

Quality Account 2016-17



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Inspected and rated

Good



Our Vision:

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

In this Quality Account we detail the progress we have made in the year to April 2017 in terms of the three Quality Domains of Clinical Effectiveness, Patient Safety and Patient Experience.

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

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

Part 1 - Statement on Quality

This year East Coast Community Healthcare C.I.C. is five years old. Five years in which we've grown and matured as a staff owned organisation.

Our staff shareholding currently stands at 79% and there is clear evidence of shareholders becoming involved in all aspects of business planning and decision making. It's also five years in which we've developed our identity as a social enterprise building strong and trusting relationships across our communities with voluntary organisations and charities as well as with existing community focussed businesses.

And five years in which we've become an established and respected independent provider in the local health and social care economy.

We have built strong and participative partnerships with organisations across primary, acute and social care, taking a leading role in the development and implementation of the Norfolk & Waveney Sustainability and Transformation Plan (STP).

In service delivery we have pioneered the development of out of hospital care services, integration between health and social care teams and mobile 24/7 working. We have achieved and maintained UNICEF Baby Friendly full accreditation for our Children's Services, been awarded contracts to provide Speech and Language Therapy and Smoking Cessation teams across Norfolk and formed a successful partnership with The Prince's Trust to offer training to unemployed young people who are keen to follow careers in the health sector. We are also the first community organisation within the STP to be joined by GP practices on General Medical Services contracts.

These developments have come through design, based upon the ambitions of our staff to create an organisation that works in harmony with the communities, to be flexible, adaptable, responsive and a great place to work.

We have endeavoured to build a culture from the Boardroom to the point of contact with people that focuses upon the quality of services we deliver, making it everybody's business that we provide the best possible services.

A cornerstone of these developments has been the Staff Directors and their increasing positive influence upon the organisation. Elected by our shareholders, they have championed our inclusive culture both within and outside the organisation. They have built a 'Shareholder Council' that is rapidly finding its strength of voice and developed working relationships across the country through the Employee Ownership Association.

This year ECCH underwent its first full inspection by the Care Quality Commission with the outcome of 'good' across the board and some areas of 'outstanding'. As CEO, I think the proudest moment was receiving the informal feedback from the lead inspector who said she had been in post for 37 months, completed 37 inspections and 'never been anywhere like this'. Her positive feedback and the subsequent full report published in April, provided the first real benchmark assessment of how our ambitions were taking shape and having a positive impact upon the culture of our organisation.

We have given ourselves a great start and everywhere I go staff make it clear that it is just a start - our ambition will continue, we will learn together and grow together with individuals and communities at the heart of everything we plan and do. 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.

This year we have 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. .

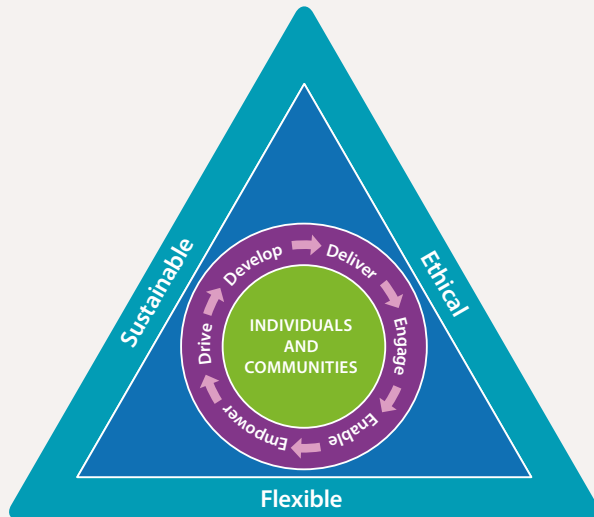
Time and again this year we have seen staff from all departments work together to solve problems, overcome adversity and help create the best possible environments for our services to be delivered. That is our strength, that is our quality.

Paul Steward
Chairman

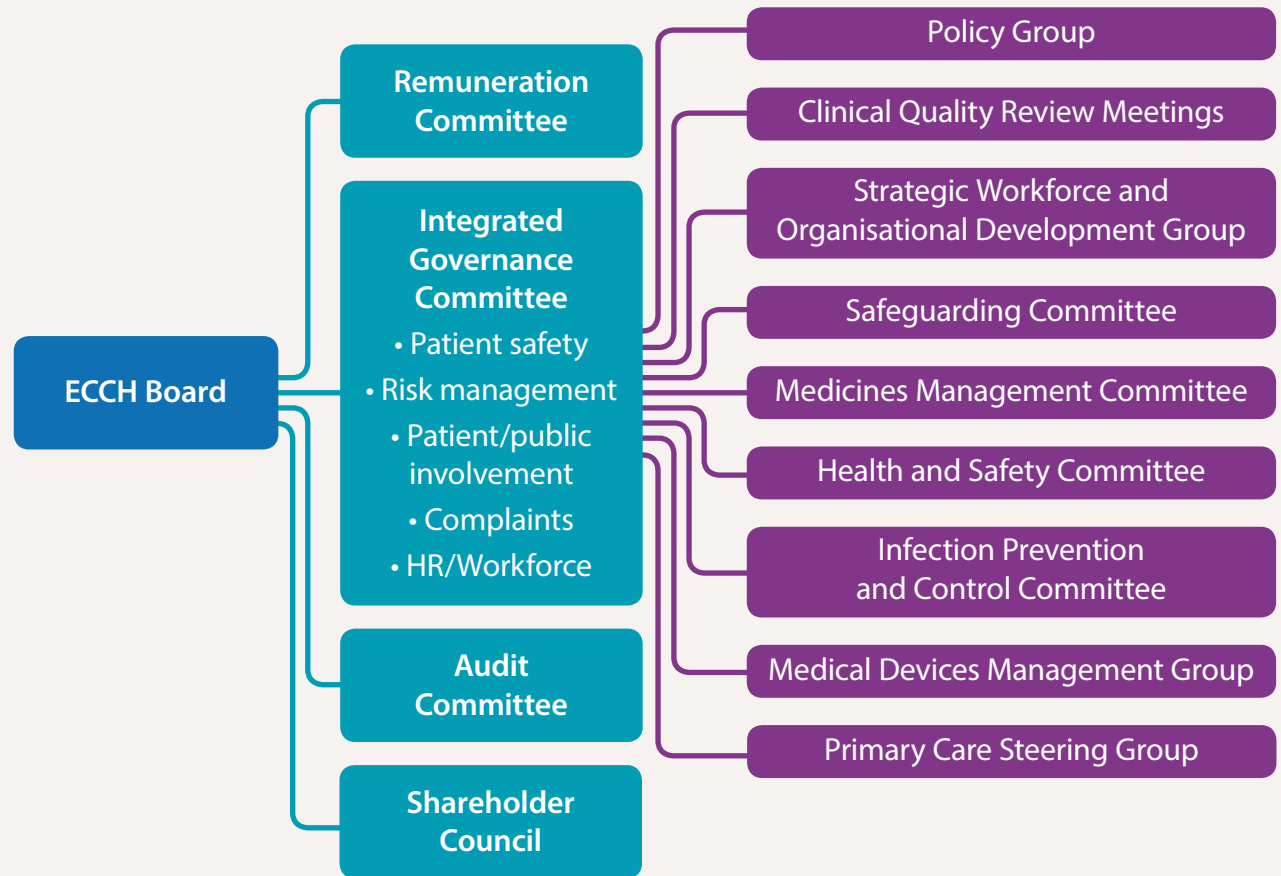
Jonathan Williams
Chief Executive Officer



ECCH Strategic Framework



Our Governance Structure



Part 2 - Priorities for Improvement 2017/18

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 2016/17 we offered 36 services for the NHS, public health and social care to communities in Norfolk and Suffolk (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

Community Alliance

ECCH has been working with Norfolk and Suffolk Foundation Trust (NSFT), Norfolk County Council and Norfolk Community Health and Care (NCH&C) to identify a community provider approach to supporting the development of new models of care. This work supports the Norfolk and Waveney Sustainability and Transformation Plan (STP) priorities and targets for this year. The STP sets out the challenge to find a solution to the financial, care quality and health equality gaps in our existing system. The Prevention, Primary and Community Care (PPCC) workstream encapsulates the activities within primary and community services.

Critical success measures set out in the STP for the PPCC workstream include:

- Reduce non-elective (NEL) admissions by 20%
- Reduce bed days by 20%
- Reduce A&E attendances by 20%
- Improve A&E four hour targets
- Decrease non-elective admissions/A&E attendances from residential & nursing care homes
- Shift Ambulance conveyance rates from 60/40 conveyance to 50/50
- Long term conditions management metrics e.g. number with care plan
- Reduce usage of long-term residential and nursing care
- Improve the percentage of end of life patients dying in their place of choice

The proposal is to facilitate and support a project as part of the STP PPCC workstream. This project will seek the involvement of primary care hubs across the footprint, working with GPs and their practices. The project will utilise existing networks, to bring in acute partners and other statutory, community and voluntary sector stakeholders.

Achieving these aspirations requires a programme which is focused on a set of defined outcomes and deliverables in response to the immediate system challenges we are presented with:

- Developing improved place based clinical/professional pathways and integration models - what do locality based systems of integrated health and social care look like? What would the care pathways look like?

- Relationship building and role definition at an operational level - how do we make it work effectively on the front line? How would a locality service organise itself?
- Co-design and local engagement - how do we affect real organisational and system change? How do we create local health and care systems led by GP hubs?
- Standards and outcomes - how do we share and agree universal standards and outcomes which link back to the STP goals and priorities?

CQUIN: supporting proactive and safe discharge

We aim to support proactive and safe discharge of patients from acute hospitals to their usual place of residence within 7 days of admission by increasing the proportion of patients admitted via a non-elective route and by monitoring readmission rates. We will work closely with other partner agencies, including the acute and social care sector, to map out existing discharge pathways and design new, more efficient ones. Initiatives will include workshops and 'task and finish' groups to produce the new integrated pathways, followed by implementation. We will evaluate our success by monitoring the expected improvement in discharge rates.

CQUIN: preventing ill health by risky behaviours (alcohol and tobacco)

This CQUIN is applied to the intermediate care facility at Beccles Hospital and the beds with care supported by the Out of Hospital teams. ECCH is required to train staff in providing 'Very Brief Advice', known as VBA, to patients in relation to alcohol consumption and smoking. Staff will be trained to offer screening, advice and referral or medication to patients who are identified as being likely to benefit from such an intervention. In the case of smoking, evidence suggests this

could reduce costs through fewer admissions and improved health of smokers and passive smokers. In relation to alcohol, a reduction of weekly consumption could result in reduced alcohol-related hospital admissions through improvements in morbidity. This CQUIN sets out to support this agenda through every face to face consultation.

Patient Safety

Competency training programme

ECCH has created a robust competency training programme in the use and provision of community equipment, and piloted it to ensure clinical staff from all services are able to assess, prescribe and use a catalogue of items to support and improve patient care in their home environment. Discussions are now in place with the James Paget University Hospital to run a collaborative programme of training that will improve the quality of patient discharge and ensure a standard level of understanding around equipment provision is realised by acute staff as well as community health care teams. A Medical Devices Group meets bimonthly, attended by senior clinical staff and facilitated by the Equipment Team. It provides tight governance to all legislation pertaining to equipment used in the care of patients.

CQUIN: improving the assessment of wounds

All wounds that have not healed within 4 weeks, will receive a full wound assessment to avoid the potential continuation of ineffective treatment. This aims to reduce delays in healing time and improve the quality of treatment for patients with chronic wounds. Evidence suggests that failure to complete a full assessment can contribute to ineffective treatment and therefore delays the rate of wound healing for patients. This has significant consequences for patients in respect of their quality of life. This CQUIN seeks to address this by setting in place systems to measure compliance and support implementation.

Patient Experience

Increased community engagement

ECCH will develop its work to engage patients, carers and the wider community. The solution to the challenges faced by the health and care sector lies in developing a health system which is for people, by people and with people, supporting people to manage their own health and develop peer support networks. Taking an asset-based approach, ECCH will develop opportunities for co-production and partnership working with patients playing a more active role.

The results will be beneficial in multiple ways - in prevention, wellbeing and managing long term conditions.

CQUIN: personalised care and support planning

This will see the introduction of high quality personalised care and support planning, to include health coaching, peer support and self-management education, in order to provide the foundation for behavioural changes needed to support improvements in self-care. More than half of the population live with long term conditions with a small minority accounting for more than 75% of unscheduled hospital admissions. Many of these people indicate that they have low or very low levels of knowledge, skills and confidence to manage their own health and wellbeing, and support independent living. Inability to self-care often leads to a poorer quality of life and thereby to greater use of health services. Through this CQUIN ECCH staff will be trained to support an identified cohort of patients with low levels of knowledge and skills to better understand their conditions and support their independence.

Releasing time to care

ECCH and East Norfolk Practices successfully collaborated in an application to become part of the National 'Releasing Time to Care' programme which is based on the ten high impact actions outlined in the GP Forward View.

We are focusing on two of the actions - sign posting and social prescribing - with the aim of releasing capacity for GPs and adding value for patients.

We are training reception staff to access information about services in order to help them direct patients to the most appropriate source of help or advice. This may include services in the community as well as within the practice.

We will also investigate the use of web portals and mobile phone apps which can provide patients with self-help and self-management resources including the ability to book or cancel appointments, request repeat prescriptions, obtain test results and submit patient-derived data such as home blood pressure readings.

We are implementing social prescribing measures which will enable GP practices to refer and signpost patients who need non-medical support such as carer respite, dementia support, housing, debt management and benefits advice to the appropriate organisations. Those services may operate quite separately from the GP practice or there may be closer integration within the practice team, for example through team meetings or by attaching staff members or volunteers to a GP practice to provide a source of expertise about local voluntary and community sector services.



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, 79% of our income was from NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG).

AREA	UPDATE	RAG STATUS
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 around those towns. This followed the launch of a similar team in Lowestoft the previous year. These are inter-disciplinary 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 NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) and local GP practices to extend the team established in Lowestoft to cover the populations of Beccles, Bungay and Kessingland. In the interim we are flexing our Admission Prevention Service team to support the community in those areas, where viable and appropriate. The models of care, which are currently being finalised, will offer the same holistic, co-ordinated, responsive and goal-focused care of the highest quality.	Ongoing



AREA	UPDATE	RAG STATUS
<p>The Integrated Care System</p>	<p>Alongside our partners from the NHS and Social Services, ECCH has had a leadership position within the STP for Norfolk and Waveney from the outset. We have primarily contributed to the planning for community services and integration with primary care but we have also become increasingly part of initiatives to engage with voluntary and third sector organisations.</p>	<p>Ongoing</p>
	<p>We are starting a new initiative in the North Out of Hospital Team in conjunction with Norfolk Social Services and Norfolk and Suffolk NHS Foundation Trust (NSFT) to strengthen integrated working to establish a stronger therapeutic approach to maintaining people in their ordinary place of residence whether that is a residential setting or their own home.</p>	
	<p>ECCH is working together with all partners including the James Paget University Hospital, NSFT and Norfolk and Suffolk County Councils to establish a Discharge to Assess Model, which will also help to ensure that people have the right care at the right time in the right place.</p>	
	<p>ECCH is represented at the Great Yarmouth Locality Board where the local system is mapped to support communities to build resilient lives. Our representative has a joint role at both ECCH and Norfolk County Council (NCC). One joint initiative with Great Yarmouth Borough Council supports people to return home from hospital with a community alarm and simple equipment through a referral from NCC and ECCH as a system response.</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 and introducing social prescribing initiatives and a clinic for the homeless at Kirkley Mill Health Centre in Lowestoft.</p>	
<p>Develop a new model for Primary Care</p>	<p>ECCH has managed five GP practices in the past year - Kirkley and Westwood surgeries in Lowestoft, The Nelson Medical Centre and Falkland Surgery in Great Yarmouth, and Bungay Medical Practice. 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 community groups such as Lowestoft Rising to tailor care to the needs of the local populations. In Lowestoft we have worked with the charity Access Community Trust to set up a special weekly 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 have clinical pharmacists based in our surgeries to improve the quality of medicine management. We are also implementing a social prescribing model which will enable referral of our primary care patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.</p>	<p>Ongoing</p>

AREA	UPDATE	RAG STATUS
<p>Intermediate care facility at Beccles</p>	<p>In April 2016 NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) approved plans and capital funding to develop intermediate care facilities within the Minsmere Ward at Beccles Hospital. The £1.6m project included refurbishing the existing ward, doubling the number of en-suite single rooms and creating dedicated therapy areas - work that was carried out by our Estates and Facilities team. A modern, bright day room has also been created thanks to the generosity of the hospital's League of Friends. ECCH worked very closely with GYWCCG on the redesign and planning to ensure that the design met the needs of those using the facility and that temporary relocation to Laurel Ward at Carlton Court in Lowestoft to allow building works to be completed would cause the least disruption possible to patients. Patients moved back into Beccles Hospital in February 2017. The new model of intermediate care includes increased therapy and social care provision for those with short term but intensive rehabilitation needs. It is an integral part of our Out of Hospital system and works closely with the Out of Hospital teams who have a triage function to ensure the right care is provided to each patient within the system thereby enabling them to return home at the earliest opportunity. It is aimed at improving patient experience and helping people recover quicker while also helping the James Paget University Hospital to discharge patients who no longer need acute care.</p>	<p>Complete</p>
<p>Integrated Respiratory Service</p>	<p>Over the past year ECCH has worked with clinical partners at the James Paget University Hospital and in primary care to develop an integrated respiratory service which gives patients across Great Yarmouth and Waveney access to Community Clinics specialising in respiratory care and disease management. The new service looks 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 using a health coaching model 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 Community Matrons and the District Nursing service will ensure patients receive safe, high quality and timely care to meet their needs.</p>	<p>Ongoing</p>
<p>Implementation of Leg Ulcer Pathway</p>	<p>The District Nursing Service continues to provide eight dedicated leg ulcer clinics at sites across Great Yarmouth and Waveney - at Caister, Martham, Gt Yarmouth, Lowestoft, Beccles, Halesworth and Reydon. The number of nurses who have an additional leg ulcer qualification attained at University continues to grow. These nurses share their expertise across the service and shape service development through the ECCH Leg Ulcer Forum. This work has strengthened the working relationships with nursing teams in Primary Care providing patients with an evidenced based pathway for disease management. Last year the leg ulcer pathway was reviewed and increased competency assessments were initiated for specific aspects of leg ulcer care. The Tissue Viability Nurse Specialist has redesigned the leg ulcer training programme. All registered nurses providing leg ulcer treatment will complete the training this year.</p> <p>This year Assistant Practitioners within the Tissue Viability team have been conducting audits of pressure relieving equipment within residential care homes, ensuring residents are on the correct equipment for their assessed need, returning equipment no longer required and providing education to carers on pressure ulcer prevention. They have provided training to 80 care home staff in 15 residential care homes across Great Yarmouth and Waveney and have a planned programme of training and education to ensure parity across the Great Yarmouth and Waveney area. Within ECCH the 4 Harms Forum has developed a robust Root Cause Analysis process to discuss cases and to gain and share learning to support practice development across community teams.</p>	<p>Ongoing</p>

AREA	UPDATE	RAG STATUS
<p>Enhancement of the Hospice at Home Service</p>	<p>Our Hospice at Home service was enhanced thanks to a partnership between ECCH, Macmillan Cancer Support and NHS Great Yarmouth and Waveney Clinical Commissioning Group. Macmillan has provided £250,000 to pay for six additional staff to work alongside ECCH's existing four-strong team for a year. In addition, funding has been provided for a project manager to lead the initiative while further developing other palliative care services for patients. This means ECCH can fulfil its ambition to support more patients to spend their final days in their preferred place of care - at home.</p> <p>Around 2,000 people are expected to die annually in Great Yarmouth and Waveney, with around half of those dying in hospital. However, research shows that most would prefer to die at home if the right help and support was in place.</p>	<p>Completed</p>
<p>Develop our Clinical Audit and Research Function</p>	<p>In 2016/17 we again increased our research profile. ECCH has continued to increase its research activity on both local and national studies. We are currently working in partnership on projects with James Paget University Hospital, Suffolk County Council and University Campus Suffolk (see Clinical Effectiveness section for more information about ongoing research studies). Our Research Forum meets regularly with representatives from all internal services, research networks and local higher education institutes. Results from our improved clinical audits are presented bi-monthly across all our services to an 'Audit Champions' group in order to share learning and thereby enhance care and quality.</p>	<p>Ongoing</p>
<p>Dementia Care</p>	<p>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. To help us achieve this commitment during 2016/17 we are taking part in "John's Campaign" (www.johnscampaign.org.uk). Also our Out of Hospital teams work closely with Adult Social Care and Norfolk and Suffolk Foundation Trust's Dementia and Complexities in Later Life team (DCLL) to ensure a 'top to toe' assessment can be delivered by the Out of Hospital Team so physical health issues can be identified and supported during a suspected mental health crisis. ECCH follows the Find, Assess, Investigate, Refer and Inform (FAIRI) pathway in which patients admitted from the community to inpatient units are identified and referred for further diagnostic advice. A written care plan has been developed for discharge and is shared with the patient's GP.</p>	<p>Ongoing</p>

CQUIN (Commissioning for Quality and Innovation) Results

A proportion of East Coast Community Healthcare's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed with NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) through the CQUIN payment framework.

AREA	UPDATE	RAG STATUS
<p>Review community nursing service</p>	<p>This year ECCH, in partnership with GYWCCG, carried out a review of our Community Nursing Service and drew up a joint project plan. Our Business Intelligence Unit developed a service level data dashboard which provides patient data directly from our SystemOne software programme. This includes evidence of referrals received, care delivered by care package and by time of day. Individual staff are able to access their own data to validate the patients they have seen. Data regarding demand across the 24 hour period is being used to inform service redesign. It can inform commissioning, caseload management, service and workforce planning. Ongoing developments include work on the SystemOne unit to ensure it supports clinicians in practice by accurately recording care plan delivery, improving record sharing (with patient consent) across services to streamline care and, providing dependency scoring to identify vulnerable patients and thereby support emergency planning.</p>	<p>Ongoing</p>
<p>Health coaching for patient self-management</p>	<p>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 the management of their health - rather than simply hearing about what they should do from medical professionals. By 2015/16 we had trained 248 ECCH staff (66%) in the model and 32 staff from partner organisations in primary care. In 2016/17 we trained around 50 more staff including our podiatry teams and developed an action plan for the Podiatry Service. The impact has included benefits at patient, team and organisational level. For patients the result is more effective consultations aiding healthier choices. It motivates patients, building their confidence and enabling self-management and the setting of realistic patient-owned goals. Organisationally it has reduced inappropriate activity such as repeat attendances and wasted pharmacy costs. For staff the training has led to more constructive conversations, made it easier to identify patients who are open to change and increased clinicians' confidence that patients are happy with their care.</p>	<p>Complete</p>
<p>Introduction of staff health and wellbeing initiatives</p>	<p>In 2016/17 ECCH has developed and implemented a plan for introducing health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with musculoskeletal disorders. These initiatives have included promoting active travel, building physical activity into working hours and offering support to staff in areas such as stress management, cognitive behavioural therapy and counselling. This CQUIN continues for 2017/18 and requires a 5% improvement in two of ECCH's annual staff survey questions, scored against the baseline survey results from 2015. The first question relates to health and wellbeing and the level of support provided by ECCH to staff members. The second question looks at levels of work related stress. We will continue to promote healthy eating on our premises, ensuring that healthy options are available at any point including for those staff working night shifts. In addition, we aim to achieve a target of 70% in the uptake of flu vaccinations by frontline clinical staff. This year we achieved 76.2%, a significant increase on the 54% achieved in 2015/16.</p>	<p>Ongoing</p>

Patient Safety

Infection control

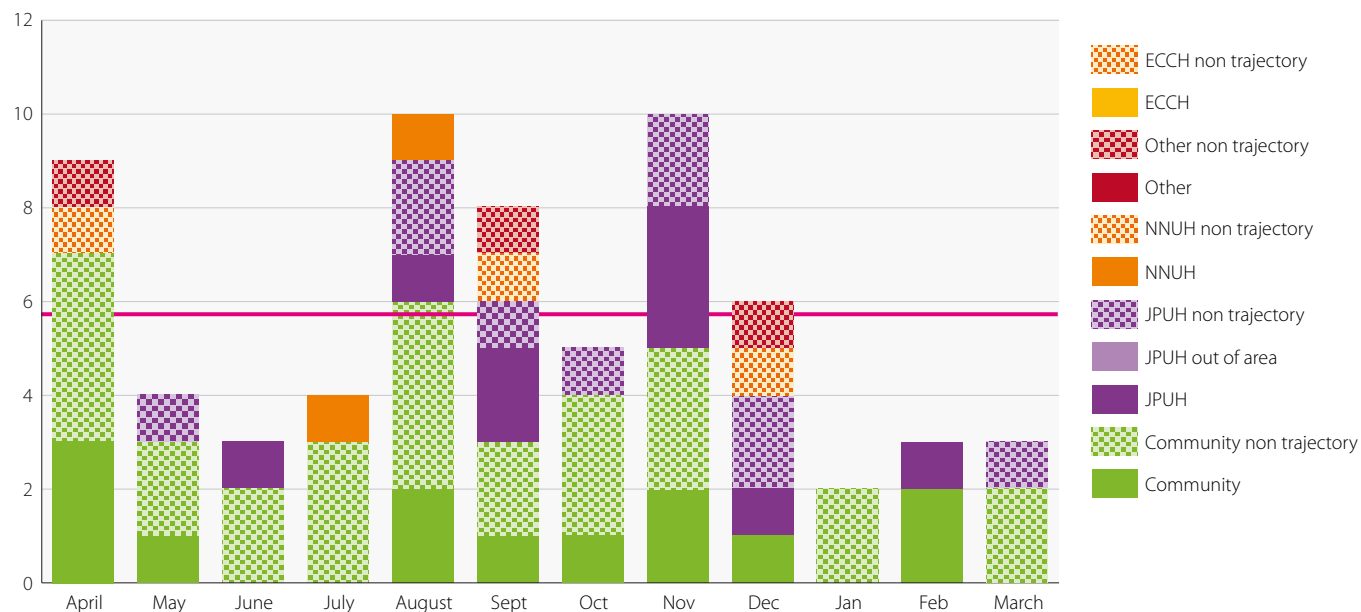
In 2016/17 the healthcare system had a maximum permitted ceiling of 70 C-diff (*Clostridium Difficile*) cases. The actual number of cases was 67.

No cases of C-diff were attributed to ECCH. There were no cases of bMRSA, bMSSA or E.coli attributed to ECCH inpatients in 2016/17 and no outbreaks of norovirus.

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

In 2017/18 the whole healthcare system has a maximum permitted ceiling of 70 C-diff cases. ECCH has a ceiling of 2 but will continue to work hard towards zero cases.

Clostridium Difficile cases 2016-17



In 2016/17 no cases of C-diff were attributed to ECCH. There were no cases of bMRSA, bMSSA or E.coli attributed to ECCH inpatients in 2016/17 and no outbreaks of norovirus.

Seasonal influenza programme for ECCH staff

Once again ECCH ran an in-house programme to ensure a high uptake of seasonal flu immunisation, to protect patients, clients, staff and their families. All staff were offered the immunisation and our aim was to vaccinate at least 75%. We made the flu campaign the focus of National Infection Prevention & Control Week. Competitions were organised as an incentive and proved very popular, enabling us to beat our target and vaccinate 76.2% of staff, well above the national average.

Year	Uptake of front line clinical staff
2016/17	76.2% (England average 61.8%)
2015/16	54%
2014/15	50.1%

Study days

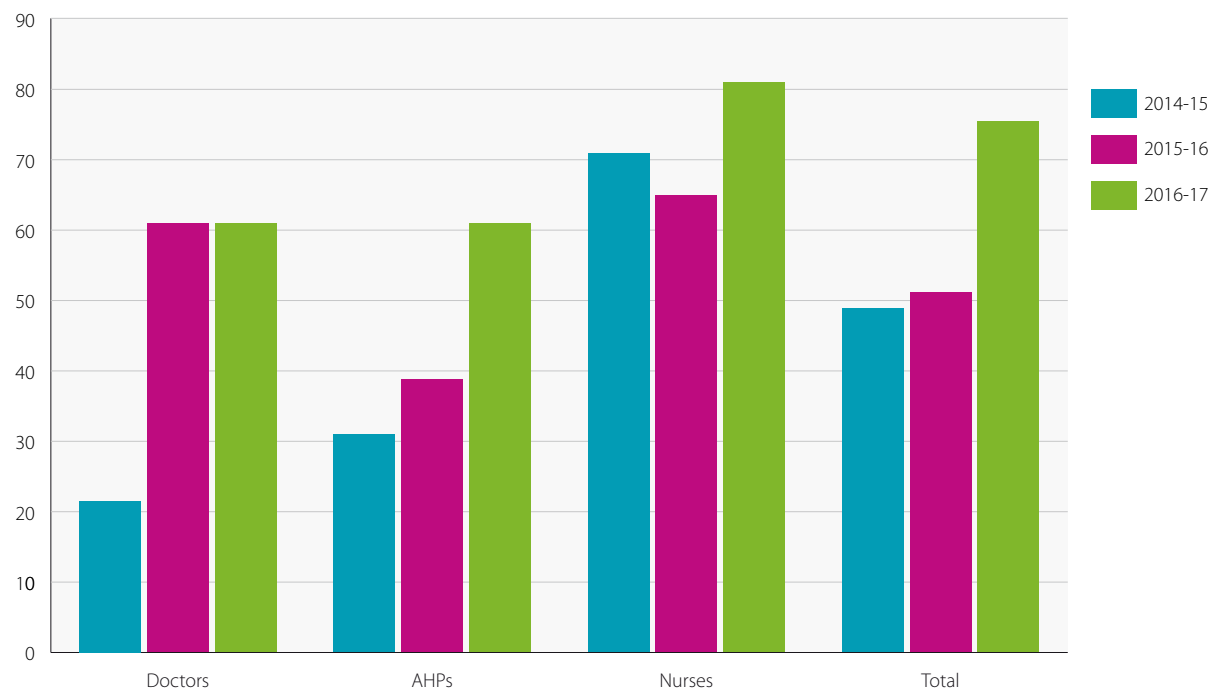
Our Infection Prevention and Control Team held two immunisation study days with more than 67 attendees at each including ECCH staff and local clinicians. These provided training updates in preparation for the flu immunisation programme.

We held a Care Home Study Day in October discussing topics beneficial to care home staff such as hand hygiene and use of C.diff personal protective equipment. We deal with infection control issues at every care home in Great Yarmouth and Waveney.

A dental event was organised in November to share compliance advice regarding cross infection in general dental practices. It was open to all dentists in Great Yarmouth and Waveney and 70 people attended.

We also held quarterly meetings for our three 'link practitioner' systems - which we established last year to provide an important communication channel with our Community Hospital and Practice Nurses. It means our Infection Prevention and Control Team can share knowledge and best practice with all staff working in those areas, including all practitioners, nursing and administration staff whose roles include direct patient contact.

ECCH seasonal influenza immunisation uptake 2016-17



We vaccinated 76.2% of our staff, well above the national average.



Incidents and how we respond

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

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

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

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

The incidents reported 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 2,806 which equates to an average of 234 per month. As a 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	2,377
Children Services	218
Corporate Services	100
Primary Care and Prevention Services	111
Total:	2,806

Incidents by type

Incidents affecting patients	2257
Incidents affecting the staff	383
Incidents affecting ECCH	139
Incidents affecting visitors, contractors or the public	27
Totals:	2,806

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	784
Incidents affecting the staff	76
Incidents affecting ECCH	28
Incidents affecting visitors, contractors or the public	4
Totals:	892

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

18 serious incidents were reported to commissioners in 2016/17, a decrease on the 23 reported in 2015/16.

NB. The Out of Hospital Team which launched on 1 April 2014 cares 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 developed a new template for pressure ulcer risk assessment, which we plan to use in all Adult Service units that use the SystemOne patient data programme.

In February we held a wound dressing formulary launch over two days. It was attended by community nursing, out of hospital and podiatry staff and provided a refresher to all clinical staff on dressing choice and the dressing resources available to them.

The aim of the formulary is to aid all health care professionals who care and treat patients with wounds and tissue viability problems in selecting the most appropriate dressings and bandages. It can save time in nurse decision making and also aid continuity, because whenever a different member of staff deals with a dressing change, the same regime is used.

We have also produced three new patient information leaflets - for wheel chair users, for health promotion/ primary prevention, and for patients with pressure ulceration.

In November we hosted stands in each of our primary care practices to promote World Stop the Pressure Day which campaigns to raise awareness of the importance of the prevention of pressure ulcers. Some of our staff even dressed up as Pressure Heroes to get the message across!

In 2016/17 ECCH treated 988 patients for pressure ulcers graded 1-4 (compared to 989 in 2015/16), 195 of which were grade 3 and above.

From that total, 395 were in our care when the ulcers developed, (441 in 2015/16) and 593 came into our care with existing pressure ulcers.

Of the 195 patients with pressure ulcers graded 3 or above, 79 were in our care when the ulcers developed and 116 came into our care with pressure ulcers graded 3 or above. Of the patients who developed Grade 3-4 pressure ulcers whilst in ECCH's care, 18 cases were deemed avoidable and investigated fully.

2016/17	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Pressure Ulcers developed in ECCH	39	41	36	31	21	25	37	28	29	30	41	37
Avoidable developed "in our care"	4	3	2	2	1	2	6	3	2	3	5	3
Unavoidable Falls	1	0	0	0	0	0	0	0	0	0	0	0

Duty of candour

We follow the Duty of Candour process and notify all patients, verbally and in writing, of any moderate harm caused to them by ECCH. To date, all such patients have been notified. The only duty of candour issues raised have been avoidable pressure ulcers grade 2 and above which caused moderate harm to the patient and all have been investigated fully.

	No of patient incidents reported	No of incidents that triggered Duty of Candour	Percentage	% of patients informed of their harm
April 16	185	3	1.62%	100%
May 16	207	3	1.44%	100%
June 16	193	3	1.55%	100%
July 16	191	2	1.05%	100%
Aug 16	173	1	0.73%	100%
Sept 16	178	1	0.78%	100%
Oct 16	218	5	2.29%	100%
Nov 16	207	3	1.48%	100%
Dec 16	158	2	1.26%	100%
Jan 17	188	3	1.59%	100%
Feb 17	162	5	3.08%	100%
Mar 17	180	3	1.66%	100%

Clinical Effectiveness

Health visiting

From April to September 2016 ECCH health visitors outperformed the rest of the country in all their targets. That high achievement was sustained in the second half of the year and there was significant improvement in the percentage of children who received a 12 month review by 12 months from 78% (April to June) to more than 95% over the rest of the year.

Our Health Visitors marked Health Visiting Week 2016 by asking mums in Waveney to help decorate a board with comments about the service during a celebration at one of the Breastfeeding Support Cafe events that the team runs regularly in Lowestoft. Other mums at the health visitors' antenatal classes, baby massage sessions and drop-in clinics also added their feedback.

The mums had nothing but praise for the role ECCH health visitors play in ensuring children get off to a healthy start in life. One mum said: "Great service. Always very friendly and reassuring." Another posted: "We love our health visitor. We can ask her anything and she makes us feel confident. We don't know what we would do without her!"

The team also wrote about the work of a health visitor on social media.



April - June 2016	England	EoE	ECCH
% of births that receive a face to face New Birth Visit (NBV) within 14 days	87.6%	93.7%	93%
% of infants that received a 6-8 week review by the time they were 8 weeks	81.6%	90.5%	95%
% of children that received a 12 month review by 12 months	74.3%	86.9%	78%
% of children that received a 12 month review by 15 months	82.1%	92.9%	93%
% of children that received a 2 - 2½ year review	76.3%	85.9%	95%

July - Sept 2016	England	EoE	ECCH
% of births that receive a face to face NBV within 14 days	88.5%	93.9%	93%
% of infants that received a 6-8 week review by the time they were 8 weeks	81.9%	90.8%	95%
% of children that received a 12 month review by 12 months	75.3%	87.7%	96%
% of children that received a 12 month review by 15 months	82.5%	92.4%	98%
% of children that received a 2 - 2½ year review	78.1%	86.1%	97%

October - December 2016	ECCH
% of births that receive a face to face NBV within 14 days	92%
% of infants that received a 6-8 week Review by the time they were 8 weeks	96%
% of children that received a 12 month review by 12 months	98%
% of children that received a 12 month review by 15 months	98%
% of children that received a 2 - 2½ year review	98%

Jan - March 17	ECCH
% of births that receive a face to face NBV within 14 days	95%
% of infants that received a 6-8 week Review by the time they were 8 weeks	94%
% of children that received a 12 month review by 12 months	95%
% of children that received a 12 month review by 15 months	99%
% of children that received a 2 - 2½ year review	98%

Stop smoking service

In January Norfolk County Council commissioned ECCH to deliver a new 'stop smoking' service across the county from April.

ECCH will continue to operate the Smokefree Norfolk scheme, part of the national Smokefree public health campaign initiated and supported by Public Health England, which has been in operation in Norfolk for the last 16 years. People wanting to quit will be able to obtain free advice and support through ECCH's team of specialist advisers as well as in GP surgeries and pharmacies, and via a new mobile phone app and website that will be available shortly.

ECCH has provided a smoking cessation service in Great Yarmouth since the social enterprise was launched in 2011. The service exceeded all its targets again this year with 535 smokers setting a quit date in 2016/17 against a target of 504. From those, a target of 302 was set for those who actually stopped smoking and 305 achieved their goal.

ECCH's Smoking Cessation Team received national recognition for their efforts on No Smoking Day for the second year running in 2016. The British Heart Foundation gave

them the runner-up award for 'Best Health Setting' for their stand at the James Paget University Hospital in March. The team offered carbon monoxide readings and information about giving up smoking as well as signing people up for support from the service throughout the quitting process. They also had an advice stall on Great Yarmouth Market. The award recognises the team's initiative and enthusiasm. Last year they were awarded first prize in the same category.

In September some of our specialists also promoted the annual Stoptober campaign working alongside Trading Standards who were highlighting awareness of illegal tobacco in Great Yarmouth. During the event the Trading Standards team received intelligence about some alleged illegal trading and seized tobacco with their sniffer dogs.



District Nursing

After an absence of 10 years the District Nursing Specialist Practitioner course was reinstated at the University of Suffolk in 2015. Since this time ECCH has supported six community nurses through the completion of this degree to qualify as District Nurses. A further two district nurses started the two year part time degree in January 2017. Those completing the course report they have developed confidence and expertise in assessment skills, the ability to critically analyse and share research findings. As District Nurses they are better placed to act as change agents leading the nursing team to meet the challenge of delivering increasingly complex healthcare at home.



Community Matrons and Neurology

The Community Matrons and the Neurology Service are piloting a patient held personalised care plan with patients who have long term conditions. The purpose of the plan is to support patients with long term conditions to be more involved in decisions about their care, to gain confidence in identifying their own goals and outcomes and self-manage their care where possible.

Out of Hospital Teams

ECCH's Out of Hospital Teams, which provide health and social care to people in their own homes in Great Yarmouth & Lowestoft, have been given a resounding vote of confidence by patients.

97% of people who responded to a survey said they would recommend the service to their friends and family in the national NHS Friends and Family Test survey. In addition, 98% said they were very satisfied or satisfied with the treatment they received.

In 2016, the teams helped more than 2,000 patients recover in their own homes rather than in hospital, delivering over 16,000 hours of care. Data from ECCH patient surveys shows staff are seen as friendly and helpful, information given is easy to understand, and people feel they are treated with dignity and respect by 100% of those surveyed.

The two Out of Hospital Teams are made up of nurses, occupational therapists, physiotherapists, rehabilitation support workers and social workers. They operate 24 hours a day, 7 days a week, treating patients in their own homes and also offering advice and support to family and carers.

Since the launch of ECCH's 'Out of Hospital' model of care in April 2014 more than 5,000

people have been helped to recover at home. Patients in crisis are assessed within two hours of referral and, as well as working alongside a patient's own GP to carry out nursing and rehabilitation, the team can organise equipment should the patient need it. The Out of Hospital Teams also have exclusive admission rights to beds in local care homes if patients require round the clock care.

Prince's Trust

ECCH entered into a partnership with The Prince's Trust to offer training to unemployed young people from Great Yarmouth and Lowestoft who are keen to follow careers in the health sector.

We welcomed 12 young people aged between 16 and 25 onto a month long training scheme as part of The Prince's Trust 'Get Into Healthcare' programme.

The 16 to 25 year olds undertook a fortnight of classroom sessions covering all aspects of the service ECCH provides followed by a series of three day placements with different teams. These included clinical services such as occupational therapy, primary care and the Out of Hospital Teams as well as 'back office' functions such as Communications and IT.

All the trainees obtained a Care Certificate at the end of their course to help them in their future careers. Three in four young people on The Prince's Trust programmes move into work, training or education.



New Medical Director

We appointed a Medical Director in September to help shape our plans for improving primary care in Great Yarmouth and Waveney.

Dr Andrew Emerson, a GP at Bungay Medical Practice, joined the ECCH Board advising on medical matters and helping to drive forward a new strategy for improving patients' experience of primary care in ECCH's medical centres.

As well as being a full time partner in the medical practice at Bungay, Dr Emerson teaches cardiology, chest medicine, dermatology and haematology to medical students at the University of East Anglia and performs appraisals on other GPs in the Waveney area for GYWCCG.



Practice development in 0-19 services

In order to drive quality and ongoing development within health visiting and school nursing, a practice development group has been set up and meets regularly. A number of initiatives have resulted from this work.

- Exploration of the feasibility of an integrated 2 to 2½ year assessment working with nursery settings.
- Much closer working with the Family Nurse Partnership team in order to learn from the skills the Family Nurses have developed. Each Family Nurse works as a named link nurse and resource within the wider 0-19 team.
- Revitalisation of restorative supervision model for 0-19 teams utilising the Family Nurses as supervisors.
- Setting up a Facebook page for health visiting in order to improve communication with families and distribute health promoting messages. A similar page for school nursing is under development.
- Review of all procedures and development of new ones if required.
- One contact number for the whole team and review of the 'duty' system to improve telephone accessibility for families.

National Child Measurement Programme

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

Figures show that ECCH's specially trained staff measured 98.6% of children in reception and 96.5% in year 6 from 36 state schools in the year to June 2016. There were 1,256 children eligible to be measured and 1,239 were actually measured. In Year 6 the number of eligible children was 1,113 with a total of 1,074 measured. The families of 100% of children who were measured received feedback. The target is 95%.

Family Nurse Partnership

The National Family Nurse Partnership (FNP) Unit spoke of the 'very real success' of our East Coast FNP team in supporting first time young mums in the Waveney area.

The team of three family nurses supports mums aged 19 years and under through home visits from early pregnancy until their



child reaches two years of age. They offer advice on all aspects of the baby's birth and care as well as helping them with issues such as arranging housing, obtaining benefits and continuing their studies.

The National FNP Unit described East Coast FNP as "a high performing team that is lead well both strategically and operationally" that "is clearly having a demonstrable impact not only within ECCH but on the wider systems it works within".

It recognised the team's success over the past year in achieving public health outcomes, especially smoking cessation, breastfeeding and immunisation rates. The team has focussed on cutting down on the rate of FNP clients smoking during pregnancy, making changes to clinical delivery, offering additional training for nurses, and listening to the needs of the client group. This has resulted in a significant reduction in clients smoking during pregnancy over the last 12 months. There has also been an increase in those breastfeeding.

The National Unit's report stated: "Another key indicator of success includes the data that shows no babies are outside of the expected range for social and emotional development. Given the high vulnerability of the mothers, including high levels of reported mental health issues, this demonstrates how FNP can help and support these mothers to overcome their challenges and become sensitive caregivers."

“High levels of client engagement demonstrate the nurses’ ability to recruit and retain clients on the programme. This has been retained whilst the team have re-focused their recruitment towards the most vulnerable, demonstrating that FNP is able to engage with many clients that are often considered ‘hard to reach’”

East Coast FNP has recently been selected to participate in the second phase of the National Unit’s Key Skills and Knowledge Exchange Project. This phase includes only six FNP sites from across the country who have demonstrated commitment to shared learning and integration.

In July East Coast FNP held a special Teddy Bears’ Picnic on South Beach in Lowestoft to celebrate the achievements of the families who have benefitted from their support.

Speech and Language Therapy (Children)

In April 2016 ECCH began providing a new Speech and Language Therapy Service for children aged 0- 19, jointly commissioned by Norfolk County Council and the Clinical Commissioning Groups for Norwich, North, South and West Norfolk.

ECCH had 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 focusses 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 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.

The new service transferred with 805 children receiving care and approximately 4,000 either awaiting assessment or review. By April 2017 we had improved on these figures significantly with 1,544 children receiving care and 1,149 awaiting assessment.



Key areas of the new service have been introducing drop-in services for preschool children. These are located across the county in a variety of settings to provide easy access to professionals for families who are concerned about their child’s speech, language or communication. Families receive advice, information and strategies to support their child. Where appropriate a child may be referred to a more specialised element of the service.

Another new element of the ECCH service is an advice line for families and professionals which receives an average of 480 calls a month. More than half of those became a referral in 2016/17. The total number of telephone referrals from July 2016 to March 2017 was 2,492. Of these, 73% have received a telephone consultation with a therapist within three working days.

ECCH has also invested time developing dysphagia and texture modification training with Norse, the organisation which provides catering for the majority of complex needs schools and mainstream schools in Norfolk. The training is attended by

teaching and catering staff to ensure a robust and consistent approach to dysphagia management in order that, if a child with dysphagia needs moves from one setting to another, there is a shared understanding of their needs and how to achieve them in a safe and appropriate way.

Patrick Stead Hospital

ECCH suspended new inpatient admissions to Patrick Stead Hospital in October amid concerns that nursing shortages could affect patient safety.

Following a public consultation in 2015, a decision was taken by NHS Great Yarmouth and Waveney Clinical Commissioning Group to close the hospital once alternative health services had been provided for the area. The CCG is working closely with ECCH, the community and stakeholders to agree how sustainable and effective services will be provided in the future for the people of Halesworth and surrounding villages.

ECCH continues to provide outpatient services at the site including physiotherapy, continence, occupational therapy and district nursing clinics.

Baby life saving classes

We have extended our programme of special training sessions to teach parents life support skills that could save their children's lives.

Sessions were organised at Village Rise Children's Centre, Kirkley Children's Centre and The Ark throughout the year after a number of new mums told health visitors they would like more information about infant life support. Each class was open to a dozen parents and was fully subscribed.

The free classes explain what to do if a baby or young child is choking and how to recognise the signs when a baby stops breathing. Groups also learned infant resuscitation techniques. Last year ECCH held similar sessions at Martham Health Centre.



Breastfeeding Peer Support

Suffolk County Council commissioned ECCH to deliver a new Breastfeeding Support service in June 2016.

It was an endorsement of the service ECCH already provided in Great Yarmouth and Waveney. The new service offered 7-day and 'out of hours' advice and support for breastfeeding families across Suffolk and was run by ECCH's specialist professionals assisted by volunteer Peer Supporters.

A network of free breastfeeding support groups was set up for pregnant women, new mums and their partners to drop in for help and information. The team also carried out home visits and worked at Ipswich and West Suffolk Hospitals offering support to new mums on the maternity units. They worked closely with Suffolk Children and Young People Services' health visitors and Family Nurse Partnership team

ECCH formed a partnership with the National Childbirth Trust (NCT) to deliver antenatal workshops, and the NCT delivered training courses for ECCH's Peer Supporters.

The team had been awarded UNICEF Baby Friendly Stage 3 (full) accreditation in 2014 - proof that they provided world-leading advice and care. They consistently exceeded the national average for the number of mothers still breastfeeding their babies at age 6 to 8 weeks in the Waveney area.

However, the service was decommissioned in April following a review by the county council who said: "The evidence from national and local sources over the past few years points to limited effectiveness by peer support models in increasing the proportion of women who breast feed their babies. In this time of decreasing finances, we are having to make some difficult choices and need to ensure our limited resources are used effectively."

ECCH breastfeeding support will continue to be provided through health visiting and Family Nurse Partnership services at ECCH. These teams work with families from pre-birth and all staff are trained specifically to support and encourage mothers who make the choice to breastfeed. Families will also be supported by midwifery services.



All peer supporters who worked for the ECCH service transferred to alternative providers, either within the midwifery service at James Paget University Hospital or at Suffolk County Council Children's Centres. Baby cafes continue to run as before.

Since the change in service provision we have been reassessed and have achieved re-accreditation of our UNICEF Baby Friendly Stage 3 status. The assessment team said: "The organisation reports that an impressive 90% of mothers have antenatal contact with a health visitor. . . Staff are highly commended for their knowledge and sensitivity to support parents to have close and loving relationships with their baby, promote breastfeeding and support mothers with feeding their baby."



Physical Activity Team (Adults & Children)

Our specialist Physical Activity instructors helped 1,112 people increase their exercise levels over the past year with 100% having an improved health and wellbeing score and 68% completing an eight week exercise course.

Notable success came after teaming up with four Great Yarmouth GP surgeries in 2017 to offer activities to people with long term conditions like diabetes, high blood pressure, heart disease or musculoskeletal disorders. During January alone 378 people attended four community sports events offering activities including walking football and netball, badminton, volleyball and seated aerobics.

The majority of those supported by the service (974) attended 'Fun and Fit' activity courses organised by ECCH instructors in partnership with Active Norfolk. These included walking football, walking netball, stretch and tone, pilates, badminton and Nordic walking groups. We organised free sessions lasting for ten weeks during the summer at venues in and around Great Yarmouth and included classes for women only, the over 60s, pregnant women and family friendly classes.

The inflatable football pitch bought by the service in 2015 was put to good use again over the summer with weekly five-a-side matches held on Great Yarmouth beach for anyone aged 16 years and over. These were sponsored through Sport England's Lottery funded Sportivate campaign to help young people find sports that they love.

The team also encouraged 14 to 25 year olds to try free trampolining sessions with two free supervised classes held each week through the school holidays at the Jump Warehouse in Great Yarmouth.

The classes were partially funded by the Sportivate campaign with further sponsorship from Great Yarmouth Youth Advisory Board and Sentinel Leisure Trust.

Our Shrublands Strollers walking football team for over 50s went from strength to strength this year, even travelling around the county taking part in tournaments.

The team began three years ago, in partnership with Shrublands Youth and Adult Centre, in order to help improve the health of those who want to exercise and make new friends but who may not be healthy enough, or want, to play a fast-paced game. It is subsidised through Comic Relief and Shrublands Youth and Adult Centre Charitable Trust.

Primary Care

ECCH holds Alternative Provider Medical Services contracts to run the Nelson Medical Practice in Great Yarmouth and Kirkley Mill GP practice in Lowestoft. We also have partnerships with Bungay Medical Practice and Falkland Surgery in Bradwell, with two members of our management team sitting on the practices' Boards and with ECCH providing them with 'back office' support.

We are currently focusing on the development and implementation of our integrated primary care strategy. Being a social enterprise means we have the flexibility to deliver primary care in an innovative way, meeting the needs of patients with different health and social challenges in line with the GP Forward View and local Sustainability and Transformation Plan. We want to focus on providing responsive and local general practice services with a consistent approach to quality and performance standards.

We are establishing networking links with neighbouring practices in the four GP localities outlined in the Norfolk and Waveney Sustainability and Transformation Plan to develop new ways of working. An example of this in action is the collaborative role we are playing with neighbouring practices in the national Releasing Time for Care programme being implemented in the Great Yarmouth and Northern Villages Hub.

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 surgeries under ECCH's management up to April 2017.

Practice	ECCH
Nelson Medical Practice	545.53
Bungay Medical practice	535
Falkland Surgery	559
Kirkley Mill Surgery	428.21
Westwood Surgery	407.88

Patient Feedback

Nelson Medical Practice

Very good service by all the staff.

Overall very efficient practice. Everything is dealt with in great detail. You feel you have the time to discuss anything with GP.

Bungay Medical Practice

The reception staff are like a breath of fresh air. They are friendly, helpful and sympathetic.

The staff are brilliant. The doctor put my mind at ease and is an asset to the surgery.

Falkland Surgery

This surgery continues to give excellent caring service. The reception staff are always courteous and helpful. The doctors and nurses are patient, friendly and efficient.

Kirkley Mill Surgery

The doctor's overall attitude enabled me to feel comfortable and easy to communicate with them.

Clinical Research

The number of patients receiving NHS services provided, or sub-contracted, by ECCH in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 142, which represents a 3-fold increase over the previous year's figures. In total, we were involved in 20 research studies supported by the National Institute for Health Research Clinical Research Network during the course of the year. This is a reflection on our work to increase both community based and GP based research activity across our 4 GP practices.

Examples of studies include:

Community Based Studies

- **SUMS** a study looking into the clinical and cost effectiveness of a home-based, self-management, standing frame programme in improving motor function and quality of life in people severely impaired by progressive multiple sclerosis.
- **PRESSURE-2** a study comparing different mattresses for preventing pressure ulcers, gave additional monitoring of pressure areas and education on prevention to those patients at risk.
- **OTIS Trial** looking into whether Occupational Therapist led home environmental assessment and modification will reduce falls among high risk older people.

General Practice Based Studies

- **CANDID** Cancer Diagnosis Decision rules, recruiting at the Nelson and Bungay Medical Centres.
- **Barack D** Benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease, recruiting at Nelson Medical Practices.
- **ALL-HEART**, looking into the effect of Allopurinol and cardiovascular outcomes in older patients with Ischemic Heart Disease has been recruiting from Nelson and Bungay practices.
- **iQuit in Practice** trial involving a tailored web - and text message-based intervention for patients accessing smoking cessation support through primary care, has been recruiting in Bungay and Kirkley Mill practices.

- **CADPC** study exploring the views of General Practitioners on barriers which prevent GPs in England from managing anxiety disorders in children effectively.
- **PACE** This study aims to evaluate whether using a CRP point of care blood test results in better targeting of antibiotic treatment in patients with acute chronic obstructive pulmonary disease than usual care informed by NICE (National Institute for Health and Care Excellence) and GOLD (Global Initiative for Chronic Obstructive Lung Disease) guidelines.
- **HEAT** - Randomised controlled trial to investigate whether a one week course of H. pylori eradication will reduce the incidence of gastric ulcer bleeding in patients using aspirin daily.

We have worked with the Clinical Research Network to get ECCH recognised as a research active organisation in its own right, alongside other NHS organisations. We have also worked with the Network to develop their existing research site initiative scheme (a scheme whereby practices receive financial support for recruiting to nationally important research projects) to address emerging GP cluster arrangements. Our four GP practices will be piloting this scheme in 2017/18. This will enhance our capacity and capability to undertake research across our organisation.

Collaborations with academic partners

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

In collaboration with Suffolk County Council and University Campus Suffolk, we have carried out an evaluation project called 'To What Extent Does a Warm Home Impact on Health and Wellbeing?'

We have promoted local NHS research to the local community by hosting events and meetings, including a GP Forum at Beccles House in November. We also participated in the International Clinical Trials day promotions with James Paget University Hospital and the Primary and Community Care Research Office in May 2016 in Great Yarmouth.

Research training and development in Research

ECCH Research and Practice Nurse Sharleen Blundell was awarded and has recently completed a Tier 2 Early Research Bursary from the Norfolk and Suffolk Primary and Community Care Research Office. She has been working under the supervision of the Development Team at the Research Office to complete a narrative literature review into marijuana smoking and lung infection/pneumonia.

A further 13 members of ECCH staff have undertaken Good Clinical Practice training in 2016/17, enabling us to increase staff capacity to undertake research.

A new research management system (EDGE) will be implemented shortly at ECCH. Implementation is being supported and funded by the Clinical Research Network and will enable us to effectively manage our growing research portfolio and support collaborations with our partners.

Safeguarding Childrens and Adults Service

It is a responsibility of all ECCH staff to raise concerns about children, young people and adults in receipt of our services who are experiencing, or at risk of, abuse or neglect or who are vulnerable. During the past year the number of concerns for children and adults who are in vulnerable situations and who require a safeguarding referral has continued to increase. The introduction of the Care Act 2014 and the Cheshire West ruling in relation to Deprivation of Liberty Safeguards (DoLS) have posed challenges - and the publication of 'Working Together to Safeguard Children' 2015 has reaffirmed the role of Health in safeguarding children and young people.

Key actions carried out in 2016/17:

- Training has been provided to support practice in respect of the Cheshire West ruling and the changes to the implementation of the Mental Capacity Act 2005 (MCA) and DoLS procedures.
- The PREVENT agenda has been fully embraced at ECCH. A robust process has been put into place and led by the Safeguarding Named Nurse and we continue to be ahead of our trajectory for training compliance.
- The Safeguarding Team continues to work in partnership with both the Suffolk and Norfolk Multi-Agency Safeguarding Hubs (MASH) to provide health focused input following safeguarding referrals under Section 17 and 47 of the Children Act 2004 and Section 42 of the Care Act 2014. This involves offering support to the local authority's teams for children and adults around investigations and preparations for Strategy Meetings. There has been an increase in complex strategy discussions held in relation to Child Sexual Exploitation (CSE) and offending behaviour which the Named and Deputy Named Nurse for Children attend.
- The organisation continues to host and be represented on the Suffolk Multi Agency Risk Assessment Conference (MARAC) for cases of high risk of harm/homicide as a result of domestic abuse. Cases are identified by the use of the 'DASH Risk Assessment Tool' (Domestic Abuse, Stalking and Harassment, and Honour Based Violence, CAADA, 2009).

Approximately 25 cases per monthly meeting are discussed and information about the families is reviewed and shared to enable multi-agency management of the risk related to each case. The Deputy Named Nurse for Safeguarding Children is the Deputy chair for MARAC.

- The 'Cheshire West ruling' in March 2014 continues to impact on the management of those patients who lack capacity to consent to care and treatment within Beccles Hospital as a result of significant changes to the way thresholds for Deprivation of Liberty Safeguards (DoLS) were applied. As a result of this 2016 again saw an increase in activity around DoLS authorisation applications. The Deputy Named Nurse for Safeguarding Adults provides leadership and support across the staff team within Beccles Hospital and across the organisation to ensure the processes are embedded fully in all areas.
- Partnership working as directed by Working Together to Safeguard Children (2015) and the Children Acts (1989, 2004) underpins the ethos and values of the safeguarding team in respect of children and young people. In a bid to achieve this, the organisation is represented at both executive level and within sub groups/panels, by the Safeguarding Named Nurse in line with Section 13 of the Children Act 2004.
- The Deputy Named Nurse for Safeguarding Children provides guidance and support to staff attending Child Protection Case Conferences and court proceedings by providing quality assurance of formal reports.
- In 2016 the number of safeguarding children referrals made increased from 33 to 49. Neglect remains the main cause for concern. Safeguarding adult referrals have also increased over the year with neglect the main focus. There has been a rise in the number of referrals made for Self-neglect and hoarding. This reflects the national picture following the addition of this category as a safeguarding concern within the Care Act 2014.
- Throughout 2016 our policies continue to be updated following lessons learnt from Serious Case Reviews and Safeguarding Adult Reviews.
- Results from the MASH referral audit completed earlier in the year reflect a general improvement in the quality of referrals. Obtaining the voice of the child is an area identified for improvement and the Safeguarding Team will undertake further work to address this.
- Safeguarding Children Supervision Feedback and audit results remain positive and are clearly seen as positive by practitioners working with children, young people and their families.
- Safeguarding Supervision within the 0-19 service continues to be quarterly for caseload holders as per national guidance.
- The organisation has two specific Safeguarding Meetings: a monthly Safeguarding Operational Group chaired by the Safeguarding Named Nurse and a quarterly Safeguarding Strategic Committee chaired by the Director of Quality and Primary Care.
- The Deputy Named Nurse for Safeguarding Adults has been appointed the Vice-Chair for the Norfolk Learning and Improvement Partnership Group. The group is a sub-group of the Norfolk Safeguarding Adults Board and the broad aims are to ensure safeguarding policies and procedures are up to date and raise awareness of compliance, develop and publicise a safeguarding adults training strategy, raise awareness of the Making Safeguarding Personal Agenda and to explore opportunities for joint funding training.
- The Deputy Named Nurse for Safeguarding Adults has recently completed the NSPCC Safeguarding Supervision Course and it is hoped that Safeguarding Adults supervision can be provided to staff throughout the organisation in line with national recommendations.
- During the CQC inspection of ECCH in November 2016 staff were identified as having a good knowledge of safeguarding principles and awareness of how to make a safeguarding referral. The inspection also acknowledged that there were good levels of safeguarding training which met the organisation's target. In addition, staff working in different services had been trained to the correct standard of safeguarding. For example, staff in Children's Services had been trained to Level 3 in line with national guidance.

- The Safeguarding Team continue to provide Level 1, 2 and 3 safeguarding training for ECCH staff. Following national and local requirements Child Sexual Exploitation has been included into Levels 1 and 3 training. County Lines, Modern Slavery & Trafficking, and Honour Based Abuse have all been added to Level 1 and 2 mandatory training.
- DATIX Incidents continue to be reviewed by the Safeguarding Team to identify themes and concerns. These are then discussed at the Safeguarding Strategy Committee and raised at our Internal Governance Committee.
- Section 11 of the Children Act 1989 is an annual self-assessment which the organisation is required to complete and share with the Norfolk Safeguarding Children's Board. The feedback from the Board's Chair was supportive and positive.
- Both children and adult safeguarding dashboards are completed quarterly ensuring ECCH remains compliant within the safeguarding remit required by the commissioning bodies.
- 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.

Future Plans for Safeguarding

The Safeguarding Team is in the process of developing a new combined Safeguarding Policy rather than having separate children and adult safeguarding policies.

A full review of the Safeguarding Training Programme and Training Needs analysis is in progress. In relation to this, the Safeguarding Team are awaiting the Safeguarding Adults Best Practice document (formerly the Safeguarding Adults Intercollegiate Document) to be published so we can ensure we meet the required standards.

A new combined Adult and Children Safeguarding Leaflet will be developed and sent out to all ECCH staff via payslips. The leaflet will be comprehensive covering all required elements of safeguarding including CSE, female genital mutilation, MCA and DoLS, domestic abuse, Local Authority Designated Officer, Prevent, modern slavery & trafficking and safeguarding categories of abuse and neglect and the process to follow if practitioners have a concern.

A service evaluation via an online survey will be utilised to check colleagues understanding and awareness of safeguarding across the lifespan following the circulation of the leaflet.



Looked After Children

The Looked After Children (LAC) team is now situated alongside the Safeguarding Team at Hamilton House. This has enhanced collaboration and team working. The number of LAC children on the NHS Great Yarmouth and Waveney Clinical Commissioning Group caseload is currently 490.

The team consists of a Manager, two Registered Nurses, and one Administrative Assistant. An additional registered nurse has been appointed to start in June 2017.

Capacity has meant that the LAC Nurses have been limited to undertake reviews of health assessments only. We hope with the appointment of an additional nurse this will allow us to re-commence a full service again. In addition to the work already carried out, this will enable us to support residential placements, attend statutory LAC reviews, deliver health promotion work and foster carer training.

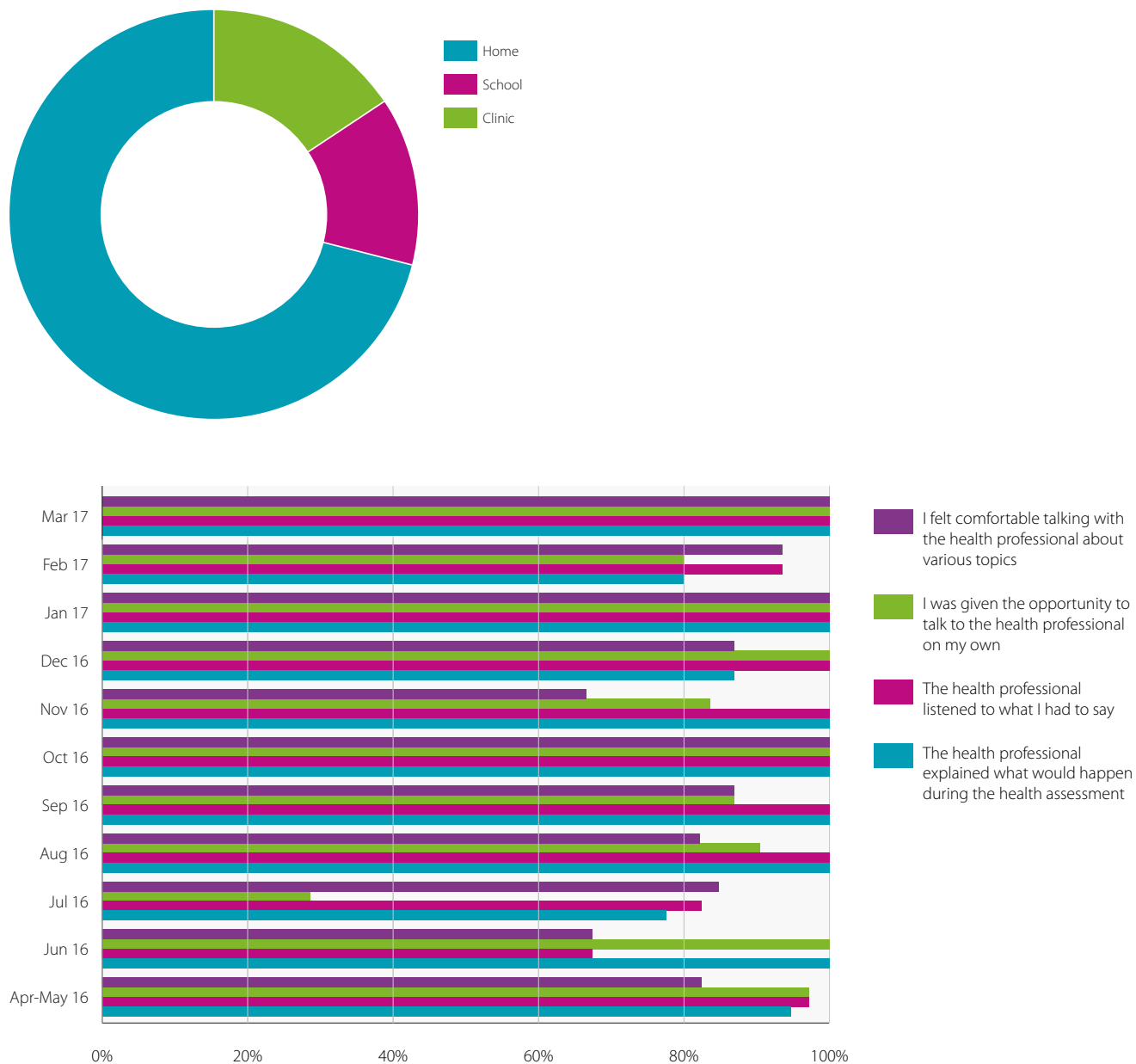
Health Passports have been introduced for Norfolk children with the aim of empowering young people to take more responsibility for their health and wellbeing. This has been commissioned by Norfolk Social Services, and the In Care Council have consulted and contributed ideas to the design and content.

Initial Health Assessments are commissioned to be completed by the James Paget University Hospital. Capacity and receiving paperwork from Social Care Services remains an ongoing issue. This is currently being investigated by GYWCCG as an identified risk within the organisation.

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

- requiring 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 acute hospitals, GP practices, care homes, the voluntary sector and the Health School at the University of East Anglia, with basic awareness training by the Safeguarding Team.

Looked After Children Feedback Data 2016/17



Pharmacy Pilot

Last year ECCH was selected as one of 73 pilot sites for the national Clinical Pharmacists in General Practice pilot. This has resulted in the integration of clinical pharmacists within the existing team in a number of general practices in the Great Yarmouth and Waveney area. The pilot has been up and running from March 2016 and all pharmacists have been delivering direct patient facing care and work as an integral part of the practice multidisciplinary team ever since.

The focus for all clinical pharmacists has been working directly with patients. They have taken 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 are currently undertaking a comprehensive training pathway. Some of them have successfully completed the independent prescribing course (supported by the practice) so are able to prescribe in areas in which they are competent. This qualification enhances the scope of a practice pharmacist and increases their job satisfaction.

This pilot has been a big success so far with lots of positive feedback from the practices that are participating in the pilot. By employing clinical pharmacists, many practices have seen a reduction in waiting times for appointments, increased access to general practitioners, improved screenings and management of long term conditions and reduced medicines wastage and overuse.

This work recognises the significant contribution clinical pharmacists could make in alleviating some GP workload pressures and provides long term opportunities to develop the wider primary care workforce. We are currently in discussion with other practices about supporting them with a further bid for the Phase 2 pilot, which will provide funding to recruit, train and develop more clinical pharmacists in general practices in Great Yarmouth and Waveney.

Estates and Facilities

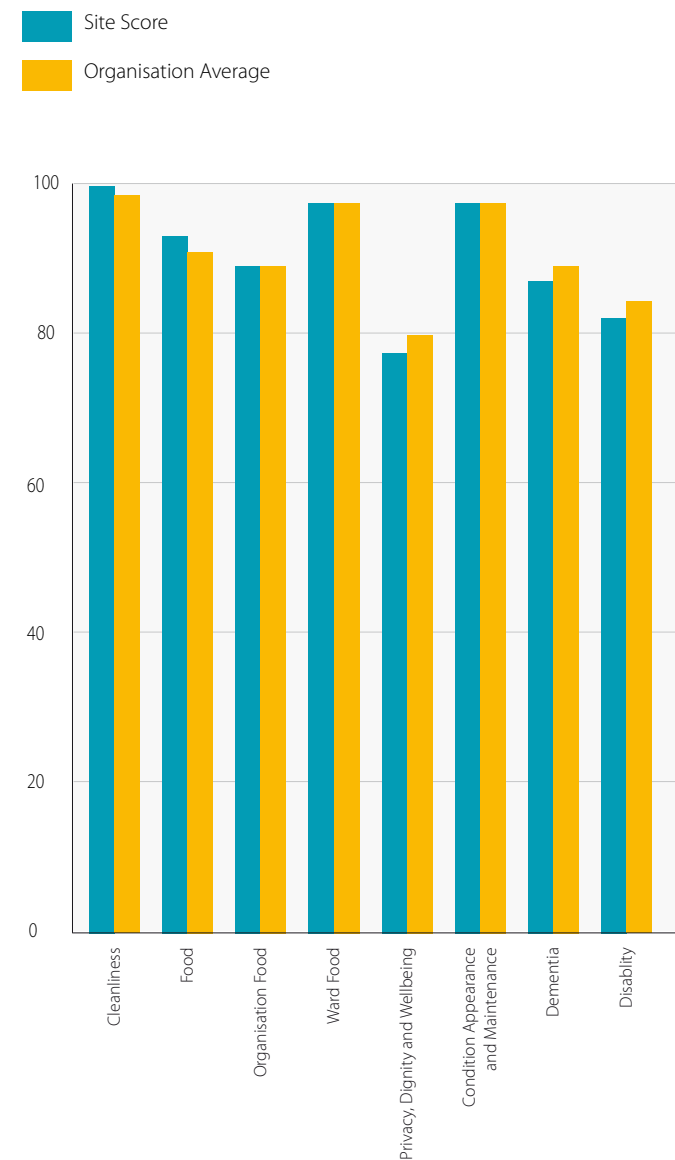
ECCH moved into its new headquarters in Hamilton House on Battery Green Road in January after our Estates and Facilities team carried out a major renovation of the property. The 12,500 sq ft space is now a work base for around 100 administrative and clinical personnel who moved from our previous headquarters in Beccles and bases elsewhere in Lowestoft.

The Estates team also made improvements to the ground floor of the Herbert Matthes Block at Northgate Hospital in March. This enabled services to move from the hospital's Cranbrook Unit, which is no longer considered suitable, into a purpose-built, more modern space. The changes will benefit patients and staff using services including physiotherapy, podiatry and neurology.

The team have been involved in the transformation of Beccles Hospital into an intermediate care unit and in redecorating the first floor of Europa House after ECCH leased the facility as office space for staff including the Smoking Cessation Service in October.

The Estates and Facilities team have rationalised the Estate to reduce costs and supported the mobilisation of new contracts for the Smoking Cessation Service and Health Visiting teams.

Patient-Led Assessments of Care Environment (PLACE) audits were carried out at Beccles and Patrick Stead community hospitals in 2016. The inspection team included Estates and Facilities, Infection Control, former patients and the League of Friends. The audit includes the fabric and décor of the building, signature, privacy and dignity, cleanliness and food along with other areas.



Central Estates and Facilities Co-ordination Meetings have been introduced to ensure we have a robust information sharing/overview of estates-related issues and a methodology to ensure key elements are escalated for Senior Management overview. The group's Terms of Reference include:

- Reviewing/updating outstanding 'works' risk items and settling action/remediation dates.
- Dissemination of information around statutory compliance including fire, Legionella, asbestos and other areas as and when required.
- Updates on general Estates Strategy
- Project updates and feedback relating to site specific projects
- General discussion on service improvement ideas.
- Open forum for site representative to share issues/concerns.
- Sustainability

These meetings take place on a quarterly basis, with the minutes and action plans being sent for information to the Internal Governance Committee. There is also a quarterly director-level Strategic meeting that will set the overarching Estates programme.



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. We have consistently gained an excellent score across the organisation with results showing 97% of patients would recommend East Coast Community Healthcare to their friends and family.

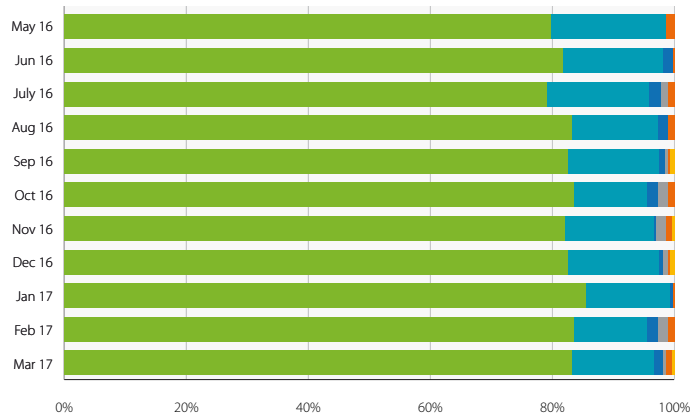
Crucially, when we receive negative feedback we look into the issues raised to identify any failures or shortcomings and we address these. If patients choose to provide their contact details, we telephone or write to them to discuss their concerns and to provide our response.

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

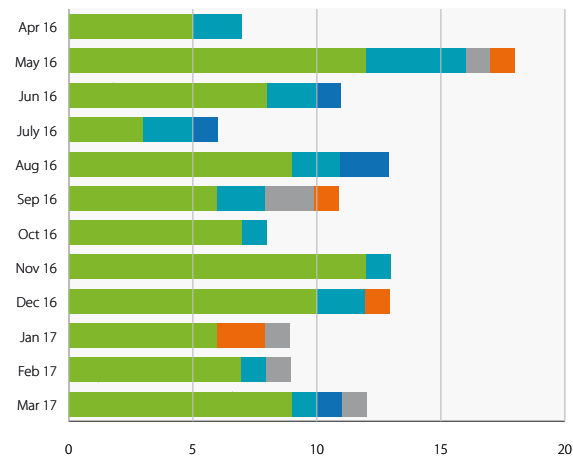
FFT data for all ECCH services

Date	Extremely likely (%)	Likely (%)	Neutral (%)	Unlikely (%)	Not at all likely (%)	Don't know (%)	Total	% Positive
April 16	79	20	0	0	0	0	212	99
May 16	80	19	0	0	2	0	194	98
June 16	82	16	1	0	0	0	270	98
July 16	79	17	2	1	1	0	212	96
Aug 16	83	14	1	0	1	0	281	98
Sept 16	83	15	1	0	0	1	309	97
Oct 16	84	12	2	1	1	0	277	96
Nov 16	82	14	0	1	1	0	208	97
Dec 16	83	15	1	1	0	1	288	98
Jan 17	85	14	0	0	0	0	241	99
Feb 17	84	12	2	1	1	0	277	96
March 17	83	13	2	0	1	0	314	96
Overall average								97

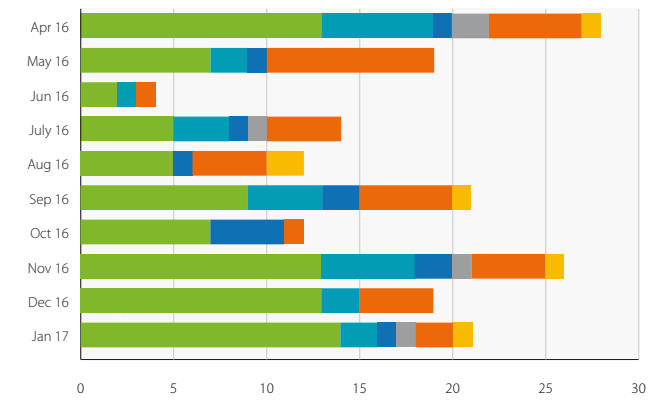
Friends and Family Test - Adults' and Children's Services



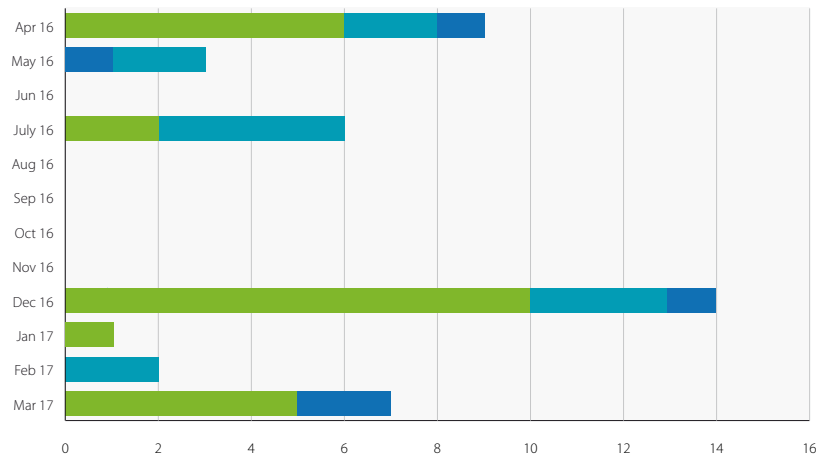
Friends and Family Test - Bungay Medical Practice



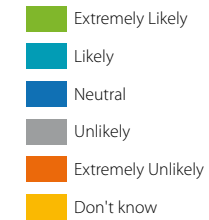
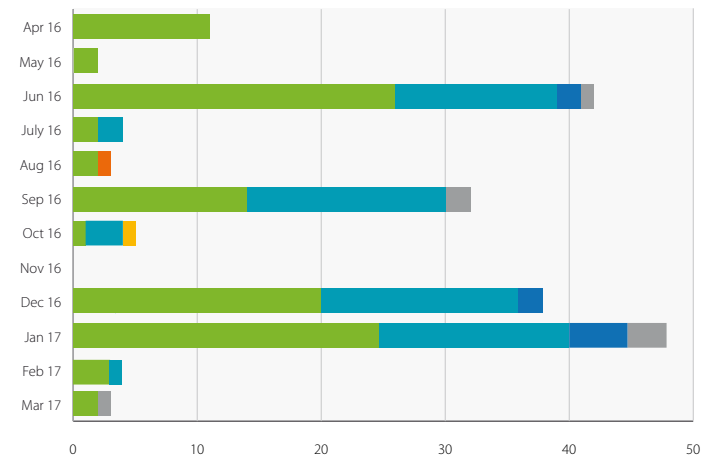
Friends and Family Test - Kirkley Mill Surgery



Friends and Family Test - Falkland Surgery



Friends and Family Test - Nelson Medical Practice



Patient Advice and Liaison Service

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 2016 to 31 March 2017.

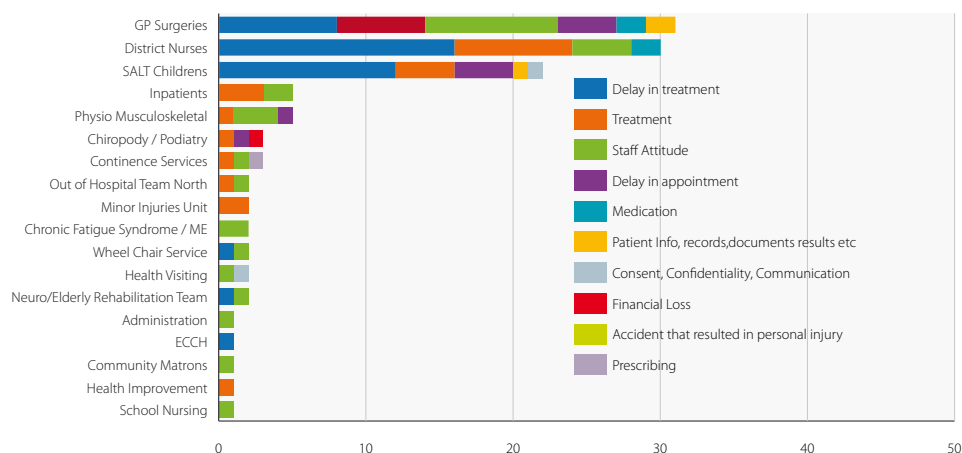
Learning from Complaints and PALS Concerns

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

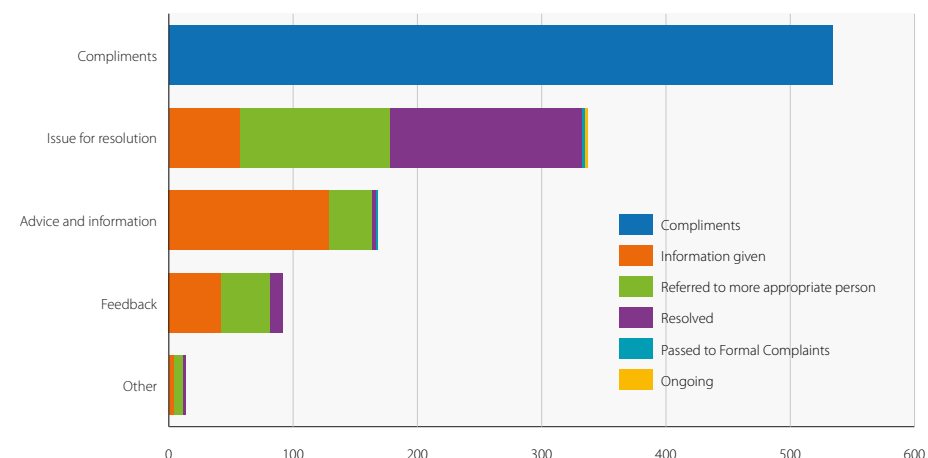
Patients as Teachers

Building on the work we did last year with patients from our GP surgeries, in 2016/17 we have invited clients from the Speech and Language Therapy Service and the ME/ Chronic Fatigue Syndrome Service to attend Patients as Teachers forums held at various venues around the area we cover. 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 implement changes to accommodate the issues identified wherever possible and, whilst we cannot guarantee that every suggestion can be taken forward, this process ensures that we know how our patients think we are doing and that the service provided by ECCH matches, as closely as possible, their needs and expectations.

Complaints received April 2016 - March 2017



PALS types and outcomes April 2016 - March 2017



You said - we did

I never seem to see the same person when I have appointments at my Leg Ulcer Clinic



Clinics have now been structured so the same nurses see the same patients. The clinic is also conducting a re-assessment of all long-term leg ulcer patients to make sure they are getting the most effective type of dressing for their condition.

I'd like more communication about my child with the Speech & Language Therapy (SLT) team



Once the referral and the initial call back have been completed, parents are to be given their local SLT base direct line telephone number to call if they need reassurance, further advice or additional support.

The waiting area at Falkland GP Surgery looks tired and needs freshening up



The waiting room and corridor have been redecorated and new chairs have been supplied.

We'd like to take part in research studies at our GP surgery (Bungay Medical Practice)



Research projects are now underway at Bungay Medical Practice and are advertised in the surgery. In order to be invited to participate, patients must fit the criteria of a particular study.

Patient Feedback

*Went the extra mile to help.
Very polite and understanding.*

Occupational Therapy

*Excellent treatment, helped
me to feel confident and
positive plus a lot of practical
help and support.*

Physiotherapy

*They are very reassuring
and give patients confidence
- they are always cheerful
and friendly.*

Podiatry

*All the staff have been very
helpful and informative, keen
to understand and do all they
can to assist me.*

ME/CFS

*People in the care sector never
get the praise they deserve.
All your team have been so kind
and caring to me.*

Falls Team

*Outstanding communication
skills, kindness and respect
for the patient's wishes.*

Out of Hospital Teams

*A good and cheerful service
received from everyone who
has been to attend to me.*

District Nursing

*Everyone has been very kind
and done everything I have
asked without any trouble.*

Laurel Ward, Beccles Hospital / Carlton Court

*Staff involved us both in
discussing plans, worries or
questions we had. She was very
supportive and knowledgeable
and really took time to listen
and get to know us both.*

Health Visiting

*The advice and guidance is
brilliant and really helps. My
child enjoyed it and received
very thorough analysis.*

Speech and Language Therapy

*Helpful, knowledgeable,
courteous, friendly and
efficient.*

Continence Service

Workforce Quality

Over the reporting period ECCH's average headcount has been 880.5, an increase of 21 on 2015/16's figure. We have gained headcount in Primary Care and, with the award of the Norfolk-wide contract for Paediatric Speech & Language Therapy, a total of 51 staff joined the organisation in April. The average turnover rate has decreased significantly during the reporting period from 21.33% down to 17.60%.

Our new Annual Appraisal system has now been implemented with quarterly reviews being integral. In the past year we have almost doubled our appraisal compliance rates to nearly 78% but peaking at almost 82%.

ECCH recognises the importance of good leadership and has supported three senior managers on a post-graduate Management and Leadership programme and a further nine at Levels 3 or 5.

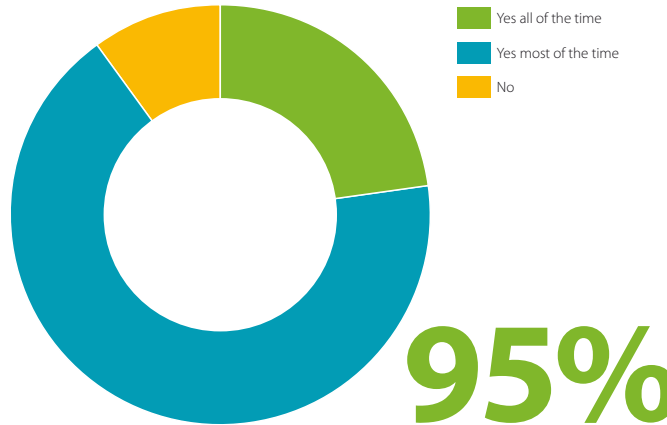
In September/October 2016 we carried out our own bespoke staff survey for the fourth year running. This was developed in-house and approved by members of ECCH's Staff Council and our Joint Staff Forum, which has union representation. 61% of staff responded, the same figure as the previous year although more staff actually took part - 560 compared to 489 in 2015. For ease of comparison and analysis 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

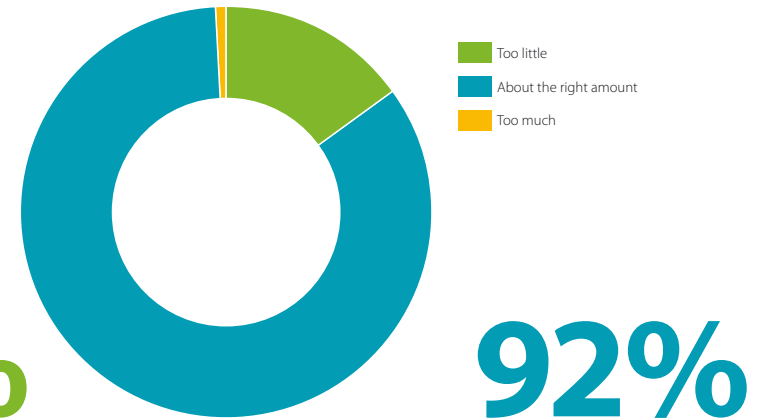
Do you believe that ECCH provides quality service and care?



Those who strongly agreed/agreed that the people they work with treated them with respect has risen from 94% to 95%

The number of staff who feel they receive adequate supervision at work has risen to 84% from 82% in the previous two years and 78% in 2013.

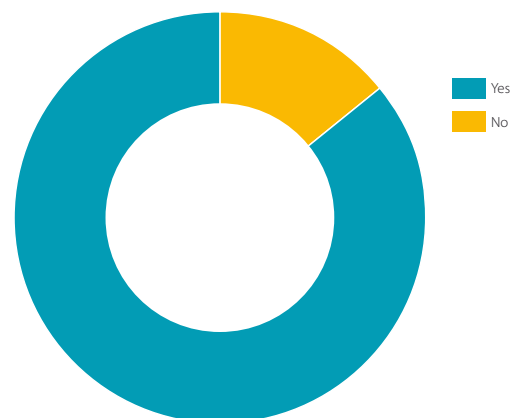
Do you feel you receive adequate supervision at work?



92% strongly agreed/agreed that their team leader encouraged everyone to work as a team - the same figure as last year and up from 75% three years ago

When asked whether team leaders/line managers support staff in having a good work life balance, 86% of respondents said they did - the same figure as 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, 91% of staff said they had not, compared to 89% in 2015/16.

The number of staff who say their team meets regularly; either weekly, fortnightly or monthly has risen from 75% last year to 78%. When asked if there are opportunities to progress in their jobs, 55% of staff who responded said there were. This compares with 62% last year.

Staff Absence

The cumulative absence rate for the reporting period 2016/17, is 5.25% of FTE, a decrease from 5.9% in 2015/16.

Through encouragement and training in proactive management of absence, ECCH has kept a steady control of long term absence throughout the reporting period, with %FTE due to long term absence being within 4% for 11 out of the 12 months.

Short term absence shows regular peaks, particularly in January. However there is an overall upward trend. We currently rely on line managers to be proactive in managing short term absence. We have provided training over the last 3 years to upskill them in Return to Work Interviews and implemented a self-service portal to the Electronic Staff Record for reporting absences quicker.

With a recent restructure to HR Administration, we hope to provide more support to Line Managers in identifying and acting on breaches in the procedural trigger levels with an aim to improve management of short term absence and also in managing the efficiency of Occupational Health output to optimise this resource in management of Long Term Absence.

Workforce Development

In 2016/17 we developed a new 9-year Workforce Development Strategy. This sets out key workforce priorities for our organisation which are relevant to ECCH's services, within the communities we serve. Its key priorities and statements in relation to workforce development are headlined below:

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

The 9 year strategy is divided into 3 'cycles' of 3 years each, leading up to and including the year 2025. Progress is monitored through the ECCH governance structure, particularly through the ECCH Strategic Workforce and Development Group.

Clinical Education

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 'generic worker' roles are required to achieve. We offer the programme on a monthly basis for new and existing healthcare support workers and have aligned it to our induction processes. In 2016/17, 96 members of bands 1-4 clinical support staff completed and achieved the Care Certificate and were recognised for their achievement in the annual Care Certificate Celebration.

Our program of Mentor and Practice Educator Development days has successfully continued, whilst also evolving into Supporting Learners in Practice (SLiP) days which offer mentors and educators the opportunity to network and provide access to our partners from the Universities of East Anglia & Suffolk. 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. ECCH has 3 staff members who have achieved Train the Trainer status for the Newly Qualified Professional program. This was facilitated by the University of East Anglia, in partnership with Health Education East of England. ECCH will be providing this program for newly qualified staff, affording a robust preceptorship within the organisation. This is being taken forward with our colleagues from the James Paget University Hospital.

This year, in partnership with the University of Suffolk, ECCH has piloted the Practice Education Based Learning (PEBL) model. This model is exploring new and innovative ways of supporting Student Nurses on placement within the community nursing teams. The emphasis is on adopting a coaching ethos whilst continuing to offer successful placements to the students. Due to the increasing numbers of student nurses, pressure on placement providers increases also. By adopting the coaching model, nursing teams are in a better position to support students, using a whole team approach to provide a positive experience to the students allocated to ECCH. Initial reports from the University, the students and mentors have been largely encouraging.

As with all new initiatives, there have been some teething problems. These are being addressed as the program continues to develop and is rolled out across the nursing teams within ECCH. In June there is a PEBL celebration day at the University, which will offer evaluation, future plans and recognition for the nursing teams involved.

ECCH has also piloted a new initiative amongst Community Healthcare providers. This was undertaken at Beccles Hospital's Minsmere Ward. The University of East Anglia (UEA) invited us to provide 1st Year Medical Students with a week on the ward to participate in the Healthcare Assistant Project. This project is for the Medical Students to gain an insight and understanding of the crucial role Healthcare Assistants perform within nursing teams. Whilst the official report for the pilot has yet to be provided, initial feedback from the UEA has been incredibly positive. This is a program that we look to continue to support. Work has continued with the University of Suffolk on the Work Based Learners project. At present we have 4 of our own staff currently on the program, working towards gaining qualification as newly registered Staff Nurses via the Degree pathway. The Work Based Learners project identifies and supports ECCH staff to continue professional development within the organisation, with the learners coming from a variety of clinical areas. This program highlights the commitment ECCH has to supporting the talented and dedicated staff within the organisation.

We retained our green RAG rating (highest achievement) in our annual Quality Improvement Performance Framework assessment for the third 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 for managing 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.

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, UEA and a number of GP practices and care homes.

Training and development highlights:

- Good leadership is vital at ECCH and to support this we have invested in a range of Leadership & Management training across services with managers achieving qualifications at levels 3, 5 and 7 and further staff completing online Foundation level modules
- Mandatory Training Compliance has risen to almost 90% overall
- Training around pressure area care continues in and out of the organisation providing training in Pressure Ulcer Prevention, Wound Care and Leg Ulcer Management

- 87% of staff have completed the new Accessible Information Standards national eLearning programme
- 93% of staff have completed the new PREVENT level 3 training
- 185 staff have completed Dementia Tier 1 training
- TEECCH provided a range of training including Falls Prevention, Consent, Capacity & the Healthcare Record, Fundamental Aspects of Care and Patient & Client First. This training was aimed at upskilling the pre-professional workforce in Great Yarmouth & Waveney and was funded by the Integrated Care Skills Project. A total of 149 individuals were trained during this project.
- The Care Certificate training programme continues with 246 staff completing various elements of the programme



- 119 aspects of our People Matter management development courses have been completed by line managers
- In 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.

We have 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.

A training programme associated with the Supervision Policy 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.

Action Learning Sets

In addition, this year we have initiated a programme of Action Learning Sets among Band 8A, Band 7 team leaders and Band 6 staff. Action Learning is an accelerated learning tool which can be applied to workplace (and personal) issues. Our Action Learning Groups meet every two months under the guidance of our Director of Quality and Primary Care Noreen Cushen-Brewster or Clinical Services Co-ordinator Angela Wilson to explore solutions to problems and decide on the appropriate actions to take forward. We employ the technique of 'Appreciative Inquiry', a methodology which focuses on understanding our past and present successes and developing

those as solutions to new challenges. The groups report back on the effectiveness of actions and reflect on the problem-solving process. As well as learning from the results, this type of approach helps increase participants' communication skills, understand their own strengths and weaknesses, and deal effectively with stress. The aim is to roll this programme out across the whole organisation over the next year.

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"> • 12 Prince's Trust trainees came to ECCH in March 2017 as part of the Get into Healthcare Programme. All achieved the Care Certificate and obtained 2 weeks of rotational work experience in clinical and non-clinical roles.
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 Further 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"> • In August 2016, ECCH, supported by the regional Health Ambassador coordinator, trained 20 Health Ambassadors across a variety of clinical and non-clinical services.
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 rolled out the Care Certificate as part of our induction programme from March 2015 and have been supporting staff in post 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 and have been recognised for their achievement via an annual celebration event.
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"> • Staff have been able to be enrolled onto their next level NVQ and foundation degree training in line with their own personal development plans.
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 2016/17. • We support the Foundation Degree in Health to grow our own Assistant Practitioners. We have met our commissions for the cycle year 2016/17 and receive ongoing interest for the course as it is the supply line into the Work-based route for nursing and other professional training
Simplify career progression for those who want it with innovative new roles and pathways to promotion, including more part-time higher education as a route into nursing and other registered professions.	<ul style="list-style-type: none"> • We are supporting the Work-based learning route into nursing for staff with a foundation degree in health. This will allow staff to study a Nursing and Midwifery Council (NMC) validated course as a secondment opportunity to gain professional registration.
Agree with employers and education providers a universal acceptance of prior learning, vocational training and qualifications .	<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. • 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.
Support talent development that identifies and nurtures people with the potential to go further, especially for those wanting to move into professional and registered roles.	
The national Talent for Care programme partnership will support this strategic framework with a national campaign. We will publish information, support pilot projects and spread good practice.	

Inspected and rated

Good



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. ECCH had an overall inspection of its services carried out during this period.

ECCH Overall CQC Inspection

ECCH was given a 'good' rating across the board for its services in Norfolk and Waveney following an inspection by the Care Quality Commission (CQC) in October.

In the first CQC inspection of the overall social enterprise since it was launched in 2011 the watchdog praised ECCH for its caring staff and for designing services to meet the needs of local people.

Areas that were highlighted as outstanding include ECCH's Hospice at Home service and the free baby lifesaving support training offered by the health visiting teams.

The report said: "Staff in the hospice at home service demonstrated a sensitive, compassionate and caring approach to patients in their care. Staff gave us examples of how they went 'the extra mile' to meet each patient's individual needs and preferences."

"There was increased integration of services particularly in palliative care and partnership working with acute trusts. The diversification into other services such as GP's offered greater scope for the integration of services."

"All of the staff we spoke with took great pride in their work and were committed to providing the best care they could."

CQC inspectors also said ECCH's care pathways followed best practice and national guidance, and there was a full programme of audit across the services that were inspected. CQC inspectors spent a week interviewing staff and visiting a range of adult and children's services including community nursing, speech and language therapy and the Laurel Ward at Carlton Court which was used temporarily while renovations were made to Beccles Hospital, which ECCH manages, to turn it into an Intermediate Care Unit.

They also spoke to patients and service users and were impressed with their feedback. The report states of inpatient services:

Patients commented that staff were "angels", and that "we could not get better care anywhere".

The report praised the organisation's 'consistently positive' Friends and Family Test results - the NHS national survey which asks patients if they would recommend a service. In the past year 98% of patients who responded to the survey said they would recommend ECCH to their friends and family with some services recording 100% positive responses over several months.

National and local clinical audits

The podiatry service took part in the National Diabetes Foot Care Audit between April 2016 and March 2017. This is part of the National Diabetes Audit programme commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme. HQIP are yet to publish the results for this.

ECCH currently has 38 ongoing clinical audits and 8 service evaluations. The audits shown opposite were completed in the period covered by this report and reviewed by ECCH with the intention of taking the actions listed, where necessary, to improve the quality of healthcare we provide.



"All of the staff we spoke with took great pride in their work and were committed to providing the best care they could."

"Staff in the hospice at home service demonstrated a sensitive, compassionate and caring approach to patients in their care. Staff gave us examples of how they went 'the extra mile' to meet each patient's individual needs and preferences."

Service/Department	Audit Topic	Aims (what)	Objectives (why)	Results/Recommendations
Wheelchair Services	Pressure Relief Cushions for Wheelchair Use	The aim of this audit was to ensure the correct pressure relieving cushions were provided, and to ensure pressure relief information is available to wheelchair users.	To Prevent and Reduce the risk of pressure sores in wheelchair users by following National Standards and guidance.	This audit identified that all wheelchair users audited were provided with the correct level of pressure relieving cushion, and were re-assessed when their clinical status changed. An information leaflet for wheelchair users was created, and will be shared with all services.
Physiotherapy (Musculoskeletal)	X-Ray Examination Requests	The aim of this audit was to evaluate the compliance of Physiotherapists employed by East Coast Community Healthcare, with regards to their adherence to protocol when requesting X-ray examination from the Radiology Department of the James Paget University Hospital.	This audit will evidence the adherence to the protocol.	This audit demonstrates that X-ray requests are consistently (100%), completed in a manner that fully meets the standards required by the protocol. As this protocol is consistent with recognised good practice, then this audit supports the safety of this small, but valuable service.
Out of Hospital Team	Defibrillator	This audit will show if the machine is safe to use and whether staff are aware of its location.	To ensure that the machine is safe to use and the appropriate checks have been carried out.	The Out of Hospital Team scored 100%.
Podiatry	Nail Surgery	The aim of this audit was to ensure that a high quality service is delivered to all patients undergoing nail surgery in the department.	To ensure that patients give informed consent to the procedure, and to ensure patients are satisfied with the procedure.	The outcome of this audit was very positive and all standards met or exceeded the 80% target. There is an action plan in place to increase staff supervision of nail surgery.
Falls Prevention Service	Bone Health	The aim of this audit was to establish current baseline practice provided by the practitioners within the Falls Prevention Service relating to bone health and whether this meets the clinical guidance within current governance.	The objective of the audit is to identify an action plan to improve practice relating to bone health.	This audit identified staff were good at asking patients if they have been diagnosed with osteoporosis and considering patient compliance to taking bone health medications. Staff were also good at completing the Fracture Risk Assessment Tool (FRAX) assessments. However, it highlighted that the FRAX assessment is not always completed correctly. In-service training on how to complete the FRAX assessment correctly will be provided.
District Nursing	Indwelling Urinary Catheter	The aim of this audit was to identify the extent of indwelling urinary catheter use and bladder washouts in the adult population supported by East Coast Community Healthcare District Nursing Service.	The purpose of this re-audit was to identify what changes had occurred in the District Nursing Service practice following implementation of recommendations made as a result of the 2015 audit findings.	The results from this re-audit demonstrated a positive reduction in the number of bladder washouts and an improvement in documentation.

Data Quality

The ever growing use of technology in the modern world means there is an increasing demand, and need for, high volumes of data to enable systems, processes and people to work effectively. The quality of the data in use has a direct impact on organisational decision making, corporate, team and individual performance and, most importantly, the quality of front line service delivery.

In ECCH we are continually working to improve the quality of the data in use across the organisation and through the year have prioritised work to make vital data available to front line teams in the most timely way possible.

Our investment in developing a professional Business Intelligence function is paying off with an ever growing suite of corporate dashboards available that deliver critical, up to the minute data to service managers and their teams, enabling early identification and correction of data quality issues as well as enhancing service delivery.

Underpinning our data quality efforts is a robust information architecture and data warehouse which continues to be developed and enhanced. The warehouse provides a single data source and enhanced security. Continued focus on improvements such as this are ensuring that data quality, data availability and data analysis will remain a priority in coming years.

During the last year we have strengthened our approach to Information Governance, recognising the growing number of threats to data security, legislative changes, and the need for rigorous governance processes. A formal Information Governance Group has been established drawing together representatives from across all of ECCH's functional areas. The group provides critical oversight of Information Governance across the organisation, ensuring that all the necessary policies and processes are in place and current, acting as a communications channel and reviewing any issues relating to information governance that may arise. Establishment of the group is part of ECCH's ongoing work to embed Information Governance awareness and thinking throughout the organisation.

Information Governance Toolkit

ECCH's Information Governance Assessment Report score for 2016/17 was graded level 2.

Clinical Coding Error Rate

ECCH was not subject to the Payment by Results clinical coding audit during 2016/17 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.

Help for Vulnerable People

Collection points were set up across ten ECCH sites in Norfolk and Suffolk in January so staff could take part in the 'Fill a Rucksack' campaign. They gave backpacks and items to fill them such as clothes, food, toiletries, torches as well as books, thermal blankets and flasks.

All the items collected were given to the charity Access Community Trust which supports vulnerable and homeless people in the Great Yarmouth and Lowestoft area with housing, health, education and employment. ECCH works with Access Community Trust at its GP surgery at Kirkley Mill Health Centre where ECCH runs clinics for homeless people every Wednesday afternoon.



National Youth Take Over Day

ECCH took part in National Youth Take Over Day 2016 when pupils from local schools were invited to gain an insight into how health services are run.

The students were given a number of challenging scenarios and had to debate how they would handle them and give presentations to a panel of adults who work in the health sector in Norfolk and Suffolk. The aim was to help the young people understand the pressures health providers face when it comes to making tough decisions and allocating budgets while the health organisations benefitted from a fresh perspective about their work.

Velodrome Victory

A team of staff including the chief executive claimed third prize after battling it out with other local businesses in the pop-up Street Velodrome in Lowestoft town centre in July.

The competition was hosted by Lowestoft Vision with all proceeds going to the Lowestoft Summer Festival charity. After coaching from professional riders the team were kitted out in safety equipment and conquered their fears of falling to compete in the adrenaline-filled challenge.

Additional fund raising

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

- Our neurology team enlisted their four legged friends to help them raise awareness of motor neurone disease with a charity dog walk in Great Yarmouth.
- Staff including ECCH's Speech and Language Therapy team at JPUH and members of HR, training, finance, communications, health and safety and corporate services staff at Beccles House donned their festive knits in aid of Christmas Jumper Day to raise money for Save the Children.



Appendix 1 - Services Provided in 2016/17

From April 2016 to March 2017 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	Kirkley Mill Surgery
Falls Service	Breastfeeding Support Service	Physical Activity Team (Adults & Children)	Westwood Surgery
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/RAH
22 June 2017



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

Great Yarmouth & Waveney Clinical Commissioning Group as a commissioning organisation of East Coast Community Healthcare (ECCH) supports the organisation in its publication of a Quality Account for 2016/17. 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 2017/18 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;**

In collaboration with the James Paget University Hospital NHS Foundation Trust, ECCH will develop a programme of training to improve the quality of patient discharge with particular regard to the provision of equipment. This will ensure that individuals have access to the right equipment in a timely and coordinated way.

ECCH will seek to improve the quality of treatment for people with chronic wounds and reduce healing times. All wounds not healed within four weeks will receive a comprehensive assessment and treatment plan

- **Improving patient experience**

East Coast Community Healthcare will seek to improve prevention, wellbeing and self-care by developing engagement with the population and seeking opportunities for coproduction and partnership working when designing services.

Identified cohorts of individuals with long term conditions will be supported through the introduction of high quality personalised care and support planning. This will be delivered through health coaching, peer support and self-management education.

In collaboration with East Norfolk Practices, ECCH will focus on sign posting and social prescribing, two of the high impact actions outlined in the GP Forward View. The stated aim is

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

to release capacity for GPs and improve patient experience, outcomes and to encourage self-care where appropriate. This will be achieved through training reception staff to access information about services in order to signpost service users.

ECCH will also explore the use of new technologies to support individuals with information and advice and provide opportunities to manage health issues using mobile phones and web based solutions.

- **Improving clinical outcomes and effectiveness**

Clinical effectiveness and outcomes will be improved through building alliances and networks with system partners. As part of the prevention, Primary and Community Care work stream of the Norfolk and Waveney Sustainability and Transformation Plan (STP), ECCH is working with other health and social care providers in developing new models of care which will include voluntary sector stakeholders and other statutory agencies.

In collaboration with James Paget University Hospital NHS Foundation Trust, social care partners and care home providers, ECCH will develop integrated pathways which support proactive and safe discharge.

ECCH is also committed to working with patients to prevent ill health through risky behaviours such as smoking and alcohol consumption. The organisation will identify individuals who would benefit from brief advice and will actively refer to support services where appropriate

Great Yarmouth and Waveney CCG also notes the quality priorities identified for 2016/17. We recognise the progress made on these priorities and in particular the focus on integrated working with system partners through the STP process.

The CCG recognise ECCH's contribution to the redevelopment of Beccles Community Hospital to provide improved intermediate care facilities for patients with short term but intensive rehabilitation needs.

We note the delivery of health coaching training to large numbers of staff across the organisation which has led to more effective consultations with service users allowing greater involvement in choices involving their care. ECCH also report that this has also reduced activity such as repeat attendances by increasing service user confidence in self-management.

We note the continued good practice and outcomes of the Health Visiting, School Nursing and Family Nurse Partnership teams and the Stop Smoking service for again exceeding their performance indicators for 2016/17. We were pleased to note that ECCH had achieved a high uptake of seasonal flu vaccination, achieving 76.2% immunisation of staff against an England average of 61.8%.

GYWCCG acknowledge ECCH's continued support of supervision, training and education and the organisation's overall focus on workforce, including the development of a Workforce Development Strategy and involvement with the Talent for Care national strategic framework

We congratulate East Coast Community Healthcare on achieving a good rating in all domains from the Care Quality Commission who in October 2016 undertook the first full inspection of the overall social enterprise since it was launched in 2011.

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 2017/18.

Yours sincerely

Rebecca Hulme
Acting Chief Nurse

Appendix 2 - Letters from our stakeholders



Healthwatch Norfolk Statement –ECCH Quality Account

Healthwatch Norfolk appreciates the opportunity to make comments on the ECCH Quality Account for 2016/17.

The document is well laid out with good graphics and is easily understandable despite some acronyms not being explained. We note there is a CEO/Chair statement on Quality although there is no executive summary. There is no glossary available which would be helpful to most readers and there is no mention of whether the document is available in different formats such as Braille, other languages, hard copy etc.

The priorities for the last year are clearly identified. Some have been achieved and some are ongoing - 3 out of 10 completed including 1 out of 3 CQUIN indicates some miscalculation of timescales needed to complete so the knock on effect could impinge on the next year's priorities.

The success of the priorities achieved could be better evidenced as there are some innovative initiatives being undertaken.

The 'You Said We Did' is always a useful section and to be commended. (It might be useful to include some 'You said we did not' to explain why some suggestions can't be delivered for some reason).

Priorities for the forthcoming year are also clearly identified and with some reasons for choosing them are given. The continuation of developing a Community approach and Prevention activities are to be welcomed.

Patient safety has been included - centred on infection control. But there other contributions through incident investigations and safeguarding.

With regard to clinical quality and effectiveness several useful examples are given. Health Visiting has a high percentage of achievement but it would be useful to confirm that those new births who aren't seen in the timescale are seen at some time. The young mothers support initiative looks successful on many levels.

The Physical Activity opportunities could be put into context alongside other organisations as duplication should be avoided.

The QUOF table is useful for those familiar with the requirements but not for patients in general.

Patients experience including the family and friends test shows ECCH as a highly recommended organisation in general but the response rate is low compared to the many patients ECCH treats.

With regard to incident reporting and never events it is pleasing to see pressure ulcers at the top of the response process as they have been on the increase across providers in general. It would have been useful to describe some of the serious incidents. No never events have been identified.

Good graphics are used to explain the number and type of complaints. Complaint resolution figures are good with only a few going forward as formal.

The staff "ownership" of the CIC should encourage a supportive workforce and this is beginning to be reflected in some positive responses to staff surveys. A lot of staff development is apparent and the business is growing.

The outcome of a national Diabetes Foot Care Audit is not yet known but several local Clinical Audits have positive outcomes.

With regard to data quality this seems satisfactory and risks appear to have been addressed.

There is a Good CQC rating and some positive comments.

With regard to new services the Company is looking to develop its business and various initiatives are being pursued within the service areas currently offered.

PLACE assessments indicate that Beccles Hospital needs to address privacy, dignity and wellbeing. Patrick Stead results are not shown.

The IG Assessment Report graded ECCH as level 2.

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

Alex Stewart

Chief Executive

June 2017

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 445297

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