving to be a successful strategy for developing our workforce, so much so that we are now preparing to recruit eligible existing members of the workforce to embark on the new degree apprenticeship programmes across a range of professions.
Accessing the two year programmes for those with the relevant experience and baseline qualification (FdSc) is an existing opportunity to further our dedicated workforce and create the necessary workforce flow of development opportunities. This not only develops and retains staff but also enables ECCH to be responsive to the changing needs of the communities we serve.
- The coaching approach model for Practice Education evolved from our engagement with the Practice Education Based Learning (PEBL) pilot that we trialled in partnership with the University of Suffolk. Several teams have now successfully implemented this style of support and practice learning and our recruitment of newly qualified practitioners continues to increase.

- We regularly receive requests for students to return to ECCH on placement and this is in part as a result of the complete support package that is facilitated by our Clinical Educator post. Students are engaged with at the point of allocation (often up to 10 weeks prior to the placement).

They attend a student induction on the first day of placement and we endeavour to facilitate their systems training in the first week. At the end of the first week we check in (5 day follow up) and there are mid-placement focus groups where they can feedback any issues, concerns or comments.

This means these can be addressed or resolved with minimal impact to the remainder of their placement time. On the last day of placement the students attend an end of placement feedback session. This ensures we are completing the cycle of reflection and feedback which, with the previous paper-based system, had often been inconsistent.

Our staff who support the practice placements follow a similar pattern, although there is not currently a formal mid-placement or end of placement forum. We gather feedback from our Educators on our regular Supporting Learners in Practice (SLiP) Development days as well as using this forum to share feedback that we receive about the student placement experience from the Universities feedback processes. Our SLiP development days have been recognised and commended by Health Education England as exemplary for the support, value and recognition that we have in our Educators. It is our intention to explore the facilitation of focus groups with our Educators moving forward with additional direct contact checks during the midpoint of the placement.

- Building on the success of our previous medical student Healthcare Assistant Project, we have facilitated a further eight medical students over the last year on Minsmere Ward at Beccles Hospital. The medical students undertake elements of the national Care Certificate (fundamental care skills) and are then directly supervised in the application of these skills by our Healthcare Assistants for a number of shifts. The feedback from the last cohort was incredibly positive and additional benefits are that it is perceived to improve patient care, breakdown professional barriers by fostering respect across roles and also improve the confidence of our Healthcare Assistants in recognising the value of their role in the team.

- The implementation of the Newly Registered Professional (NRP) programme which is delivered throughout the year and has been received positively. It fits within our preceptorship programme and facilitates four themed Continuing Professional Development (CPD) days. The purpose of these days is to provide key topics that are relevant to our newly registered professionals as they transition from a student to an autonomous practitioner throughout their supported preceptorship period. This time is protected and counts as part of their working hours. Employers in the region have recognised and agreed the importance of supporting these dedicated CPD days. The four themes are structured to include opportunities for reflection and professional discussion. There is time for networking which allows the newly registered professionals to develop their own support system and professional relationships with colleagues from across our services who are also starting out on their professional careers. We also facilitate professional discussion and activities to support them on their journey. The four themes are:

- **Professionalism** - This session aims to explain, explore and develop their understanding in term of accountability, role models and professional responsibilities as a registered professional

- **Integration** - This session will explain, explore and aid their understanding of the drivers for integration, how it is developing within our system and the role they play in integration
- **Communication** - This session is designed to develop, enhance and practice communication skills and strategies as a Practitioner
- **Resilience** - This session is designed to develop their understanding and application of resilience and strategies to support them within the workplace. It introduces and explores support networks and problem solving techniques.

The session focussing on resilience has been met with particularly positive praise by those attending and the impact has resulted in other teams across ECCH requesting this training to benefit their staff. This session complements ECCH's commitment to building the resilience of our workforce reflected in ECCH's Wellbeing Strategy.

Training and Education

ECCH is a learning organisation that aims to improve continually not just by investing heavily in the development of our staff but by genuinely learning from our experiences and sharing that knowledge.

Our training arm - TEECCH (Training and Education at East Coast Community Healthcare) offers a wide range of courses covering themes including Work and Life Skills, Clinical Training, Personal Development, and Management Skills. We are also now developing areas to support wellbeing.

Our trainers and educators all work in the field of practice for which they deliver training. As well as training ECCH staff, our clients have so far included NHS Great Yarmouth & Waveney Clinical Commissioning Group, JPUH, Norwich City Council, UEA, some GP practices and care homes.

Training and development highlights:

- Good leadership is vital at ECCH and to support this we have invested in a range of Leadership & Management training across services with managers achieving qualifications at levels 3, 5 and 7 and further staff completing online Foundation level modules
- Mandatory Training Compliance remains at last year's figure of 90% overall
- Training around pressure area care continues in and out of the organisation including Pressure Ulcer Prevention, Wound Care and Leg Ulcer Management
- People Matter management development courses have continued to be well attended and well received by line managers
- End of Life Care training run by ECCH in partnership with St Elizabeth Hospice for a range of staff working in District Nursing, Out of Hospital Teams, Hospice at Home, Beccles Inpatient Unit, Primary Care and Community Matrons
- We are now accessing the Apprenticeship Levy to support the development of staff as well as introducing new roles to the organisation
- Corporate Induction continues to be well received by new starters. It aims to give them an enhanced understanding of ECCH and a great welcome to the organisation. It also introduces them to our A,B,C,D Commitments and the new Signature Behaviours introduced as part of our Evolve cultural change programme (see page 35).



Clinical Supervision

Clinical supervision supports and enhances the quality and safety of the services we provide and supports staff in their development. ECCH uses 1:1 meetings for clinical supervision, believing that a robust and consistent approach is essential to ensure the delivery of high quality care by our clinicians, irrespective of grade.

We have an ongoing training programme and monitoring processes, with clear expectations regarding the drivers for and regularity of supervision. A supervisor register is available via the organisation's intranet.

Under our criteria, the supervisor should not be the line manager of the supervisee and all clinical staff should be prepared for both the supervisor and supervisee role. The policy targets our clinical staff whilst recognising that non clinical staff benefit and should have access and opportunity to supervision too.

We also have a programme of Action Learning Sets among Band 8A, Band 7 team leaders and Band 6 staff. Our Action Learning Groups meet every two months to explore solutions to problems and decide on the appropriate actions to take forward. The groups report back on the effectiveness of actions and reflect on the problem-solving process using the technique of 'Appreciative Inquiry'. As well as learning from the results, this type of approach has helped to increase participants' communication skills, understand their own strengths and weaknesses, and deal effectively with stress.

Our Clinical Supervision Policy is now being reviewed and updated with a view to increasing the monitoring of activity across ECCH.

Graduate Event

In October 2017 ECCH's Adult Services directorate hosted our first Graduate Event. It was designed to bring together professionals from across the directorate who had recently graduated to celebrate their success, share findings from their dissertations with senior managers and offer support from the ECCH Research and Development Team and Project Management Team for individuals who wished to translate their study into practice.

The event was attended by 11 graduates from District Nursing, Occupational Therapy and Physiotherapy. ECCH has decided to repeat this event in 2018 and will extend the invitation to include other business units.



Talent for Care

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

Talent for Care Strategic Intention	ECCH Response	
Broaden the ways into training and employment in the NHS, especially to attract more young people and improve diversity within the workforce.	<ul style="list-style-type: none"> • 14 trainees from The Prince's Trust came to ECCH in March 2018 as part of the Get into Healthcare Programme. 13 of the trainees achieved the Care Certificate with one trainee completing a number of Care Certificate elements. The trainees undertook a range of placements including at the James Paget Hospital. • Our work experience program continues to be a successful resource to the local community - we have supported 20 placements in the last year across a range of our services which totals over 650 hours facilitated. • We have continued to support and train Health Ambassadors across our teams and now have over 25 Health Ambassadors that support the Practice Education team with engagement and information events across our local community. 	
Increase the chances for people to try new experiences of working in the NHS .		
Engage more staff to act as NHS Ambassadors who can promote NHS careers to schools, colleges and local communities .		
Challenge and support every NHS employer and contractor to implement a development programme for all support staff that is over and above annual appraisals and training.	<ul style="list-style-type: none"> • Since launching our Care Certificate program in March 2015 we have facilitated 72% of our eligible staff to complete this transferable qualification. • ECCH has now supported more than 40 staff members to undertake the Foundation degree in Health Studies. The latest cohort is about to complete. • Our existing apprentices have all nearly completed their programs and we have advertised two new apprenticeship posts. 	
All new healthcare support staff to achieve the new Care Certificate, and, for those who want it, a universally recognised Higher Care Certificate .		
Double the numbers of Health Education England funded or supported apprenticeships and establish an NHS Apprenticeship Scheme to rival the best in the country .		
Simplify career progression for those who want it with innovative new roles and pathways to promotion, including more part-time higher education as a route into nursing and other registered professions.	<ul style="list-style-type: none"> • We have successfully supported and recruited into registered nurse posts within the organisation all of the candidates we have supported on the Work Based Learning pathway. Two have taken up posts (or are about to) in our community nursing team and one is due to commence Health Visiting training as a direct entrant. • A range of strategies such as integrated care skills have been implemented to support, develop, identify and nurture existing talent to support progression and succession planning. 	
Agree with employers and education providers a universal acceptance of prior learning, vocational training and qualifications .		
Support talent development that identifies and nurtures people with the potential to go further, especially for those wanting to move into professional and registered roles.		
The national Talent for Care programme partnership will support this strategic framework with a national campaign. We will publish information, support pilot projects and spread good practice.		

Audits and Care Quality Commission Inspections

ECCH is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional.

ECCH was rated as 'Good' following an overall inspection of its services in March 2017. The Nelson Medical Practice was also inspected in July 2017 and rated 'Good'.

National and Local Clinical Audits

ECCH took part in two National audits in 2017/18. The National Diabetes Foot Care Audit and The National UK Parkinson's Audit. These audits are part of the National Clinical Audit Programme commissioned by the Healthcare Quality Improvement Partnership (HQIP).

ECCH currently has 19 ongoing clinical audits and 13 service evaluations. The audits overleaf are a few which were completed in the period covered by this report and reviewed by ECCH with the intention of taking the actions listed, where necessary, to improve the quality of healthcare we provide.

Data Quality

During the last 12 months ECCH has continued to build upon the excellent foundations of Business Intelligence, data management and data quality that have been developed over recent years. We have concluded an extensive programme of activity to review critical metrics and the data that underpins them and this has resulted in increasing levels of confidence in core data quality, both within the organisation and among our commissioners and stakeholders.

Our Business Intelligence team has further developed the suite of corporate dashboards and strengthened the underpinning architecture, making it more resilient and improving performance.

Inspected and rated

Good



During the last year we have further embedded our approach to Information Governance, recognising the growing number of threats to data security, legislative changes and the need for rigorous governance processes. We have been working to ensure that we are compliant with the requirements of the new data protection regulations (GDPR) and were quick to put in place a formal readiness project that recognised the importance of data protection. Reporting on incidents and compliance is now a standing agenda item for our Integrated Governance Committee.

Data Accuracy

ECCH holds the records of 44,838 active patients, a number that naturally changes over time. Of these 99.95% include the NHS number and 99.8% include the patient's registered GP practice number.

Information Governance Toolkit

ECCH's Information Governance Assessment Report score for 2018/19 was graded level 2.

Clinical Coding Error Rate

ECCH was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.



I couldn't have been more impressed by the enthusiasm, expertise and energy of all the staff whom I met... Thank you for everything you are doing, not only in Great Yarmouth and Waveney, but to contribute to the transformation of the whole Norfolk & Waveney system.

Former Health Secretary **Patricia Hewitt**, who visited ECCH in her role as independent chair of the Norfolk and Waveney Sustainability and Transformation Partnership.



Over 75% of the people who work in that organisation - from the lowest cleaner to the top paid person - are shareholders in that organisation. They have a one pound share. They don't make money out of it but they have a sense of ownership and it changes the culture in an organisation because people have control of the service that they're providing.

Norman Lamb MP, speaking on BBC Radio 5 Live about ECCH.

Service/Department	Audit Topic	Aims (what)	Objectives (why)	Results/Recommendations
All Clinical Services	Record Keeping	The aim of this re- audit was to ensure adherence to the trust record keeping policy.	To ensure records are recorded accurately and in line with the policy.	This audit highlighted that the current record keeping audit tool did not accurately reflect the use of electronic records. Therefore a task and finish group was created to design a more beneficial audit tool and to update the current policy.
District Nursing	Prevention of Pressure Ulcers in Adults	The aim of this re-audit was to assess whether the Waterlow Assessment was completed on initial contact as per NICE guidelines.	To identify those patients at risk and ensure that care is delivered on an individual basis.	This audit highlighted an improvement in adherence to the guidelines of 16% from the previous year. An action plan was put in place to continue to increase awareness and adherence.
Occupational Therapy - Falls Prevention Service	Bone Health	The aim of this re-audit is to improve interventions relating to bone health for service users seen by the Falls Prevention Service against NICE guidance.	The objective of the audit is to identify an action plan to improve practice relating to bone health.	This audit resulted in the provision of in-service training, and a nurse was appointed to lead on bone health assessment and advice.
Physiotherapy	Management of Low Back Pain within ECCH Physiotherapy Department	The aim of this audit was to assist in the process of ensuring patients are consistently managed in line with latest best practice.	The audit evaluates the clinical records of patients with low back pain who are being managed within the MSK Physiotherapy Department against the latest NICE standards.	This audit identified areas of good practice and areas for improvement. An action plan was implemented including the recommendation of in-service training and a re-audit.

Corporate Social Responsibility

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

Prince's Trust

ECCH welcomed its second group of young unemployed people from The Prince's Trust in March 2018 and saw them complete a 'Get into Healthcare' training course.

The 13 trainees from Lowestoft and Great Yarmouth all obtained a Care Certificate at the end of the six week programme which can be used to help them find work in the healthcare sector.

ECCH worked in partnership with The Prince's Trust and the James Paget University Hospitals NHS Foundation Trust to offer the training programme. It included a fortnight of classroom sessions covering employability skills including mock interviews, care certificate modules, behavioural change and mindfulness.

Delegates also took up a series of three day clinical placements with different ECCH teams. These included physiotherapy, occupational therapy, Out Of Hospital Teams, inpatient, health visiting and community nursing. Non-clinical placements were provided by the James Paget University Hospitals NHS Foundation Trust.

Last year ECCH welcomed its first group of 16 to 25 year olds from The Prince's Trust, all of whom also obtained their certificate and many of whom have since gone on to successfully obtain jobs. This year's students will also be able to apply for apprenticeships, temporary (bank) positions at ECCH and other entry level positions.

Free Safeguarding Training for Gym

Coaches and volunteers at Beccles Royales gymnastics club were given free safeguarding training by ECCH specialists so the club can ensure the best possible support is on offer should members ever need it.

The training involved discussion and advice on spotting signs of abuse or neglect, how to question children and parents or carers if concerns arise, and how to refer to children's social care or the police if a child is suspected of being at risk.

Defibrillator Donated to Running Club

ECCH donated a new defibrillator to Bungay Black Dog running club after one of their members collapsed at an event.

The club had been planning to purchase one of the life-saving machines when the emergency incident highlighted their importance. Ladies captain Alice Kirk, who works for ECCH's Health and Safety Team, asked if the organisation had any spare defibrillators the club could buy and ECCH offered to give them one instead.



Gifts for Children's Centres

ECCH gave 250 Christmas presents to Children's Centres in Lowestoft and Waveney.

Staff donated toys for the under-5s in special boxes posted at all ECCH's bases in Norfolk and Suffolk. An online giving site was also set up for monetary donations and ECCH matched the amount raised and bought more presents to add to the collection.

The Children's Centres had made special requests for musical instruments, sensory toys, books and building blocks. Once all the gifts were gathered together, teams from ECCH's Children's Services Directorate wrapped every one. They were distributed at Children's Centre Christmas parties across Lowestoft and Waveney.

Life Saving Skills Training

ECCH has been working with pupils from schools in Great Yarmouth and Waveney to teach them how to save lives in an emergency.

Caister Academy was the first school in the area to take part in a free session aimed at training young people to help if they witness someone having a heart attack or severe allergic reaction.

Twenty four teenagers in Year 10 attended the free two hour course which covered how to recognise signs of cardiac arrest or choking, resuscitation methods for adults and children, use of a defibrillator and how to recognise and treat anaphylaxis.



ECCH has also combined its successful infant life support training from previous years with a series of weaning sessions to give new parents instruction on what to do if a baby starts to choke.

Parents with children up to the age of one year joined classes at the Ark Children's Centre, and Kirkley Children's Centre in Lowestoft and at the Butterflies Children's Centre in Beccles. These were set up after parents told ECCH Health Visitors they would like to know how to react in an emergency.

At each session nursery nurses discuss healthy eating for children and explain how best to introduce solid food to children's diets before an ECCH specialist trainer helps parents and carers practice the correct procedure for clearing an airway, using a simulator. Parents are also taught how to recognise when a baby stops breathing and how to administer infant resuscitation techniques.

Workout at Work Day

ECCH's Physiotherapy and Neurology team manned a stand in Beccles Hospital's reception area in summer 2017 to promote the importance of being more active at work.

They wanted to alert people to the fact that sitting at a desk all day is bad for their health and wellbeing as part of the Chartered Society of Physiotherapy's Workout at Work campaign.

ECCH nurses, therapists and office staff were encouraged to join in with a lunchtime walk around Beccles and a pilates class at the hospital.

ECCH Physiotherapy Business Support Manager Rita Marjoram, who organised the day, said: "Some studies show that alternating between standing and sitting every 30 minutes throughout the day reduces blood sugar spikes by 11 per cent and reduces lower back pain by more than 30 per cent."

Additional Fundraising

As an organisation, and through the efforts of individual services, thousands of pounds were raised for charity in the past year in support of national and local charities. Some of the many fund raising staff activities included:

- A team of 13 nurses from Great Yarmouth and the northern villages took part in the 5K Pretty Muddy for Cancer Research at the Norfolk Show Ground and raised more than £230
- Staff including members of HR, Training, Finance, Communications, Health and Safety and Corporate Services donned their festive knits in aid of Christmas Jumper Day to raise money for Save the Children.
- Coffee mornings and cake sales were organised to raise funds for Macmillan Cancer Support by our East Coast Community Access team, staff at Hamilton House and at Kirkley Mill Health Centre. They raised a total of £466.
- Two Red cross fundraising 'Humanitea' events were held at Beccles Community Hospital and Hamilton House on National Nurses' Day in May 2017.



Appendix 1 - Services Provided in 2017/18

From April 2017 to March 2018 ECCH provided and/or sub-contracted 28 services for the NHS, public health and social care:

Adult Services	Children and Family Services	Health Improvement Services	Primary Care
Community Nursing	Health Visiting	Smoking Cessation	Nelson Medical Practice
Hospice at Home	School Nursing	TB Control Team	
Occupational Therapy	Family Nurse Partnership		
Infection Prevention and Control	National Child Measurement Programme		
Falls Service	Children's Speech and Language Therapy (Waveney)		
Inpatient Services	Children's Speech and Language Therapy (Norfolk)		
Physiotherapy	Safeguarding Adults and Children		
Adult Speech and Language Therapy	Looked After Children		
Continence & Lower Urinary Tract Service			
Pharmacy & Medicines Management			
Neurological Specialist Nursing			
Podiatry			
Rayner Green Resource Centre			
Community Matrons - intensive case management (including Chronic Obstructive Pulmonary Disease Specialist Nursing)			
ME/Chronic Fatigue Syndrome Service (Norfolk & Suffolk)			
Out of Hospital Team North			
Out of Hospital Team South			

Appendix 2 - Letters from our Stakeholders

Your Ref:
Our Ref: ECCHQA/RAH
27 June 2018



Noreen Cushen-Brewster
Executive Director of Quality and Primary Care
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Dear Noreen,

Great Yarmouth & Waveney Clinical Commissioning Group as a commissioning organisation of East Coast Community Healthcare (ECCH) supports the organisation in its publication of a Quality Account for 2017/18. 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 organisation over the previous 12 month period.

In our review, we have taken account of the clinical quality and safety improvement priorities identified for 2018/19 and support the identified improvement objectives in the quality and safety of care provided to Great Yarmouth & Waveney residents. ECCH will do this by:

- **Improving patient safety;**

Providing clinical incident investigation training which will include identifying responsibilities and accountabilities, areas of good practice and those requiring improvement, and implementation of recommendations.

Ensuring their patients are cared for safely, following a Patient Safety Culture Audit carried out in February 2018, where the Executive Director of Quality will undertake frequent department walk rounds to enhance the organisation's patient safety culture.

Seeking to improve the safety and wellbeing of socially isolated patients by talking to them about their health needs, social support, and their wishes and values regarding social activity, including potential gaps in their access to these. This will include signposting to voluntary groups including luncheon clubs, befriending services, and access to transport and activity clubs.

Ensuring individuals have the right equipment to meet their needs by providing a series of information leaflets to help improve safety and to support and advise patients using equipment in the community. This safety initiative will be communicated to local charity shops to raise awareness and share knowledge and has been disseminated to all staff via the organisation's governance structure.

Chair: Dr Liam Stevens, Chief Executive: Melanie Craig

- **Improving patient experience;**

Undertaking a review of patients who have a learning disability and/or autism to inform the organisation of any gaps in care provision and to make sure actions are put into place to address these if identified. The CCG agrees with the intention to link with voluntary groups to obtain further support and greater insight as to how services can improve for these patients.

The CCG commends the organisation for Health Coaching which continues to increase patients' ability to manage their own health and wellbeing, and the aim of identifying patients with long term conditions where Health Coaching may prove most effective and the use of a patient activation measure (PAM) to understand the patient's level of knowledge, skills and confidence to manage their condition. The CCG notes the plan to introduce a slightly shorter Coaching Conversations training option, primarily for non-clinical staff in order to further embed the principles within the organisation.

Delivering a schedule of patient engagement to gain valuable feedback about services delivered and how these may improve to benefit patients. This includes a patient survey regarding patients' experience of the phlebotomy service which has recently commenced in South Waveney.

- **Improving clinical effectiveness**

Carrying out research to understand the attitudes of their health care professionals towards obesity management, including organisational factors such as roles and responsibilities plus personal factors such as a potential lack of confidence in initiating conversation's about the patient's weight. Data gathered will be analysed and an action plan developed based on findings.

Focusing on diabetes, in line with the Norfolk and Waveney Sustainability and Transformation Plan, by co-producing a patient conference in partnership with the Norfolk and Suffolk Foundation Trust and Carers Matter Norfolk, covering issues such as improving management of medicines for patients with diabetes, promotion of patient self-management, how to identify danger signs and what actions to take.

Supporting the national campaign to get patients on Minsmere Ward at Beccles Hospital up and dressed to maintain their usual way of life and promote their independence (the End Pyjama Paralysis campaign). Use of the day room will be encouraged for shared meals rather than eating at the bedside, creating an environment with daily newspapers, books and activities to promote engagement with others and encouraging access to the garden space.

Continuing to support the Early Intervention Vehicle (EIV) in the Great Yarmouth and Waveney area so that people who have suffered a fall can be seen and treated by healthcare staff and receive extra support to help them remain at home rather than being admitted to hospital. This new service is being delivered in conjunction with the East of England Ambulance Service NHS Trust who send an emergency medical technician to patients who have fallen, accompanied by an occupational therapist or physiotherapist from ECCH or the James Paget University Hospitals NHS Foundation Trust.

The CCG also notes the quality priorities identified for 2017/18. We recognise the progress made on these priorities and in particular ECCH's leading role within the Norfolk and Waveney Sustainability and Transformation Partnership (STP) with continued focus on integrated working with system partners.

The CCG commends ECCH on the expansion of their Out of Hospital Team (OHT) to serve the South Waveney area. This new service is an extension of the organisation's existing Lowestoft team and supports five GP practices covering the populations of Kessingland, Beccles, Bungay and Halesworth. The team provides care to people in their own homes, wherever possible, thereby empowering patients' independence and preventing hospital admissions. The CCG notes the success of ECCH's teams in Lowestoft and Great Yarmouth with consistently strong results in the NHS Friends and Family Test.

The CCG notes that the District Nursing Service provides dedicated leg ulcer clinics across Great Yarmouth and Waveney and that the number of nurses who have an additional leg ulcer qualification continues to grow. The service has strengthened working relationships with nursing teams in primary care, providing patients with an evidenced based pathway for disease management.

The CCG notes achievement against the Commissioning for Quality and Innovation (CQUIN) scheme during 2017/18 and looks forward to receiving evidence of improvement for those indicators continuing during 2018/19.

NHS Great Yarmouth & Waveney Clinical Commissioning Group commends East Coast Community Healthcare for this Quality Account and believes the report provides an opportunity to share with patients the ongoing work of the team at ECCH in maintaining and developing quality. We look forward to working with the organisation during 2018/19.

Yours sincerely

Rebecca Hulme
Chief Nurse
NHS Great Yarmouth and Waveney CCG

Appendix 2 - Letters from our Stakeholders



Healthwatch Norfolk

Review of Quality Accounts

Healthwatch Norfolk appreciates the opportunity to make comments on the ECCH Quality Account for 2017/18.

Name of provider ECCH 2017/18	Comments
Readability	Not an easy read as very wordy.
Is there an executive summary/CEO statement?	Joint Chair/C.Exec statement on Quality similar to last year.
Is the document well laid out, easy to read?	It is well laid out with colourful tables and graphs. It is comprehensive but over wordy. The Strategy and Signature behaviours is a good approach but as usual not easy for staff to memorise.
Is there a glossary?	No
Is the document available in different formats?e.g. electronic, hard copy, Braille, other languages	Yes
Are priorities for the past year clearly identified?	Again the priorities for the next year come first in the report and the past years priorities are incorporated in various reports including the CQUIN outputs so would need to track the proposed priorities from last years report.
Have the priorities been achieved?	In both Quality Improvement Plan and CQUIN sections only a couple in each category have been achieved i.e. 4 out of 16. The others are shown as ongoing. I would prefer to see fewer priorities which can be achieved so that outcome progress can be monitored and keep ongoing activities separate.
Are the priorities for the forthcoming year clearly identified?	Yes
Are the following areas included	
Patient safety?	Yes for both past year and the current year. Staff flu vaccinations are well above the national average and highest in Eastern England which sets a good example. Infection control and pressure ulcers remain a high priority. Engaging with patients is good. Beds with care gets a mention but is a CCG initiative involving GPs and providers.
Clinical quality and effectiveness?	Some very good initiatives namely Skin Care Teams in Care Homes, eye treatment for age related macular degeneration, Family Nurse Partnership for young mothers < 19 yrs old, and UNICEF Baby Friendly Accreditation covering

	90% of mothers.
Patient experience inc family & friends test?	Good response for family and friends test between 95 and 98%. This includes the Nelson Medical Practice which ECCH holds the contract for service delivery. Similar to other organisation response are low given the patient throughput.
Incident reporting & never events?	Computerised reporting now developed and so it would be useful to have trend information. As last year pressure ulcers remain a problem. No never events and serious incidents were down from 18 to 17.
Complaints?	Good graphics as last year with details of numbers and types of complaints. It would be useful to see examples /resolution and problematic ones.
Workforce?	Newly Registered Professional Programme looks good for newly qualified staff. Free infant resuscitation courses and working with Prince's Trust to get young people into work are useful initiatives.
Audits including participation in national audits?	Health and Safety compliance audit undertaken and performance checked against NHS England's Emergency Preparedness, Resilience and Response Standards gaining substantial and eventually full compliance.
Data quality?	Various activities undertaken to ensure highest data quality approach.
Feedback from CQC?	Good including Nelson Medical Practice.
New services?	Various initiatives mentioned above such as eye treatment and work with young mothers are all helping service development.
CQUIN?	As mentioned above much ongoing against CQUIN targets so not sure how income generation is progressing.
PLACE results?	Minimum comment on the Beccles Hospital Findings.
18 week target (where applicable)?	
IG Toolkit compliance?	Level 2 compliance achieved.

We remain totally committed to work with ECCH to ensure that the views of patients, their families and carers are taken into account and to make recommendation for change, where appropriate.

Alex Stewart
Chief Executive August 2018

We welcome your views

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

Jonathan Williams

Chief Executive
Hamilton House
Battery Green Road
Lowestoft
NR32 1DE

Email: ecch.enquiry@nhs.net

Website: www.ecch.org

Twitter: [@eastcoastch](https://twitter.com/eastcoastch)

If you would like this leaflet in large print, audio cassette, Braille or in a different language please contact Taylor-Jade Gardiner on 01502 445356.



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