

Quality Account

2015-16



east coast
community healthcare

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In this Quality Account we detail the progress we have made in the year to April 2016 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 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, Executive and staff shareholders of East Coast Community Healthcare we are proud to introduce our annual 'Quality Account'. This document is delivered with honesty and openness aimed at providing a sincere reflection of both the outstanding work of our teams and some of the challenges we have all faced in the past year.

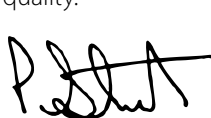
This year, with the launch of our Strategic Framework, we have clearly articulated our determination to provide the highest quality of service delivery and to place people and communities at the centre of everything we do. We have built an operational environment for quality assurance with strong lines of reporting and governance, formalised from clinician to Board. Individuals and teams are clear about their responsibility and proud of their accountability. Most of all we are building an environment of trust where staff know that we are all pulling together to make our social enterprise a success. In a very positive external assessment of our Family Nurse Partnership service last year it was reported that there was a clear line 'from the baby to the Boardroom' in ECCH, recognition of which we are very proud.

It's hard to remember a more challenging environment for the delivery of health and social care. The pressures upon services from rising demand and strained resources are well documented. At ECCH we have made the conscious decision to build strong working partnerships and look to joint working as a means of delivering the best possible services for our communities. We have strengthened our working relationship with the James Paget Hospital by signing a Memorandum of Understanding and had great success in developing joint working plans with the Norfolk and Suffolk NHS Foundation Trust, Social Care and the All Hallows Healthcare Trust.

We have joined with new GP practices and built a primary care strategy that will see greater cohesion in all aspects of primary access to services.

As a staff owned organisation we have risen to 68% shareholding this year and continued the development of our model designed to empower front line teams. We are proud of the passionate clinical leadership that has established and driven our Out of Hospital teams to go from strength to strength. We are also proud of our nursing, health visiting, health improvement and therapy teams who have trained to take on a 'health coaching' approach to help patients, carers and families to help themselves. We have become an organisation with a reputation for innovation and for placing great emphasis upon the education, training and preparation of our staff. The core values are part of this preparation and are ever present in the visible determination we see every day.

Time and again this year we have seen staff from all departments work together to solve problems, overcome adversity and help create the best possible environments for our services to be delivered. That is our strength, that is our quality.



Paul Steward
Chairman



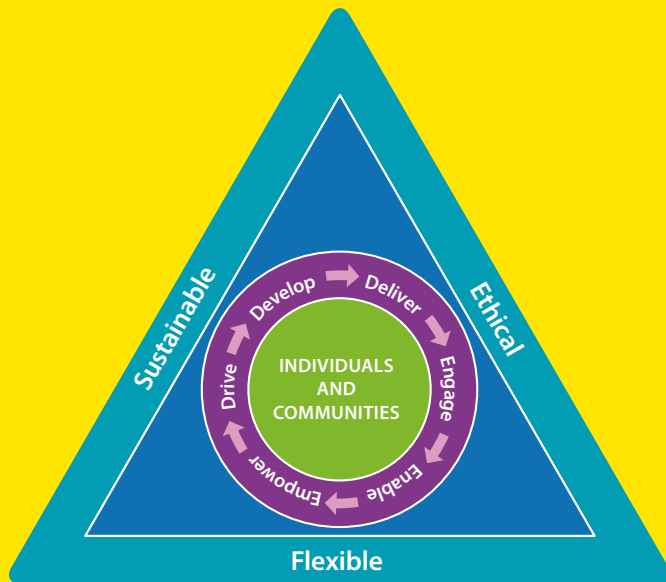
Jonathan Williams
Chief Executive Officer



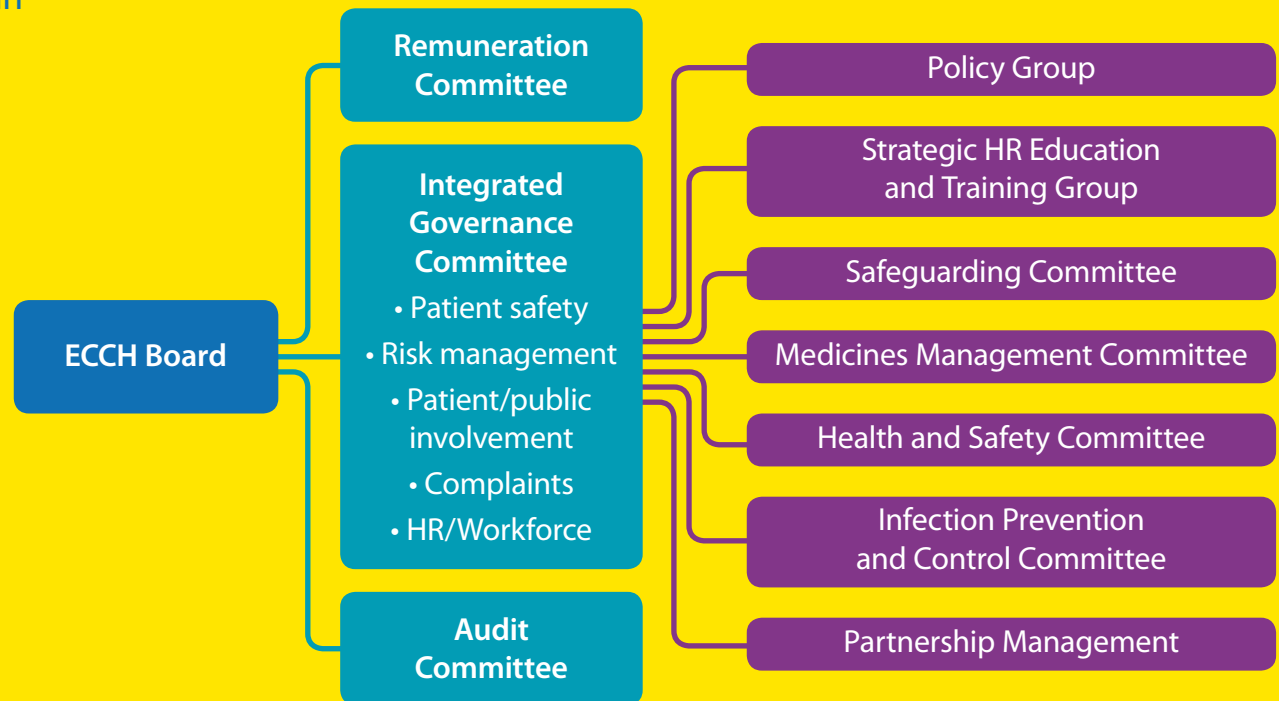
ECCH Strategic Framework

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."



Our Governance Structure



Part 2 - Priorities for Improvement 2016/17

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 2015/16 we offered 36 services for the NHS, public health and social care to our local population in Gt Yarmouth and Waveney (detailed in Appendix 1).

Our priorities for 2016/17 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

Increase integration with other acute and mental health services

ECCH is working to strengthen our relationship with our mental health providers, specifically in relation to delivery of care for those with dementia. We plan to improve the working relationship between Norfolk and Suffolk NHS Foundation Trust's (NSFT) Dementia Intensive Support Team for Great Yarmouth and Waveney with our Out of Hospital Team to help to address parity of esteem and bring physical and mental health services closer together. This fits with the National Agenda for improving services for those with mental health conditions and aligns with the feedback received through the CCG's public consultations. We also aim to integrate our single point of access call centre - East Coast Community Access - with NSFT's call centre to ensure a seamless response

for patients, receiving the right care from the right health professional from the very start.

In 2015 we signed a Memorandum of Understanding with the James Paget University Hospitals NHS Trust with the aim of increasing opportunities for our two organisations to work together more closely. This year we plan to formalise our integrated working practices with our acute provider to improve patient experience of the pathway through the health system in a crisis.

CQUIN: health coaching for patient self-management

Health coaching is an approach to working with patients which aims to help them gain knowledge, skills and confidence and take greater responsibility for self-managing their health. Health Coaching aims to unlock a patient's potential to improve their health by helping them to engage with its management - rather than simply hear about what they should do from medical professionals. We have already trained more than 200 ECCH staff in the model. This year we will train a number of our podiatry staff to enable them to use this approach to inform their future practice. In addition we will undertake an outcomes-based audit and develop an action plan for the Podiatry Service.

CQUIN: review community nursing service

In October 2013 ECCH, in partnership with Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG), carried out a review of our Community Nursing Service and developed an action plan. This year we will revisit this work, again in partnership with the CCG. A joint project plan will be drawn up which will include outcomes to improve data entry, analysis and reporting. We will also develop a caseload analysis process to inform commissioning, caseload management,

service and workforce planning. Any agreed project plan and subsequent work to achieve it will not have an impact upon service provision but will work in tandem to develop relevant outcomes.

Expand out of hospital multidisciplinary teams

In 2015/16 ECCH set up its second Out of Hospital Team (OHT) to serve Great Yarmouth, Gorleston and the villages to the north of those towns. This followed the launch of a similar team in Lowestoft the previous year. These are interdisciplinary teams of health and social care professionals who provide care in a patient's home, whenever it is appropriate to do so, thereby empowering their independence and reducing hospital admissions. The teams have been so successful and feedback from patients has been so positive that we are now working with GYWCCG and local GP practices to extend the team established in Lowestoft to cover the populations of Beccles, Bungay and Kessingland. The models of care are currently being finalised but will offer the same holistic, co-ordinated, responsive and goal-focused care of the highest quality.

Intermediate care facility at Beccles

In April 2016 GYWCCG approved plans and capital funding to develop intermediate care facilities within the Minsmere Ward at Beccles Hospital. This £1.6m project will further improve the quality of care patients receive at Beccles Hospital by refurbishing the existing ward, doubling the number of en-suite single rooms and creating dedicated therapy areas. ECCH has been working very closely with the CCG on the redesign and planning to ensure that temporary relocation to allow building works to be completed will cause the least disruption possible to patients and the final design meets the needs of those using the facility. We look forward to using the

refurbished ward and providing a new model of intermediate care that includes provision of intravenous therapies and transfusions, increased therapy and social care provision for those with short term but intensive rehabilitation/complex rehabilitation needs, specialist palliative care support for those with complex end of life needs or care needs after complex cancer treatments.

Dementia care

ECCH is committed to improving the care of patients with dementia and we recognise that relatives and carers are key in the assessment, care planning and care delivery of these patients. We totally support the involvement of relatives and carers at every point of care delivery in the patient's journey every day, every time. To help us achieve this commitment during 2016/17 we are taking part in "John's Campaign" (www.johnscampaign.org.uk).

Patient Safety

CQUIN: introduction of staff health and wellbeing initiatives

ECCH will develop and implement a plan for introducing health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for staff with musculoskeletal issues.

These initiatives will include promoting active travel, building physical activity into working hours and offering support to staff such as stress management courses, line management training and mental health first aid training. We also aim to promote only healthy food on our premises ensuring that healthy options are available at any point including for those staff working night shifts.

In addition, we will strive to achieve an uptake of flu vaccinations by frontline clinical staff of 75%.

Enhancement of the hospice at home service

The local demand for palliative care services is based on approximately 2,000 expected deaths per annum. The majority access district nurse and GP led care, with a smaller number using the hospice at home service.

However, currently many people do not achieve their preferred place of care / death, receive variable quality of care and are admitted to acute care several times in the last year of their life. To help address this ECCH have secured funding to enhance their Hospice at Home Team. This is an opportunity to further enhance the quality and access to care for patient at end of life.

Clinical audit & research

We have developed the research team to include a research apprentice, research facilitator and two research nurses. Thirty four of our staff have completed special training to help them deliver good quality research. We have developed a joint partnership with the James Paget University Hospital on some research studies and the University of Suffolk in collaboration with Suffolk County Council on an evaluation of warmer homes project. We have increased research activity by participating in local and national research studies. We have developed a Research Forum with representatives from all internal services, research networks and local higher educational institutes. We have actively supported external MSc students by promoting their studies internally through this forum.

We have increased our clinical audit function across all our services and audit results are presented bimonthly to the audit champions group to share learning in order to improve care and enhance quality.

Patient Experience

Developing a new model for primary care

ECCH has taken on the management of four GP practices in the past year - Kirkley and Westwood surgeries in Lowestoft, Bungay Medical Practice and Falkland Surgery in Bradwell, Great Yarmouth. This is in addition to the Nelson Medical Centre in Great Yarmouth which it has run for five years. We have taken on these practices with a view to developing new models of care focussing on integration of community, primary care and mental health in order to improve the service patients receive. We are working with patient focus groups, using the 'Patients as Teachers' methodology, to help us construct a primary care strategy that best serves their needs. We are also working with community groups such as Lowestoft Rising to tailor care to the needs of the local populations. For instance, in Lowestoft we are setting up a special clinic to offer healthcare for homeless people who are often not registered with a GP. We have also seconded a health behavioural coach and community matron to work at Kirkley Mill and will have agencies such as the Red Cross and mental health practitioners co-located within the practices to advise and support patients wherever possible. We will also have a clinical pharmacist based across all our surgeries to improve the quality of medicine management.



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, 73% of our income was from NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG).

AREA	UPDATE	RAG STATUS
<p>Expand Out of Hospital Multidisciplinary Teams</p>	<p>East Coast Community Healthcare set up its first Out of Hospital Team (OHT) in Lowestoft in April 2014 with the aim of delivering consistent, safe and effective clinical care to patients in their own homes whenever it is appropriate to do so. A further priority was to work with our Commissioners to examine how this model could be replicated elsewhere.</p> <p>In April 2015 we launched a second OHT (North) to serve Great Yarmouth, Gorleston and the villages to the north of those towns. Again, this was an inter-disciplinary team of health and social care professionals focused on the individual's needs and empowering their independence. The team primarily provides intensive, holistic, short term care, reducing as the patient regains health and independence. Through multi-disciplinary team meetings and regular patient reviews, it is our aim that the care package is kept relevant to the patients' needs and that the team delivers high quality, integrated clinical care.</p> <p>Since OHT North was launched 100% of patients have stated they were treated with dignity and respect in the Friends and Family test survey and 100% said they had confidence in the OHT. In addition, 99% would recommend the service to family and friends.</p> <p>During the recent black alerts and junior doctors' strikes the OHTs have attended the James Paget Hospital and identified patients who could be supported at home or in beds with care, thus assisting to free up beds and relieve pressure on the acute hospital.</p> <p>Based on the success of the OHT in Lowestoft and the Great Yarmouth area, NHS Great Yarmouth and Waveney Clinical Commissioning Group is now commissioning ECCH to provide further teams.</p>	<p>On track and remains an ongoing priority</p>

AREA	UPDATE	RAG STATUS
<p>The Integrated Care System</p>	<p>Senior executives at ECCH and the James Paget University Hospitals (JPUH) NHS Foundation Trust agreed a Memorandum of Understanding in July 2015 which will govern joint working between the two organisations in the future. Monthly shared Executive meetings are being held between the two organisations to ensure they work even more closely together to deliver seamless patient care for the benefit of local people. More detailed integrated workstreams are now being drawn up and agreed.</p> <p>ECCH was a key partner with Great Yarmouth and Waveney CCG during their 'Shape of the System' consultation regarding future service provision for our communities.</p> <p>We attend fortnightly Urgent Care Board meetings with representatives from partners including social care, the JPUH, the Ambulance Trust, primary care and Great Yarmouth Borough Council. These concern system flow, ensuring urgent needs are met and care is provided where needed.</p> <p>We hold meetings with Waveney District Council about joint working and housing issues including the use of excess housing stock to help with early hospital discharge.</p> <p>We attend Lowestoft Intervention meetings hosted by Suffolk Police which focus on having a system-wide approach to issues of concern in the community such as street drinking.</p> <p>We are part of the Lowestoft Rising initiative which brings together all elements of the public and voluntary sector to address social challenges. This year this included attending careers fairs in local schools.</p> <p>Introduced and recruited Operational Head of Integrated Care - a joint post between ECCH and Norfolk Social Care. The post holder leads on Out of Hospital Care for both organisations across Great Yarmouth and Waveney as well as a portfolio covering social care provision in the James Paget Hospital on behalf of Norfolk and Suffolk Social Care and Adult Social Care provision across Norfolk's eastern locality.</p>	<p>Ongoing</p>
<p>Integrated Respiratory Service</p>	<p>Over the past year East Coast Community Healthcare has worked with the JPUH to develop an integrated respiratory nursing team which gives patients across Great Yarmouth and Waveney access to Community Clinics specialising in respiratory care and disease management. The new service will look to reduce both admissions into the hospital and attendances at the Emergency Department by providing an alternative place to be seen by a specialist team to meet the physical and psychological impacts of living with a long term disease. Promotion of self-management and exercise referral will also help to improve the lives of those living with respiratory conditions. Closer working relationships with the Out of Hospital teams and Primary Care teams will ensure patients receive safe, high quality and timely care to meet their needs.</p>	<p>Ongoing</p>

AREA	UPDATE	RAG STATUS
<p>Developing our Research Function</p>	<p>The Department of Health’s strategy to improve the health of the nation continues to place research at the forefront of the NHS. In 2015/16 we increased our research profile, including appointing a Research & Development Lead and increasing the number of clinical research studies in which we took part. These included Fun and Fit Norfolk (evaluating different methods of recruiting and engaging inactive individuals into sport), PRESSURE 2 (Pressure Relieving Support Surfaces: A Randomised Evaluation, recruiting at Beccles Hospital), CANDID (Cancer Diagnosis Decision rules, recruiting at the Nelson Medical Practice), Barack D (Benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease, recruiting at Nelson Medical Practice), and ARCHIE (The early use of Antibiotics for at Risk Children with Influenza in primary care, recruiting at the Nelson Medical Practice).</p> <p>ECCH also joined forces with Suffolk County Council and University Campus Suffolk in 2015 on an evaluation project called ‘To What Extent Does a Warm Home Impact on Health and Wellbeing?’ which will continue into 2016/17.</p>	<p>Ongoing</p>
<p>Implementation of Leg Ulcer Pathway</p>	<p>The District Nursing Service now provides eight dedicated leg ulcer clinics at sites across Gt Yarmouth and Waveney (Caister, Martham, Gt Yarmouth, Gorleston, Lowestoft, Beccles, Halesworth, Reydon). The service has increased the number of nurses who have an additional leg ulcer qualification attained at University. Nurses with this qualification share their expertise across the service and shape service development through the newly formed ECCH Leg Ulcer Forum. Working in collaboration with the Tissue Viability Nurse and Clinical Educator, to date the forum has reviewed the leg ulcer pathway, enhanced service education, increased competency assessment for specific aspects of leg ulcer care and supported practitioners.</p> <p>A lower limb pathway group with membership from ECCH community nurses, tissue viability and specialist nurses from JPUH dermatology, tissue viability and lymphoedema teams has commenced to enhance integrated working across secondary and community care. In order to provide a whole system approach they are seeking practice nurse representation from primary care.</p> <p>The service has identified a significant unmet need for patients with undiagnosed secondary lymphoedema and is working with JPUH to propose a service to meet this need.</p> <p>Patients attending leg ulcer clinics report increased satisfaction with the continuity of care and involvement in their care plan.</p> <p>Next steps include the development of ‘well leg’ clinics for patients with healed leg ulcers.</p>	<p>Ongoing</p>

AREA	UPDATE	RAG STATUS
<p>Breastfeeding Support</p>	<p>ECCH's Breastfeeding Support team increased the number of mothers in Waveney still breastfeeding their babies at 6-8 weeks from 43% to 43.75%.</p> <p>We now analyse our data monthly to identify risks that contribute to mothers giving up breastfeeding in the early weeks. With key partners we aim to improve performance of all relevant clinical teams by developing strategies that support Baby Friendly Practices across all sectors with which mothers come into contact. This information is shared via the Norfolk / Suffolk Waveney Breastfeeding Strategy group and also supported by meeting leads of the relevant teams in James Paget University Hospital and East Coast Community Healthcare Children & Family Teams.</p> <p>Through the development of new branding and highly interactive social media (Facebook, Twitter and the Suffolk app) mothers and fathers are more informed about breastfeeding from pre-birth and during the breastfeeding journey. ECCH 'Out of Hours' 7 day telephone and text service is now up and running successfully again.</p> <p>All the Breastfeeding Team services and social media have client feedback options available. The UNICEF and 'Friends and Family' audits of satisfaction are carried out daily/monthly.</p>	<p>Ongoing</p>
<p>Learning disability training</p>	<p>Having developed a learning disability training programme in 2014/15 in partnership with local patient and carer groups, we rolled out the training to all patient-facing staff across Adult Services between September 2015 and March 2016. The training highlights and responds to the key challenges our patients and their families and carers encounter.</p>	<p>Completed</p>
<p>Dementia care</p>	<p>ECCH is dedicated to supporting the Health Education England mandate around dementia. We adopted a multi-pronged strategy incorporating e-learning packages, small group face to face workshops that embed the context and techniques that will support the care we deliver, and building on the 'dementia friend' (tier 1 awareness) training that has already been rolled out to all of our community hospital staff. The tier 1 dementia training has been incorporated into our new preceptorship programmes for newly qualified staff and those transitioning into the community setting for the first time.</p>	<p>Completed</p>
<p>Safety Improvement Plan</p>	<p>ECCH is supporting the Sign Up To Safety campaign and has developed a comprehensive safety improvement plan. This is based on five commitments: to reduce avoidable harm in the NHS by half and make public our goals and plans; to make our organisation more resilient to risks by acting on feedback from patients and by constantly measuring and monitoring how safe our services are; to be transparent with people about our progress to tackle patient safety issues; to take a leading role in supporting collaborative learning so that improvements are made across all local services; and to help people understand why things go wrong and how to put them right, giving staff the time and support to improve and celebrate progress.</p>	<p>Ongoing</p>

Commissioning for Quality and Innovation (CQUIN) Results

A proportion of East Coast Community Healthcare's income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed with NHS Great Yarmouth and Waveney Clinical Commissioning Group through the CQUIN payment framework.

AREA	UPDATE	RAG STATUS
<p>Local health and social care economy to work together to reduce the overall numbers of pressure ulcers</p>	<p>This CQUIN target required ECCH to lead on driving the pressure ulcer prevention strategy, supporting early identification, heightening awareness and developing skills in risk assessment and intervention. A Pressure Ulcer Improvement Plan was developed and ECCH, JPUH and Suffolk Social Services have met monthly to discuss progress, share evidence and ensure targets are achieved. The role of Tissue Viability Assistant Practitioners was developed to deliver training to local care homes alongside the Tissue Viability Nurse Specialist. A patient tracker system was established to determine who was treating patients with pressure ulcers prior to admission to JPUH. A total of 213 ECCH clinical staff have been trained on the prevention of pressure ulcers since July 2015 and 51 care homes out of the 87 in Gt Yarmouth and Waveney have completed the pressure ulcer prevention training equating to 659 care assistants.</p> <p>The overall pressure ulcers data from 2014 to 2016 indicates a significant reduction across the Health and Social Care economy. The Tissue Viability teams will continue taking the work stream forward to include future training, education, analysis of the data and any further actions that may be identified.</p>	<p>Completed</p>
<p>Develop pathway for early recognition of potential dementia and delirium</p>	<p>ECCH committed to following the Find, Assess, Investigate, Refer and Inform (FAIR) pathway in which patients admitted from the community to the inpatient units are identified and referred for further diagnostic advice. A written care plan has been developed for discharge and shared with the patient's GP. Training is delivered to staff in order to improve care for patients with dementia during their admission to the community hospitals. A survey was also carried out of all carers of our dementia patients to ensure they feel adequately supported. Of the 34 surveys distributed, half (17) were returned with 15 saying they felt supported as a carer and 16 saying they were aware of local support groups. When a response requesting further support groups for carers was made, a leaflet listing these groups for both Norfolk and Suffolk was provided.</p>	<p>Completed</p>

Patient Safety

C-diff (*Clostridium Difficile*)

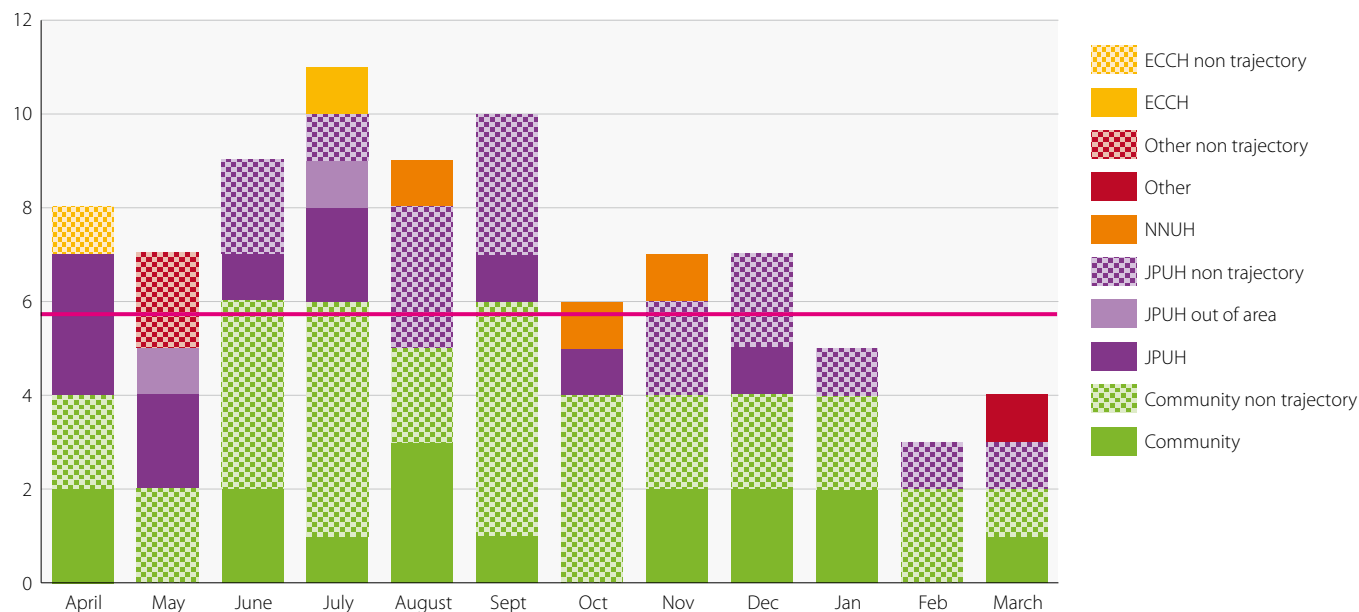
In 2015/16 the local healthcare system had a maximum permitted ceiling of 70 C-diff cases. The actual number of cases was 86. Two cases of C-diff were attributed to ECCH.

In 2014/15 the local healthcare system had a maximum permitted ceiling of 70 C-diff cases. The actual number of cases was 80. No cases of C-diff were attributed to ECCH.

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.

In 2016/17 the whole healthcare system has a maximum permitted ceiling of 70 C-diff cases. ECCH has a ceiling of 4 but will continue to work hard towards zero cases and will play an active role in delivering NHS Great Yarmouth and Waveney CCG's C-diff Improvement Plan which has been regularly refreshed and continues to challenge any issues that arise.

Clostridium Difficile cases 2015-16



Non trajectory indicates that an expert panel has subjected the case to an in-depth root cause analysis and has agreed the patient had C.diff despite all best practice being robustly demonstrated.



Other infections

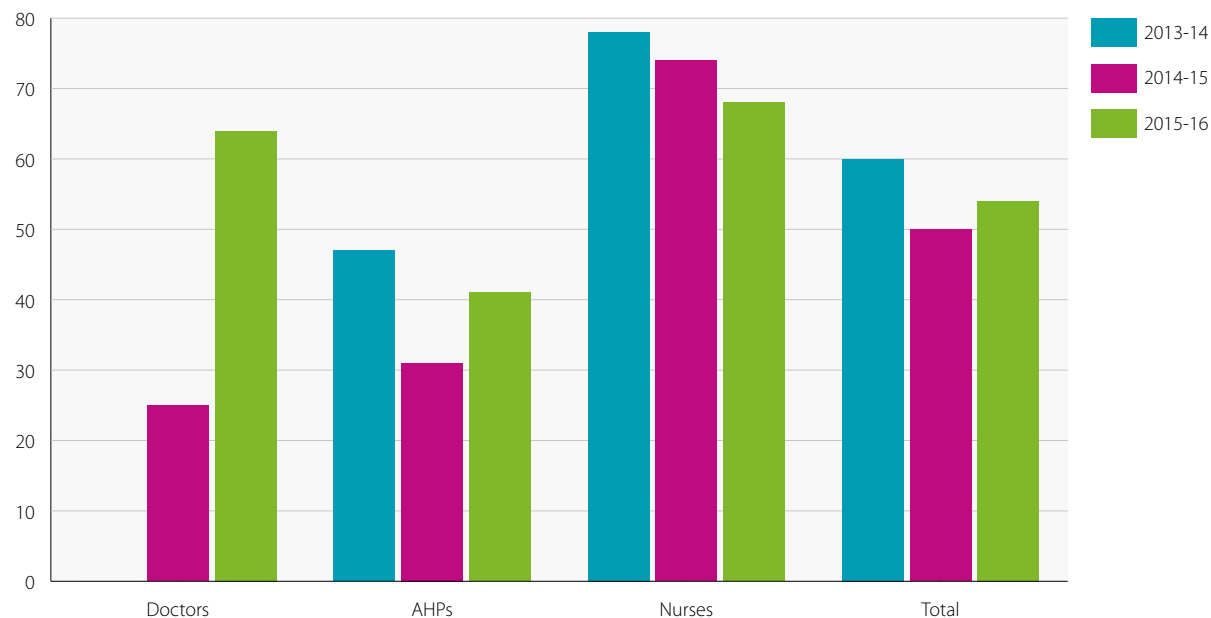
No cases of bMRSA were attributed to ECCH in 2015/16. There were also no cases of bMSSA or E.coli attributed to ECCH inpatients and no outbreaks of norovirus.

Seasonal influenza programme for ECCH staff

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

Year	Uptake of front line clinical staff
2015/16	54 (England average 49.5%)
2014/15	50.1%
2013/14	60%
2012/13	63%
2011/12	58%
2010/11	42%

ECCH seasonal influenza immunisation uptake 2015-16



Immunisation best practice

We held two immunisation study days to help reinforce best practice in 2015/16. These were attended by 131 staff, local clinicians and pharmacists. We also established a 'link nurse' system for GP surgeries in our area to share information and enable formal, two-way communication between our specialist team and the nurses in the clinical setting. We have a similar link nurse system with local care homes, which currently includes around 90% of the care homes in Great Yarmouth and Waveney.



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.

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 will 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 2589 which equates to an average of 216 per month. This is a decrease compared to 2,849 for 2014/15. 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	2286
Children Services	149
Corporate Services	70
Primary Care and Prevention Services	84
Total:	2,589

Incidents by type

Incidents affecting patients	2114
Incidents affecting the staff	324
Incidents affecting ECCH	125
Incidents affecting visitors, contractors or the public	26
Totals:	2,589

Incidents caused by other providers

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

Incidents affecting patients	830
Incidents affecting the staff	84
Incidents affecting ECCH	32
Incidents affecting visitors, contractors or the public	8
Totals:	954

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

Serious Incidents

23 serious incidents were reported to commissioners in 2015/16.

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



Pressure Ulcers

In the past year ECCH has carried out more training of both our own staff and staff in local care homes to identify pressure ulcers. We have also encouraged reporting by more of our teams including the podiatry service and out of hospital teams. This has led to a significant increase in the reporting of pressure ulcers.

In 2015/16 ECCH treated 989 patients for pressure ulcers graded 1-4 (compared to 589 in 2014/15) a total of 224 being grade 3 and above. From that total, 441 patients were in our care when the ulcers developed (276 in 2014/15) and 548 came into our care with pressure ulcers.

Of the 224 patients with pressure ulcers graded 3 or above, 101 were in our care when the ulcers developed and 123 came into our care with pressure ulcers graded 3 or above. Out of the 101 patients who developed pressure ulcers while in ECCH's care, 20 cases were deemed avoidable and investigated fully.

Pressure Ulcers	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avoidable developed "in our care"	2	3	1	0	0	0	1	2	4	3	1	3
Falls (Unavoidable)	1	0	0	0	0	0	0	0	0	0	1	1

Duty of candour

We now follow the Duty of Candour process and notify all patients of any moderate harm caused to them by ECCH, verbally and in writing. To date, all such patients have been notified. (NB The only duty of candour issues raised have also been Serious Incidents and therefore have been investigated fully).

	No of patient incidents reported	No of incidents that triggered Duty of Candour	Percentage %	% of patients informed of their harm
Jan 16	192	5	2.6%	100%
Feb 16	161	1	0.62%	100%
Mar 16	176	2	1.13%	100%

Clinical Effectiveness

Health visiting

NHS England praised ECCH health visitors for the service they provide to new mums and their babies in Great Yarmouth and Waveney.

In the two years to June 2015 ECCH health visitors had consistently met their target to see 90% of expectant mums before they are 28 weeks pregnant. They also provided visits to more than 95% of newborns, against a target of 95% for East Anglia.

Around 90% of babies were reviewed at 12 months of age and more than 95% by the age of two and a half, against a target of 90%.

NHS England described ECCH's performance as 'an outstanding achievement' which 'favours well compared to providers across the East'.

The team, based in Lowestoft, also received an excellent report following their Quality Improvement Visit by the commissioning manager of Suffolk County Council in February. They scored 50 out of a possible 52 points for the assessment which covered Infection Control, Safety, Care Delivery and Environment.

The report stated: *"Staff are all clearly committed to delivering a high quality service and there was clear evidence of developing the service to meet need. There were several good examples of partnership working with other agencies to provide optimum levels of support to clients e.g. midwives, GPs and social workers.*

"The staff reported there had been recent skill mixing within the team. The role of nursery nurse is proving to be invaluable, providing advice e.g. regarding fussy eating and toilet training. It was reported the staff had extensive and different skills to the health visitors and were making a very positive contribution to the service."

No actions or recommendations were highlighted.

National Child Measurement Programme

ECCH once again exceeded its targets for delivering a national programme to monitor children's weight in Great Yarmouth and Gorleston.

Figures show that ECCH's specially trained staff measured 97.6% of children in reception and 98.1% in year 6 from 36 state schools in the year to June 2015 and provided feedback to 100% of parents of those children measured. In 2013/14 they measured 98% and 95.9% respectively. The target is 95%.

Family Nurse Partnership

ECCH's Family Nurse Partnership (FNP) team for Great Yarmouth moved to a different provider in October 2015 following Norfolk's re-commissioning of FNP as part of its new public health service responsibilities. ECCH remains responsible for the Waveney area where Suffolk County Council has increased investment to bring the team up to a full complement of four family nurses, a supervisor and administrator. The Waveney team will now be known as East Coast FNP.

The Annual Review by the FNP National Unit acknowledged ECCH's success at running both teams and referred to it as: *"a consistently high performing site, East Coast have been a positive provider organisation that have embraced FNP, have integrated the learning and ethos throughout the organisation. It is right to acknowledge the success of this team and the positive outcomes achieved for many young clients and their children."*

The review also said: *"It is encouraging that there has been some improved understanding from other professionals on the strength based approach of FNP. The adoption of Sign of Safety in both Norfolk and Suffolk has assisted in the greater understanding of a strength based approach and helped improve a more collaborative way of working."*

"The involvement of the FNP Supervisor in Safeguarding workshop training for Social Care staff is an excellent example of good practice in sharing the skills and learning from FNP. Joint supervision with Looked After Children (LAC) nurse, social care and midwifery is also noted as positive good practice."

"Maternal and public health outcomes remain a priority for the team and use of national research, the RCT findings and local data are used effectively by the team to help them to improve practice to tackle some of these difficult aspects of lifestyle changes such as smoking for clients who are facing many challenges in their life."

"Despite the many changes faced by the team, fidelity to the programme and dosage remains high. This is testament to the drive, passion and commitment of the team, the skilful management of their supervisor, support from the Provider and the wider strategic environment."

The FNP team also received a very positive report following a Quality Improvement Visit by our Commissioners Suffolk County Council. They received a score of 47 out of 48 after assessment of four areas - Infection Control, Safety, Care Delivery and Environment.

The report said: *"Throughout the visit staff demonstrated their commitment to delivering a personalised service with good examples of ongoing review of service delivery to improve quality."*

Helping patients access better care

East Coast Community Access (ECCA) is the team which takes calls from patients, GPs or hospital colleagues wishing to contact a community clinician - nearly 14,000 calls a month on average. In 2015/16 they became the point of contact for more of ECCH's services - the new north out of hospital team, neurology, cancer matrons and speech and language therapy - taking the total services handled to 16.

Stop Smoking Service

The Smoking Cessation Service was set a target for 880 smokers to have set a quit date in 2015/16. By April we had achieved 991.

From those who set a quit date, a target of 528 was set for those who actually stopped smoking. Again we surpassed our target.

In August 2015 the Stop Smoking team won a national award for its efforts to encourage people to quit on No Smoking Day.

The specialist team was awarded first prize in the Best Health Setting Category of the British Heart Foundation's Organiser of the Year awards. The team had a stand in the foyer of the James Paget University Hospital (JPUH) in Gorleston for No Smoking Day in March offering carbon monoxide readings, information about quitting smoking and referrals for support from the service throughout the quitting process. Nicotine patches were supplied to those pledging to quit and there was a "Proud to be a Quitter" wall where former smokers posted messages about why they were pleased to have given up.

The judges said they were "most impressed with the strategy to get people started right there and then with their patches".

This success has just been repeated following notification that the team has been awarded runner-up in the same award category for No Smoking Day 2016, for which they again had a stand at JPUH as well as an advice stall on Great Yarmouth Market.

The team also raised awareness of the dangers of carbon monoxide with an event in Lowestoft which brought together agencies and organisations who deal with the effects of this silent killer on a daily basis.

Lowestoft MP Peter Aldous opened the event in Lowestoft High Street in July. The Stop Smoking Team and health trainers carried out free wellbeing checks. Health visitors and the breast feeding team were also on hand to give advice to pregnant women and new mums. Other organisations including the Gas Safety Trust, Suffolk Fire Brigade and staff from the hyperbaric unit at the JPUH, which treats people with carbon monoxide poisoning, were offering help and information.

Physical activity team (adults & children)

Our Exercise Referral Scheme has been completed by 446 people within the catchment targets of Great Yarmouth and Waveney Districts with in excess of 94% having an improved health and wellbeing score. Additionally 88% of clients have increased their respective heart rate recovery.

The Physical Activity team bought an inflatable football pitch in 2015 which was put to good use at events including summer holiday sports sessions beside Claremont Pier on Lowestoft beach in July. The stadium was bought in partnership with Sentinel Leisure Trust and Suffolk Sport giving children and young people from five years to teenagers the chance to enjoy playing football and tag rugby.

A new exercise hub for people with medical conditions was launched at Sole Bay Health Centre at Reydon, near Southwold. It means patients who have received treatment from ECCH physiotherapists based there, or

attended the GP surgery on site for problems like high blood pressure or obesity, can be referred directly for exercise classes to enhance and extend their care.

It enables ECCH to further integrate community healthcare with public health services and primary care as well as making the most of the facilities at the health centre to support patients. It has a purpose-built gym with equipment designed to build strength and stamina in the circuit-style training sessions.

The team also launched a weekly drop-in 'doorstep' sports club for 14 to 25 year olds at Great Yarmouth College to encourage them to get active and help them develop life skills like teamwork while having fun.



ECCH worked in partnership with Great Yarmouth Borough Council to attract the funding for the project from the charity StreetGames, a national partner of Sport England and a centre of expertise for developing “doorstep” sport in disadvantaged communities. The club will cost just £1 a session.

Health Promotion

Trainers from ECCH and Mytime Health offered mini MOTs to men in Great Yarmouth and Lowestoft as part of Men’s Health Week in June 2015. They checked blood pressure, body mass index (BMI), height and weight at free drop-in sessions and gave away a Man Manual about health and wellbeing to all those who attended.

The teams also offered health checks to staff at Asco, Enviroco, Conoco Phillips and Petrofac in Great Yarmouth as well as Centre 81, the charity which works with people with physical and sensory disabilities in the town, and at Gorleston Sixth Form College, Northgate Hospital and Birdseye in Lowestoft.

Our Workplace Health Scheme signed up 20 new businesses, reaching more than 1800 employees.

The Health Improvement Team attended 26 Community and Workplace Events to inform the public about ECCH Services. They also attended the biannual Job Centre Plus service user Health and Wellbeing events in Great Yarmouth.

Speech and Language Therapy

For the first time parents in Norfolk who are concerned about their children’s communication skills will have a phone line to call seven days a week to access help and advice, in addition to the current ‘face to face’ support, after ECCH was awarded the contract to provide speech and language services across Norfolk.

Norfolk County Council and the Clinical Commissioning Groups for Norwich, North, South and West Norfolk have jointly commissioned ECCH to deliver the new therapy service for children aged 0-19. Parents and professionals will be able to use the phone line to refer children into the service or request a telephone appointment with a therapist.



ECCH has provided a speech and language therapy service in Great Yarmouth and Waveney since the social enterprise was launched in 2011. The model for the new Norfolk-wide service will focus on supporting children and young people in their everyday environment such as at nurseries, children’s centres, or schools rather than in clinics. ECCH therapists will provide specialist support and also train others, including the child’s family, Early Years practitioners and teachers, to support their communication development closer to home. Evidence shows it is more effective than traditional methods for meeting the communication needs of children and young people.

Families and partners were involved in designing the specification for the new service which will enable ECCH’s therapists to target their specialist skills where they are most needed.

GP Practices

In August 2015 ECCH signed a partnership agreement with Bungay Medical Practice followed in January 2016 by a partnership with Falkland Practice in Bradwell. Two members of ECCH’s management team joined the practices’ Boards with ECCH providing administration and HR support for the practice.

Then in April 2016 NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) commissioned ECCH to provide primary care medical services at two more GP practices - Kirkley Mill and Westwood - in Lowestoft.

Each of these cases will lead to more integration of services in the future for the benefit of patients such as the possible introduction of physiotherapists and health improvement

services at the practices as well as collaboration with social care services and local pharmacies. ECCH has also run the Nelson Medical Practice in Great Yarmouth since 2011.

Quality and Outcomes Framework Achievement

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. There were 559 points to be gained in this year's QOF. These were the results for the three surgeries under ECCH's management up to April 2016.

The Nelson Medical Practice	Bungay Medical Practice	Falkland Surgery
553.13	545.31	540.46

You said:

"We are so happy. The help we have received at the Nelson Medical Practice is excellent and the doctor goes out of their way to help us. The time was taken to listen to us and never rushed us, and also understands the problems we are going through."

"I have found all the staff at Bungay Medical Practice to be excellent. I can't fault the time and care I have received. The GPs have time to listen, and the nurses."

"I have always received excellent service at Falkland surgery. Getting an appointment has never been an issue at all. The administration staff are friendly and helpful and the medical staff have always been professional and knowledgeable"

Parkinson's Group

After the success of ECCH's pilot information group in Great Yarmouth for patients newly diagnosed with Parkinson's in November 2014, more sessions were held in Great Yarmouth and Waveney in summer 2015. They were set up in partnership with Parkinson's UK and offered practical support and advice with the aim of helping people self-manage their condition as much as possible. The team also set up group exercise sessions in Lowestoft for those with Parkinson's and multiple sclerosis as a direct result of feedback from a patient engagement event.

Baby Life Support Training

A free training session for parents to learn basic life support for babies was held at Martham Health Centre in May. The group were taught how to recognise the signs when a baby stops breathing or is choking. They also learned resuscitation techniques.

The training was organised by one of ECCH's Health Visitors and proved so successful more sessions have been arranged for 2016.

Breastfeeding Peer Support

Our Breastfeed Peer Support team received a Quality Improvement Visit from our commissioners at Suffolk County Council in March and received full marks in their assessment of four areas of the service - Infection Control, Safety, Care Delivery and Environment. Staff were praised for having "demonstrated their commitment to delivering a high quality service with good examples of ongoing review of service delivery to improve quality".

In 2016 the team launched a 'Brilliant Breastfeeding' Facebook page and re-launched our 'out of hours' telephone support with the result that clients and their families are engaging more and receiving care that is more specific to their needs.

The following case study is an example of the way in which we have been able to support parents in this way: a young new father called the 'Out of Hours' helpline at 2150hrs on a Saturday evening. He informed the senior practitioner that his new baby (who was crying in the background) would not attach to mother's breast which was too full of milk. The practitioner asked to be put on loudspeaker so both parents could hear instructions on how mum should hand express some milk to let baby attach on. The practitioner was immediately able to upload the UNICEF video demonstration of this to the Brilliant Breastfeeding Facebook site and the father opened this on his phone.



The practitioner called back 30 minutes later to follow up the outcome. The baby was happy and fed beautifully. The parents felt more confident and began engaging daily with the Facebook newsfeed where there are evidenced-based articles about early breastfeeding.

The baby in this case study was still being breastfed at 8 weeks and the parents attended the BB Café in their local Children's Centre.

School Nursing

In February our commissioners from Suffolk County Council carried out a Quality Improvement Visit to the School Nursing Service in Lowestoft. They examined three areas - Safety, Care Delivery and Environment - giving the team full marks in all areas and making no recommendations for actions.

The report into the visit stated: "Staff reported the need for good relationships with school staff to facilitate effective service delivery, and clearly work hard to establish those effective relationships. It was positive to be advised of some work with parents to help address identified issues with their children e.g. friendship and bullying. The work demonstrated the responsiveness of the service to meet identified need.

The importance of providing a personalised service was demonstrated well throughout the course of the visit. Some effective joint working with other agencies was described, and there was evidence of regular signposting to other services.

It was reported that positive feedback was received regarding the service from both parents and children, with evidence of resulting service development.

Clinical Research

In 2014/15 we pledged to increase our involvement in clinical research and in 2015/16 we have achieved that. The number of patients receiving NHS services provided or sub-contracted by ECCH that were recruited in 2015/16 to participate in research approved by a research ethics committee was 41, compared to nine in the previous year.

In 2015/16 we took on 4 new national portfolio studies, supported by the National Institute for Health Research (NIHR) Network and one non-portfolio study, together with a few studies continuing from previous years. We are working with the network to get the ECCH recognised as a research active organisation in its own right alongside other NHS organisations.

One of our GP practices, Bungay Medical Practice, underwent a process to become a Royal College of General Practitioners (RCGP) 'research ready' practice with support from the Clinical Research Network.

This means that, along with the Nelson Medical Centre in Great Yarmouth, there are now two 'research ready' practices within ECCH.

To enable staff and patients easier access to research, we have developed our research infrastructure over the last 12 months by employing a dedicated Research and Clinical Audit Facilitator and a Research Nurse, and are building our research capacity by increasing the number of clinical staff undertaking Good Clinical Practice (GCP) training. We have established a bimonthly research forum where all our studies are discussed and we are hoping to enhance this by inviting our academic colleagues from the University of East Anglia and University Campus Suffolk to help us develop possible research ideas that we can take forward to improve patient care.

We have taken steps to engage with the wider research community in the Great Yarmouth & Waveney area linking up with the CCG and the acute trust to drive forward research of interest to our population.

A research prioritisation survey went out to key clinicians, academics and managers from across organisations in Great Yarmouth & Waveney (GY&W) in July 2015 to understand individual, organisation and system wide priorities. A GY&W Research Summit was held on 18th September 2015 to consider the survey outcomes and create a research plan for the local population.



Clinical Education

Following 2014's successful implementation of the generic worker role - now known as integrated care workers - within the Lowestoft Out of Hospital Team, we published our training model in a regional publication (Norfolk and Suffolk Care Support newsletter) and have continued to provide the training to upskill our support staff. The new Great Yarmouth OHT also includes integrated support workers who are providing a rapid response to those in need with efficient and high quality care.

As part of our participation in the national field testing of the Care Certificate, ECCH incorporated the 15 Care Certificate standards into the block training that all those undertaking the integrated care worker role are required to achieve. In 2015 we further streamlined and improved the program and offer it on a monthly basis for new and existing healthcare support workers. We have retained the quality of the training while decreasing the time that it takes to complete by theming the study days and aligning it to our organisational induction processes.

The program of our Mentor and Practice Educator Development Day, introduced in 2014, has been rolled out across the organisation with continued success again this year. ECCH staff who undertake these roles reported feeling valued and recognised for the work that they do. The students who have been placed with us also gave very positive feedback.

Our recruitment of newly qualified practitioners has increased from 2014 and we have focussed this year on ensuring that we have satisfactory support processes in place to robustly transition our newly qualified members of staff into the community setting. This is achieved through our revised and updated multi-professional preceptorship policy and our supervision policy and processes which offer clarity and different approaches to supervision to best meet the needs of our staff members.

We retained our green RAG rating (highest achievement) in our annual Quality Improvement Performance Framework assessment for the second year. We have been commended and recognised for best practice by Health Education England on a range of our initiatives and governance processes and have presented at regional meetings. Specific areas eliciting praise have been:

- The investment and support we offer our Mentors and Practice Educators who facilitate the training of the next generation through the development days that we have embedded.
- Our structured and collaborative processes to manage the allocation of learners into our organisation including welcoming students; and
- Our robust process for supporting staff development activities to ensure the best return on investment of taxpayers' money to improve the service we provide for our community.

Our partnership working has strengthened throughout the year and culminated in a jointly developed paper about supporting 'return to practice' nurses which was developed in collaboration with the University of East Anglia, JPUH, Norfolk and Norwich University Hospitals NHS Trust, Norfolk Community Health & Care NHS Trust, and Queen Elizabeth Hospital, King's Lynn. This has been selected for presentation at the 2016 Royal College of Nursing Annual Conference.

The Integrated Care Skills Project has progressed and has generated both income and increased profile for ECCH amongst our social care partners. We worked with Norfolk County Council to support the integrated care workers in the North OHT in their implementation of the care certificate. This has successfully supported a stronger relationship between the Education and Workforce teams and has benefitted our patients/clients within the Great Yarmouth and Waveney area by facilitating the achievement of this fundamental assurance of quality.

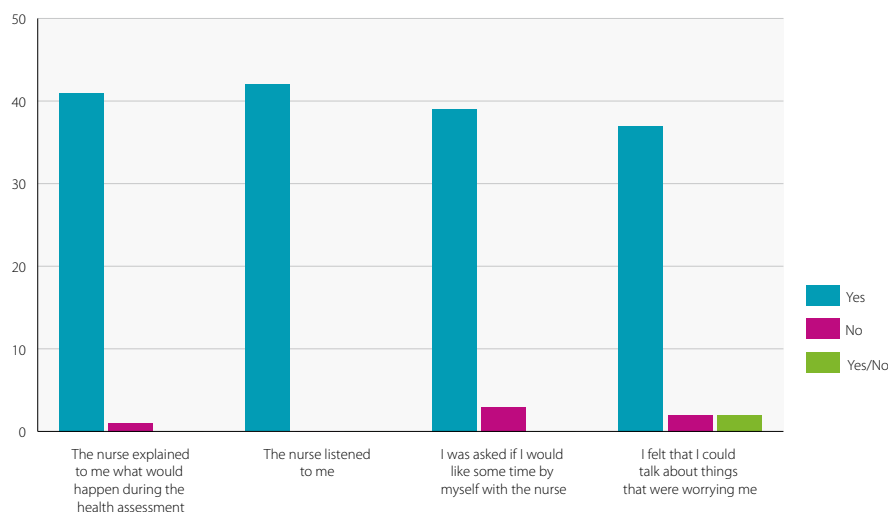
Safeguarding Adults & Children Service

It is a responsibility of all ECCH staff to raise concerns about adults & children in our care who are experiencing, or at risk of, abuse or neglect or who are vulnerable. During the past year the number of concerns for adults and children who are in vulnerable situations and who require a safeguarding referral continued to increase.

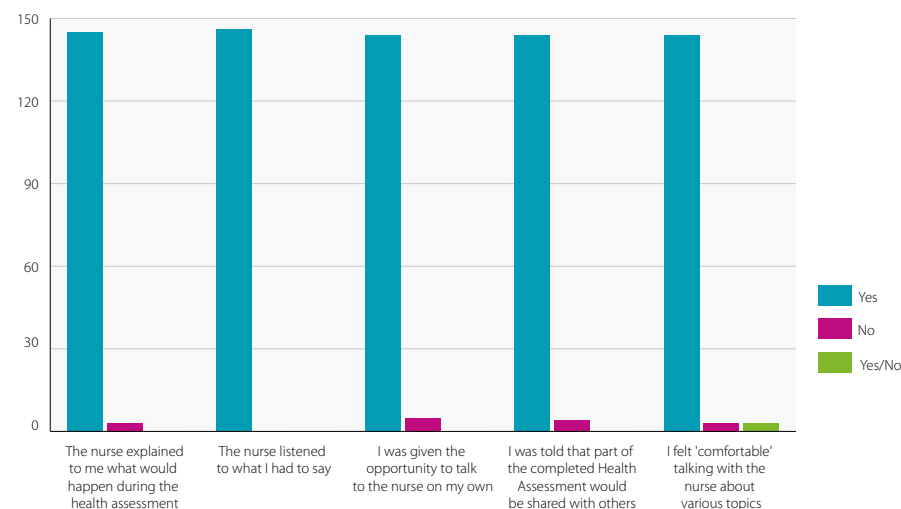
Key actions carried out in 2015:

- With the departure of the Safeguarding Adult Lead, the Safeguarding team has now amalgamated with the Safeguarding Lead/Named Nurse overseeing the safeguarding agenda with two deputies - one with specialist knowledge in adult safeguarding and another with specialist knowledge in safeguarding children.

Looked After Children Feedback Data 2015/16 - Ages 5 to 11



Looked After Children Feedback Data 2015/16 - Ages 11 to 16



- Annual Audit completed by The Norfolk Designated Children Safeguarding team which concluded that all staff from both Children's Services and Adult Services directorates had a good understanding of Safeguarding Children. Feedback regarding the face to face training was very positive.
- DATIX continues to be reviewed by the Safeguarding team to identify themes and concerns. These are then discussed at the safeguarding committee and raised at our Internal Governance Committee.
- Section 11 of the Children's Act 1989 is an annual self-assessment which the organisation is required to complete and share with the Norfolk Safeguarding Children's Board (NSCB). The feedback from the NSCB Chair was positive.
- Both children and adult safeguarding dashboards are completed quarterly ensuring ECCH remains compliant within the safeguarding remit.
- Following the Saville Enquiry, policies and procedures have been updated including the Access Procedure for Sanctioned Visitors Policy and the Chaperone Policy. These can be accessed on our intranet system.

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

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

Facilities Management

In August 2015 the Food Standards Agency awarded Beccles Hospital, Patrick Stead Hospital and Northgate GP Unit Catering Departments 5 Stars - the highest rating.

Environmental health officers inspected all areas of the catering operation including cleanliness, tidiness, good organisation, record keeping, training and knowledge of staff.

In April, a visit to Anglia Crown, the caterer which provides cook chill meals to Patrick Stead Hospital and Rayner Green Resource Centre, was organised for a group of ECCH staff so they could see the preparation process for the meals that we buy in. After touring Anglia Crown's factory kitchen in Colchester staff were able to taste a selection of meals.

We introduced the Estates and Facilities helpdesk in September. All work requests now come through to the helpdesk and jobs are divided between our own multi-skilled operatives and our 'hard FM' providers Mitie and Norfolk and Suffolk NHS Foundation Trust. This exercise has meant that we have been able to reduce our variable work spend on a month by month basis.

A number of our team received training in Legionella management and two Estates and Facilities operational managers completed their NVQ level 5 in Management and Leadership. Estates and Facilities also arranged ISO14001 environmental management training for representatives from ECCH. This enables an organisation to demonstrate to stakeholders and customers that the business is committed to reducing its environmental impact, as well as reducing costs associated with waste management.

The team has recycled surplus equipment, both office and medical, from our warehouse at Beccles House saving the organisation around £65,000 in replacement costs this year.

Pharmacy Pilot

ECCH has been successfully selected to take part in an NHS England pilot scheme which includes seven GP surgeries in the Great Yarmouth and Waveney area.

This pilot scheme will see a new way of working in general practice, where clinical pharmacists will become an integral part of the multidisciplinary team to enhance services for patients and relieve the pressure on GPs. Their roles will be focused on medication optimisation, traditionally held by GPs and practice nurses. They will take on responsibilities such as medication reviews of high-risk patient groups, developing pharmacist-led clinics to manage long-term conditions, medicines reconciliation, analysing pathology results, managing medication queries and repeat prescriptions.

All pilot pharmacists will undertake a comprehensive training pathway and become independent prescribers as part of this pilot.



How are we doing?

Patient and Service User Experience

Friends and Family Test

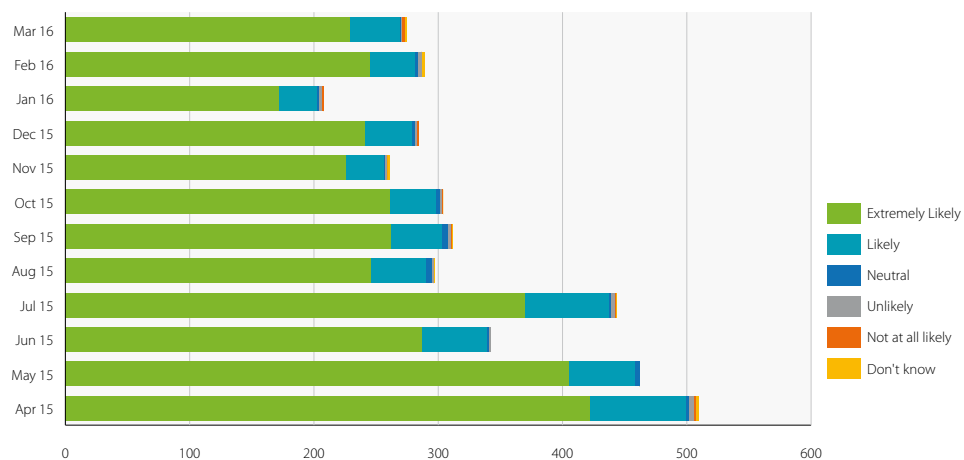
The Friends and Family Test (FFT) is a national mandatory initiative by NHS England asking patients if they would recommend an NHS service to their friends and family. This is the first year we have run the survey across all our services. We have consistently gained an excellent score across the organisation with results showing more than 97% 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.

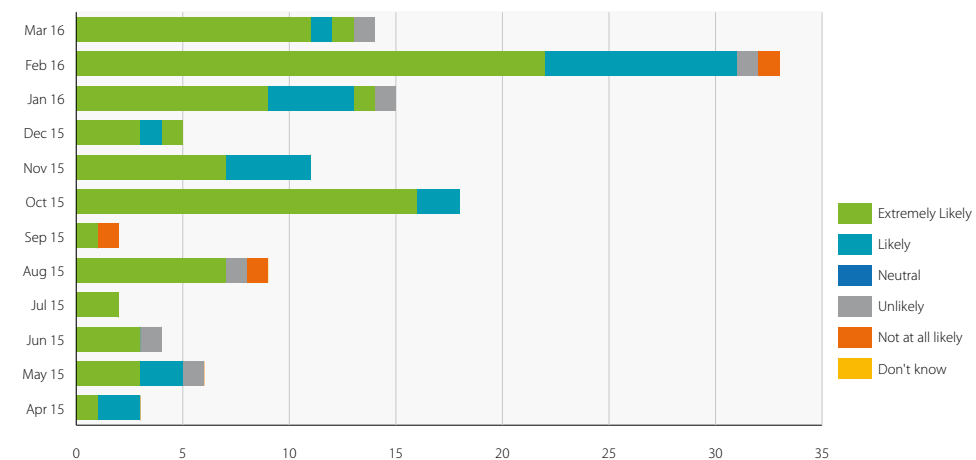
How likely are you to recommend our services to your friend and family if they needed similar care or treatment? FFT data for all ECCH services

Date	Extremely likely	Likely	Neutral	Unlikely	Not at all likely	Don't know	Total	% Positive
March 16	264	61	7	3	2	2	339	96%
Feb 16	298	54	6	5	3	2	368	96%
Jan 16	184	34	3	3	2	0	226	96%
Dec 15	264	56	5	2	1	0	328	98%
Nov 15	233	34	1	2	0	2	272	98%
Oct 15	278	42	3	2	1	1	327	98%
Sept 15	278	58	5	4	2	1	348	97%
Aug 15	253	44	7	2	2	1	309	96%
July 15	374	69	2	3	1	1	450	98%
June 15	316	66	4	3	0	0	389	98%
May 15	410	55	4	1	0	0	470	99%
April 15	434	79	3	4	1	3	524	98%
Total	3,586	652	50	34	15	13	4,350	97%

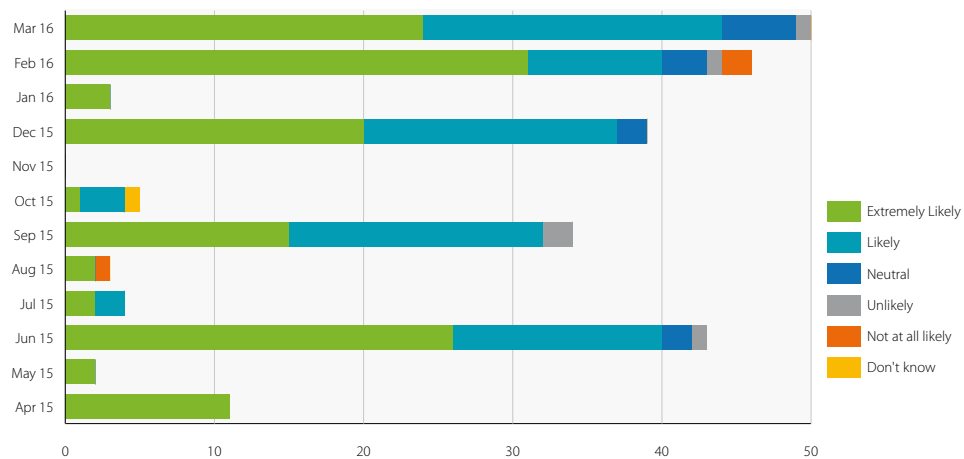
Friends and Family Test - Adults' and Children's Services



Friends and Family Test - Bungay Medical Practice



Friends and Family Test - Nelson Medical Practice



Patient Advice and Liaison Service

ECCH's Patient Advice and Liaison Manager Geraldine Adams, who organises the FFT survey for ECCH, has been made a Friends and Family Test Champion by NHS England. It recognises her efforts to champion patient opinion and use their feedback to inform the organisation about ways to continually improve services. It also means she has been tasked with sharing best practice with other health organisations and leading on the ongoing delivery of the survey.

Running alongside 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.

Duty of Candour plays a role within concerns and complaints raised. The new PALS and Complaints policy, together with the Duty of Candour policy, are fully embedded across the organisation and can be found on both our intranet and website.

The graphs below provide details of the complaints received during the year 1 April 2015 to 31 March 2016.

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.

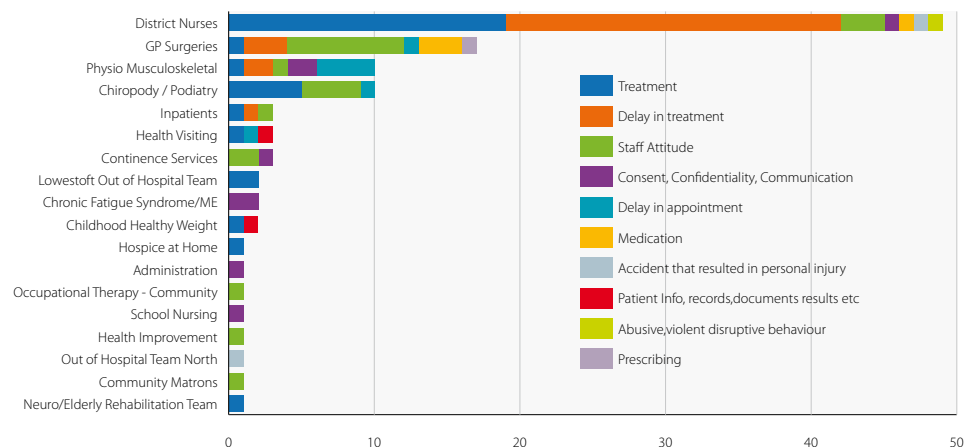
This again provides us with feedback and any suggested improvements can then be taken forward where possible. Monthly results are uploaded on ECCH's website (www.eech.org).

Patients as Teachers

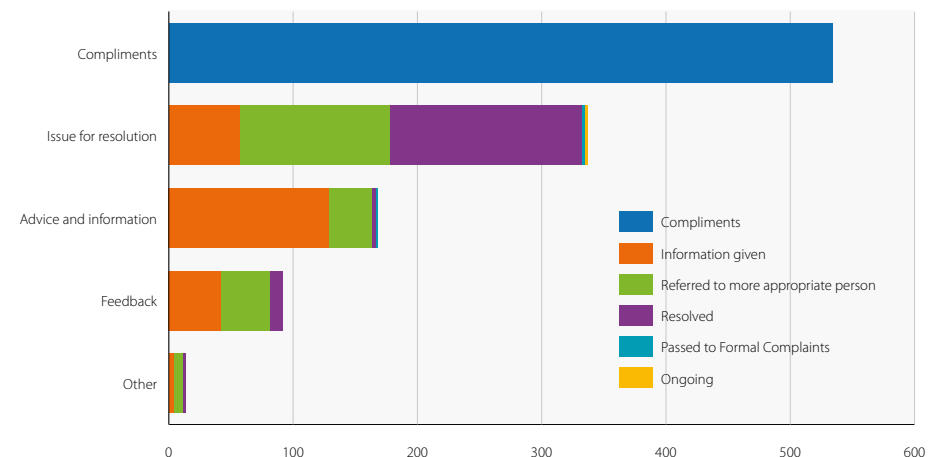
We have invited patients from our three Primary Care GP Surgeries (The Nelson Medical Practice, Bungay Medical Centre and Falkland Surgery) to attend one of three Patients as Teachers forums to be held during May and June 2016. In addition to this, patients who are treated by the ME/Chronic Fatigue Syndrome service are currently being invited to forums to be held in September and October this year. Patients as Teachers forums allow patients to tell us their current experiences with the care and treatment provided and to give us their invaluable feedback on any service improvements they identify.

We will implement this 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.

Complaints received April 2015 - March 2016



PALS types and outcomes April 2015 - March 2016



You said - we did

Why don't I have regular podiatry appointments any more?



We now make sure consistent information is given to patients on what our new podiatry services can provide, following new access criteria agreed with our commissioners.

We give details on expected frequency of appointments, waiting lists and the changes in care recently implemented.

The District Nursing deferred my home visit and I wasn't told.



We now tell patients if our staff are not able to visit.

We have introduced a caseload management system to improve continuity of care and communication between staff and patients. This means that patients have the same named nurse to provide care whenever possible.

I can't get an appointment at Beccles Minor Injuries Unit to get my stitches removed.



Our team examined the difficulties patients experienced when trying to get an appointment for suture removal.

We now understand how our existing service did not work for patients and we have developed a new process.

I want extra assurance that my mother, who has communication difficulties, can be correctly identified by nurses visiting her in her care home



We have asked care homes to put photographs of patients with communication difficulties on their drug charts.

This means nurses can safely identify their patients and ensure the correct treatment is provided.

Patient Feedback

I would like to say how very impressed we are with our podiatrist - excellent professionalism and expertise.

I would like to pass on my appreciation to all the District Nurses who visited me, they were all first class. Their communication skills were second to none.

The Occupational Therapist was very friendly and gave us excellent advice. All of the people I saw were very caring and helpful.

My physiotherapist was very professional and knowledgeable about my condition. I was very quickly able to see an improvement. Working with my physiotherapist was a pleasure.

Thank you to the Out of Hospital team who helped my mother with her recovery. Your tender, loving, care was outstanding and you will all be missed.

To all the lovely staff at Beccles Hospital, thank you so much for the wonderful care I have received. Keep up the good work, I am so grateful.

The Falls Team were very friendly and helpful. I would recommend this service to anybody.

I had to visit the Minor Injuries Unit and the staff on duty were wonderful. Thank you.

I would like to say a big thank you to the breastfeeding team for all your support! Without it I would have given up.

Many thanks to the Admission Prevention Service staff for all your wonderful help, kindness and support, also peace of mind. Cannot thank you enough.

Workforce Quality

Over the reporting period ECCH's substantive headcount has been an average of 859.5, decreasing by 60 on 2014's figure. The bulk of this decrease is due to the transfer of staff to a new provider for Norfolk's 0-19 children's services. However, our staff numbers are set to rise by 70 with our increased interest in Primary Care, and by a further 51 with the award of the contract for children's Speech and Language Therapy across Norfolk from 4th April 2016.

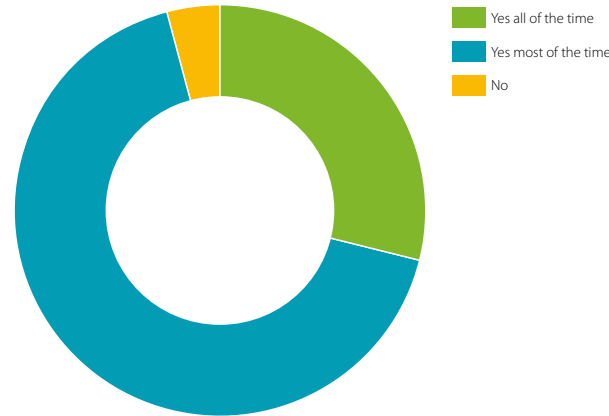
In support of our continuing strategy to focus on staff engagement through empowerment, training and development, we have redesigned our appraisal system into regular appraisal conversations, and provide additional tools including talent mapping and quarterly assessments that allow us to better predict the skills set of the organisation.

In May/June 2015 we carried out our own bespoke staff survey for the third year running. This was developed in-house and approved by members of ECCH's staff council, called The Hub, and our Joint Staff Forum, which has union representation. 61% of staff responded, 6% more than the previous year. The year responses show we have improved in nearly every area of the survey. For illustration we have focussed on the same questions reported in last year's Quality Account.

Result Highlights

96% of staff believe ECCH provides quality services and care all of/most of the time compared with 95% a year ago

Do you believe that ECCH provides quality service and care?

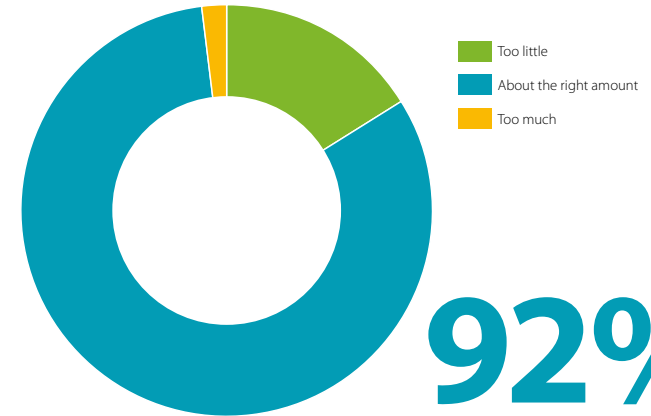


94%

Those who strongly agreed/agreed that the people they work with treated them with respect has risen from 88% to 94%

The number of staff who feel they receive adequate supervision at work has stayed the same at 82% having risen from 78% in 2013.

Do you feel you receive adequate supervision at work?

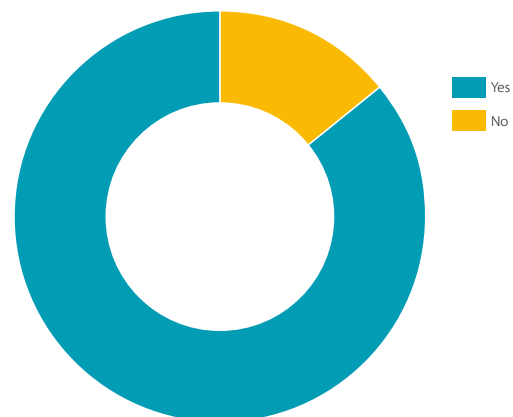


92%

92% of our staff strongly agreed/agreed that their team leader encouraged everyone to work as a team compared with 86% last year and 75% the year before.

Asked whether team leaders/line managers support staff in having a good work life balance, 86% of respondents said they did compared to 80% last year.

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



In addition, when asked whether they had experienced harassment, bullying, abuse or violence from ECCH Directors, team leaders or other colleagues in the 12 months prior to the survey, 89% of staff said they had not, compared to 83% in 2014/15.

When asked if there are opportunities to progress in their jobs, 62% of staff who responded said there were. This compares with 58% last year.

Staff Absence

The average cumulative absence rate for this period is 5.9% compared to a rate of 5.7% for 2014/15. Whilst there has been an increase in overall absence rates this year, given the difficult decisions inherent in the CCG's public consultation 'The Shape of the System' and the subsequent restructuring of our care delivery model, we could have predicted a sharper rise. ECCH continues, through proactive Human Resources (HR) and wellbeing strategies, to find ways to reduce this absence and promote wellness further within the workforce.

Workforce Development

Development of staff goes a long way to enable staff to meet the corporate objectives, to maximise performance and unlock potential. 2015/16 has seen continued progress in identifying, attracting and developing our workforce. We have continued to improve on the numbers of newly qualified practitioners joining us following their professional training where they have had their placements with us. This is across a range of disciplines and is supported by the review and development of a robust preceptorship policy that is aligned to national standards and the review of our supervision policy that is focussed on providing a range of ways for our staff to access the supervision that best suits their needs. In occupational therapy, close working with the James Paget University Hospitals NHS Trust has seen the development and roll out of a rotation for new Occupational Therapists to consolidate their practice and skills in both the acute and community settings that runs in parallel with their preceptorship period. This will ensure that, as our Occupational Therapists progress, they will have sound understanding, confidence and skills to benefit our patients at all stages of their pathway.

Following our success of field testing the national care certificate and presenting at a regional conference we have continued to invest in our workforce by supporting all of our existing support workers to achieve the care certificate. This not only provides our support staff with a recognised qualification, it also provides clear assurances to our patients that all of our support staff have been reviewed and assessed against the national fundamental level for quality care. We have 30 apprentices enrolled in our organisation across both clinical and non-clinical roles, which exceeded our national set target numbers and 14 have completed their apprenticeships during 2015/16. The success of the internal support infrastructure such as the apprenticeship forums is reflected in our apprentices' positive feedback. Our commitment to developing our workforce is also evident in a further increase in the number of staff members that we have supported in undertaking the foundation degree.

We are supporting our first staff member in undertaking a work based pathway to becoming a registered nurse. This is through working with our partners in the system (including our education partners) to provide different routes into professional training whilst still working. This initiative is one that we are committed to continuing and we will soon be seeking to identify staff members to join the next cohort.

In order to build our workforce and grow our own district nurses we had to produce an amended model of supervision and facilitate the rapid development of practice teachers that was approved by the Nursing and Midwifery Council.

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.

In 2015 we set up TEECCH - Training and Education at East Coast Community Healthcare - in order to share our knowledge within the organisation and beyond. We offer a wide range of courses covering themes including Work and Life Skills, Clinical Training, Personal Development, Computer Skills 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, and number of GP practices and care homes.



Training and development highlights:

- The National Patient Safety Suite - a range of 14 eLearning programmes - was introduced in October 2015 mostly covering caring for patients with Diabetes, but also including Medical Terminology, Tissue Viability and Female Genital Mutilation. The programmes are open to all staff. To date 297 courses have been completed with a further 710 in progress
- Health Coaching continues with a further 143 staff completing the 2 day course
- Mandatory Training Compliance has risen to almost 90% overall
- 21 staff completed 'Court Skills and Expert Witness', a two day, in-house course for Health Professionals to ensure they have the support, knowledge and confidence to deal with questioning/cross examination accurately and effectively
- In-house trainers have developed further skills and qualifications to support high quality delivery, with 35 staff completing the one day Train the Trainer programme and 17 staff gaining a Level 3 qualification: Award in Education and Training
- An external provider was brought in to deliver a 2 day course entitled Comprehensive Assessment of the Older Person with 21 staff attending. This refreshed and enhanced clinical skills including tissue viability, syringe driver, short stretch bandage, chaperone training and venepuncture
- To support the development of research, 16 staff undertook a study day in Good Clinical Practice
- 51 staff completed a Winter Driving Conditions course to support the health, safety and wellbeing of staff who are community based

- 45 staff completed 'Patient & Client First' - a communication and customer care study day
- 233 line managers completed our People Matter management development course
- Leadership & Management Development - we have three staff studying at Post Graduate Certificate level at Nottingham Trent University, 12 studying or passed at level 3 ILM in L&M, and 10 at level 3 ILM in L&M.
- January 2016 saw the launch of a new Corporate Induction, now giving an enhanced welcome and overview of the organisation including its strategies, finance, contracts, values and the standards expected from staff.



Clinical Supervision

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

In 2014 we planned a programme for preparing and establishing regular quality supervision across the services. It utilises the 1:1 upward moving model, with the criteria that the supervisor should not be the line manager of the supervisee and that all clinical staff would be prepared for both the supervisor and supervisee role.

In 2015 the Supervision Policy was ratified and cascaded across the organisation and the associated training to prepare staff has been developed. The training programme is running and the monitoring processes are now initiated, with clear expectations regarding the drivers for and regularity of supervision clearly communicated. A supervisor register has been established and is available via the intranet and the Practice Education & Workforce Development Team.

Further refinement of the policy and processes led to a focus on supervision available for all of our staff, rather than just our clinical staff. Supervision is an important mechanism for review, reflection and development for everyone and we have incorporated a range of approaches to best suit our workforce. Increased engagement with supervision is now visible across a range of our services.

Talent for Care

Talent for Care is a national strategic framework to develop the healthcare workforce. This table 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"> We proactively support apprenticeships and are currently developing a plan to introduce recruited clinical apprentices. <p>From 1st October 2014 we have sought to enrol all new employees on bands 1-4 on an appropriate apprenticeship framework for their role.</p>
Increase the chances for people to try new experiences of working in the NHS .	<ul style="list-style-type: none"> We have worked with local schools and FE education providers to develop a work experience programme for young people to gain an understanding of the diverse career opportunities within the health and social care sector. This is implemented with a rotational work experience programme which includes a range of observations in all healthcare services ECCH provides (clinical and non-clinical)
Engage more staff to act as NHS Ambassadors who can promote NHS careers to schools, colleges and local communities .	<ul style="list-style-type: none"> We are currently identifying and expanding the number of health ambassadors with our organisation.
Challenge and support every NHS employer and contractor to implement a development programme for all support staff that is over and above annual appraisals and training.	<ul style="list-style-type: none"> We have rolled out the Care Certificate as part of our induction programme from March 2015 and have been supporting in-post staff to achieve the Care Certificate within their roles/service areas. This has been streamlined to be achievable within 5 weeks and is mapped to NVQ achievement. A number of staff have already achieved and been issued the Care Certificate following implementation.
All new healthcare support staff to achieve the new Care Certificate, and, for those who want it, a universally recognised Higher Care Certificate .	<ul style="list-style-type: none"> We seek to enrol all bands 1-4 staff onto an appropriate apprenticeship framework (from 1st October 2014)
Double the numbers of Health Education England funded or supported apprenticeships by March 2016 and establish an NHS Apprenticeship Scheme to rival the best in the country .	<ul style="list-style-type: none"> We proactively support apprenticeships and have met commissioned numbers for the commissioning cycle year 2015/16. We support the Foundation Degree in Health to grow our own Assistant Practitioners. We have met our commissions for the cycle year 2015/16 and receive ongoing interest for the course as it is the supply line into the work-based route for nursing.

Talent for Care Strategic Intention	ECCH Response
<p>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.</p>	<ul style="list-style-type: none"> • We are supporting the Work-based learning route into nursing for staff with a foundation degree in health. This will allow staff to study an NMC validated course as a secondment opportunity to gain professional registration.
<p>Agree with employers and education providers a universal acceptance of prior learning, vocational training and qualifications.</p>	<ul style="list-style-type: none"> • We are part of the working party with the local workforce partnership to develop transferability of the care certificate as part of a system wide agreement.
<p>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.</p>	<ul style="list-style-type: none"> • 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.
<p>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.</p>	

Audits & Care Quality Commission Inspections

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

The Care Quality Commission has not taken enforcement action against ECCH during 2015/16. One ECCH services was inspected during this period:

Beccles Community Hospital

The Care Quality Commission visited Beccles Community Hospital in August 2015 and acknowledged the work that had been put in place to introduce increased clinical supervision sessions and establish new processes to ensure that staff are aware of how to monitor their compliance with mandatory training.

The CQC had requested action during a visit in 2014 when it inspected the following standard:

- Assessing and monitoring the quality of service provision.

The CQC recorded that the standard has now been met.

In addition, we have implemented CQC evidence folders at Beccles Hospital and Patrick Stead Hospital in Halesworth. This enables staff to understand their involvement in CQC inspections and what constitutes evidence, supports any inspections and the data dashboards provide a benchmark so data can be reviewed and analysed for trends.

This approach has been shared across our community services through a series of workshops.

During 2015/16 there were no national clinical audits or national confidential enquiries covering relevant health services that ECCH provides. However, ECCH has 64 clinical audits and 22 service evaluations ongoing. The audits below have been completed so far.



Service/Department	Audit Topic	Aims (what)	Objectives (why)	Results/Recommendations
Community Nursing	Residential Home Type2 Diabetic Audit	To identify the volume of diabetic patients on the Community Nursing caseload who require daily visits to administer insulin within residential homes.	To highlight the need to teach residential care staff about the administration of insulin.	This audit identified the large number of residential homes on the Community Nursing caseload which require daily visits to administer insulin. Following this audit, a local protocol will be produced for the administration of insulin and blood glucose monitoring for patients within a care home setting. This will reduce the volume of visits for community nurses and will provide patients with improved diabetes management.
Wheelchair Services	Pressure Relief Cushions	To ensure that the correct level of pressure relief is provided to patients who are wheelchair users for the prevention of pressure ulcers.	To ensure the organisation is compliant with guidelines for pressure relief cushions provided to wheelchair users. This forms part of the Pressure Ulcer CQUIN target 2015/16, to avoid/ reduce the risk of developing a pressure sore.	This audit identified the importance of integrating wheelchair services pressure relief cushions and pressure mapping system into the organisation. This will help identify patients at risk of developing a pressure ulcer and provide preventative equipment at an earlier stage. A re-audit has been recommended.
Physiotherapy (Neuro)	Therapy Outcome Measures (TOMS)	To assess the compliance of Therapy Outcome Measures within the integrated Community Neurology Team.	To determine whether Therapy Outcome Measures are being completed at the relevant stages. To assess the difference between initial and discharge outcome measure scores.	This audit highlighted a satisfactory compliance with TOMS being completed on initial assessment. However, the audit did highlight a poor compliance for the completion of TOMS after active treatment. Following the audit it has been recommended that all team members will be provided with the TOMS completion guidelines to raise awareness. A re-audit has also been recommended.

Service/Department	Audit Topic	Aims (what)	Objectives (why)	Results/Recommendations
Community Matrons	Non-Medical Prescribers (Community Matrons) Antibiotic Prescribing Audit 2016	To ensure safe and effective prescribing of antibiotics by Non-Medical Prescribers.	To minimise the emergence of bacterial resistance and healthcare acquired infections in the community in accordance with ECCH Antibiotic Prescribing Policy.	This audit identified 88.8% of all antibiotic prescribing completed by Community Matrons between 01/12/2015 and 31/01/2016 was in accordance with the antibiotic prescribing formulary. Following this audit it has been recommended that the audit is repeated next year and is extended to include all non-medical prescribers within ECCH who have access to the antibiotic formulary.
Community Hospitals	Wristband Audit	To ensure that correct wristbands are being worn by patients in Beccles and Patrick Stead Community Hospitals.	To ensure the information on the wristband is correct to enable the safe administration of medicines.	Both Beccles and Patrick Stead Community Hospitals scored 100%.

Data Quality

Recognising the importance of data and information in today's world, ECCH seeks to continually improve data quality, analysis and availability of vital information to people across the organisation, ensuring that people at the front line of service delivery are fully informed at all times.

High quality data is vital for all areas of the organisation to ensure that the right decisions can be made at both a strategic and operational level and that all stakeholders can be confident in the information they receive.

ECCH has invested heavily in establishing a robust data management and Business Intelligence function that has oversight of, and responsibility for, all key clinical and non-clinical data. Recent developments include the creation of a dedicated data warehouse providing a single data source and enhanced security. Improvements such as this enable greater depth of analysis which will support service enhancements and new service design for the future.

Recently the Business Intelligence team has been strengthened in recognition of the critical role that data management plays in ECCH's success and will be seeking to improve integration with other governance functions, most critically to incorporate both current and emerging requirements around information governance.

Information Governance Toolkit

ECCH Information Governance Assessment Report score for 2015/16 was graded level 2.

Clinical Coding Error Rate

ECCH was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission.

Corporate Social Responsibility

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

Swimming Club Sponsorship

ECCH sponsored Great Yarmouth Swimming Club to enable it to stage a series of galas for young swimmers and thereby encourage children and young people to exercise. The £450 we donated went towards staging three events at Great Yarmouth High School pool and the Phoenix Pool in Bradwell. It included paying for swim caps, medals and certificates for the competitors who are all in the Learn to Swim and Pre-Squad groups.

Gym Club Support

We gave financial and practical support to a gymnastics club that was forced to move to new premises after being based in Beccles for forty years. ECCH provided a van and staff to move

equipment for the Beccles Royales in December 2015. Staff have also made donations towards the new building which needed flooring and heating.

Helping the Homeless

ECCH staff donated boxes of food, clothes and gifts to help support homeless people in Lowestoft. We set up collection points at our head office in Beccles and sites across Norfolk and Waveney in January for three months. The food will go into the foodbank at Lowestoft Citadel Salvation Army while the clothes and gifts will be sold in the Salvation Army's charity shops where 100% of all profits go into community activities at the church, the main beneficiary being their free drop-in meal funds.

Eye Machine Donated

We donated an ophthalmic field analyser - a machine for diagnosing eye conditions like glaucoma and monitoring the progress of sight loss - to Medical Aid International an organisation which equips healthcare projects in the developing world.

The machine had been in storage since it was taken out of service when Blundeston Prison closed in 2014. It was originally funded by the Beccles Hospital League of Friends who supported the donation.

Additional fund raising

We raised funds for local charities at a number of staff social events throughout the year. At the annual quiz night in April we collected £600 through tickets sales and a raffle. ECCH then matched this amount and donated it to Waveney Enterprises and East Anglian Air Ambulance. Staff also took part in national charity events such as Breast Cancer Awareness Month's 'Wear It Pink' campaign and MacMillan Cancer Support's 'World's Biggest Coffee Morning'.



Appendix 1 - Services Provided in 2015/16

From April 2015 to March 2016 ECCH provided and/or sub-contracted 36 NHS services:

Adult Services	Children and Family Services	Health Improvement Services	Primary Care
Community Nursing	Health Visiting	Workplace Health Promotion	Nelson Medical Practice
Hospice at Home	School Nursing	Needle Exchange and Supervised Consumption	Bungay Medical Practice
Lower Urinary Tract Service	Family Nurse Partnership	Smoking Cessation	Falkland Surgery
Admission Prevention Service	NCMP	TB Control Team	
Falls Service	Breastfeeding Support Service	Physical Activity Team (Adults & Children)	
Inpatient Services	Children's Speech and Language Therapy		
Minor Injury Unit at Beccles Hospital	Looked After Children		
Adult Speech and Language Therapy			
Continence Team			
Physiotherapy			
Neurological Specialist Nursing			
Occupational Therapy			
Podiatry			
Rayner Green Resource Centre			
Community Matrons - case management			
ME/Chronic Fatigue Syndrome Service			
Chronic Obstructive Pulmonary Disease Specialist Nursing			
Out of Hospital Services			
Cancer Matrons			
Infection Control			
Pharmacy/Medicines Management			

Appendix 2 - Letters from our stakeholders

Your Ref:
Our Ref: ECCHQA/CB
09 June 2016

Noreen Cushen-Brewster
Executive Director of Quality and Primary Care
East Coast Community Healthcare
Beccles House
1 Common Lane North
Beccles
Suffolk NR34 9BN


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

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

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 2015/16. 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 Trust over the previous 12 month period.

In our review, we have taken account of the clinical quality and safety improvement priorities identified for 2016/17 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;

ECCH will enhance the Hospice at Home team in order to ensure patients have access to safe, high quality and effective care at end of life.

In order to support safety through evidence-based care the organisation will invest in the development of research capability. ECCH will work collaboratively with system partners and the wider research community to increase research activity. Audit of existing services will be further enhanced to support organisational learning

The organisation will seek to protect staff and service users by increasing the uptake of flu vaccination by frontline staff to 75%.

Improving patient and staff experience

East Coast Community Healthcare will utilise the opportunity presented by the management of five Primary Care facilities to develop new models of care. These will focus on the integration of community, primary care and mental health. The organisation will work with patient focus, hard to reach and community groups to further develop strategy.

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

Staff welfare will be supported by the implementation of health and wellbeing initiatives including access to opportunities for physical activity, healthy food options across all sites and support for mental and physical health issues.

Improving clinical outcomes and effectiveness

Clinical effectiveness and outcomes for patients with mental health needs will be improved through greater partnership working with mental health providers. Care for individuals with dementia will be improved through closer working between the Out of Hospital teams and the Dementia Intensive Support Team from Norfolk and Suffolk Foundation Trust (NSFT) including the integration of East Coast Community Access with NSFT's helpline to create a single point of access

Opportunities for integrated working with the James Paget University Hospital NHS Foundation Trust (JPUH) will be identified and developed through a memorandum of understanding between the organisations. Shared pathways will improve the patient experience.

Through the use of a local Commissioning for Quality and Innovation (CQUIN) scheme ECCH will work with Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) to review the community nursing service with a view to understanding workload and to develop a caseload analysis process.

A further CQUIN will support staff in the development of Health Coaching skills. This will facilitate the development of self-management for patients with long term conditions.

Following on from the successful implementation of the Out of Hospital Teams in Great Yarmouth, Gorleston and Lowestoft, the model will be expanded to encompass the populations of Beccles, Bungay and Kessingland. The planned redevelopment of Beccles Hospital will support the provision of Intermediate Care and offer opportunities to develop local outreach services.

East Coast Community Healthcare have committed to improving the experience of care for individuals with dementia and their carers through the adoption of "John's Campaign"

Great Yarmouth and Waveney CCG also notes the quality priorities identified for 2015/16. We recognise the progress made on these priorities and in particular the focus on integrated working with system partners to support efficiency and enhance user experience and outcomes.

We note the good practice and outcomes of the Health Visiting, School Nursing and Family Nurse Partnership teams which was also acknowledged by external agencies. GYWCCG commend the Stop Smoking service for exceeding their performance indicators for 2015/16 and for the award received from the British Heart Foundation in recognition of the Team's work

The CCG recognise ECCH's commitment to Health Promotion and the success achieved by the Physical Activity teams in providing opportunities for children, young people and adults to improve health and wellbeing through participation in physical activity.

The CCG commend East Coast Community Healthcare for their focus on service improvement including the in-year developments within Speech and Language Therapy, Safeguarding and Primary Care. We note the initiatives relating to services for individuals with Parkinson's

disease, peer support for breast feeding mothers and the provision of training for parents in basic life support for babies. The CCG will follow with interest ECCH's progress with the NHS England led pharmacy pilot scheme.

GYWCCG acknowledge ECCH's use of clinical audit, learning from patient feedback including patient surveys, information gathered from complaints and the Patient Advice and Liaison service to support service improvement. We note the resultant changes which have been implemented.

The CCG was pleased to note the organisations focus on workforce development, supervision training and education.

Great Yarmouth & Waveney Clinical Commissioning Group commends East Coast Community Healthcare for this Quality Account and believe the report provides an opportunity to share with service users the ongoing work of the team at ECCH in maintaining and developing quality. We look forward to working with the organisation during 2016/17.

Yours sincerely



Cath Byford
Director of Commissioning & Quality
Deputy Chief Executive
Chief Nurse

Appendix 2 - Letters from our stakeholders



Statement from Healthwatch Norfolk

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

Overall the layout and content of the document is user friendly and the language used makes it understandable by a lay reader with very few acronyms or complex jargon. However in the draft version reviewed by Healthwatch Norfolk there is no mention as to whether it is available in other formats on request. We assume that this information will be contained at the front of the final version of the document. The Appendix is particularly useful to the lay reader in outlining clearly the services provided and/or sub-contracted by East Coast Community Healthcare (ECCH).

We are pleased to note that the throughout the document there are several examples of partnership and integrated working including: the primary care strategy, the proposals for the integration of the single point of access call centre with Norfolk and Suffolk NHS Foundation Trust's helpline, the expansion of the out of hospital multidisciplinary team, the regular meetings with Waveney District Council about joint working and housing issues including the use of excess housing stock to help with early hospital discharge and a jointly developed paper supporting 'return to practice' nurses. With regard to primary care, as an organisation whose prime role is to champion the views of the public, we welcome the use of the 'Patients as Teachers' methodology. The setting up of the special clinic to offer healthcare for homeless people who are often not registered with a GP reflects the feedback that we have received on this particular group of service users. The section on priorities for 2016-17 is clearly documented although the plans for the priorities do not include any timescales for completion during the year.

With regard to the section on patient safety it would be helpful to provide a clearly stated link between the introduction of staff health and wellbeing initiatives and the impact on patient safety to help the public's understanding.

We welcome the proposal to carry out a review of the Community Nursing Service. Healthwatch Norfolk strongly supports the need to regularly monitor the services provided and we trust that this review will include feedback from service users as well as the local clinical commissioning group.

We are aware of the challenges for all health and social care organisations across Norfolk in recruiting and retaining appropriately qualified staff. We are therefore pleased to note that ECCH has 30 apprentices enrolled across both clinical and non-clinical roles.

Whilst there is detailed information about staff training and development, it would have been helpful to have included the number of patient-facing staff who completed the learning disability training programme between September 2015 and March 2016.

There are a number of examples throughout the document where it is clear that ECCH has received national and regional recognition for its good practice which is to be applauded.

As we have stated in the Quality Account for the previous year we welcome the section 'You said we did' in relation to the outcome of complaint investigations as a means to help reassure service users that the complaints process is worthwhile.

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

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

Alex Stewart

Chief Executive

May 2016

East Coast Community Healthcare

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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:

If you would like this leaflet in large print, audio cassette, Braille or in a different language please contact Andrea Dawson on 01502 718600

Jonathan Williams

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