

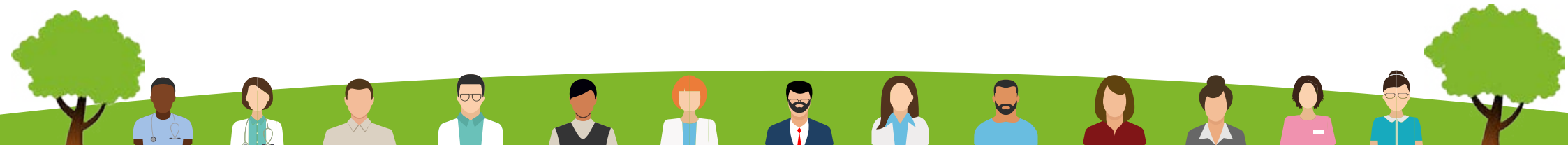
QUALITY ACCOUNT





CONTENTS

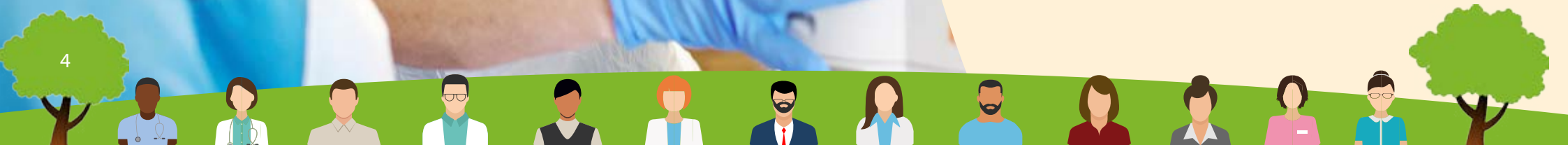
PART 1 – STATEMENT ON QUALITY	5
ECCH Strategy.....	6
Our Governance Structure.....	7
Our Assurance Framework	8
PART 2 – PRIORITIES FOR IMPROVEMENT 2020/21	9
Clinical Effectiveness	9
Patient Safety	10
Patient Experience	11
PART 3 – REVIEW OF QUALITY PERFORMANCE	13
Review of Quality Improvement Plans	13
Commissioning for Quality and Innovation (CQUIN) Results	15
Patient Safety	15
Clinical Effectiveness	22
Patient and Service User Experience	31
Patient Feedback	37
Health and Safety, Security and Resilience.....	39
Workforce Quality	39
Audits & Care Quality Commission Inspections	44
Corporate Social Responsibility	45
APPENDIX 1 – SERVICES PROVIDED IN 2019/20	48
APPENDIX 2 – LETTERS FROM STAKEHOLDERS	49
GLOSSARY	53





In this Quality Account we detail the progress we have made in the year to April 2020 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

We are proud to introduce our Quality Account for 2019/20 on behalf of the Board and Executive of East Coast Community Healthcare. This document reflects the excellent, dedicated and collaborative work undertaken by our staff in providing community health services across Norfolk and Waveney. It also reflects our aim as a social enterprise to deliver high quality, innovative and sustainable services for the benefit and well-being of our local communities.

This year we have continued to take forward our 'Evolve' programme of cultural development. We have used the firm foundation of our 'signature behaviours' to work with our staff to embed our strategy throughout the organisation, with its roots firmly set within our culture.

The result is our strategic document entitled 'Building Healthy Communities', reflecting the ambition of our organisation to work closely with our community partners in all aspects of the development of the social enterprise. This ambition is also reflected in our work to support the NHS-led 'Local Delivery Group', where we have worked within the management team to help develop collaborative plans that will see a future of truly integrated local health and social care services.

The cultural development programme and the strategic framework have also provided the base for the successful roll out of our new model of care for adult community services. Our staff have worked patiently to re-orientate and redesign their operational working patterns to support the establishment of Primary Care Networks with newly formed Primary Care Home teams. Within this model, we have also developed an outstanding partnership with St Elizabeth Hospice, providing specialist palliative care services for the first time from a community base at Beccles Hospital.

Outside of the core Primary Care Home environment, our Norfolk-wide services delivering Children's Speech and Language Therapy, Smoking Cessation and ME/CFS services have continued to thrive, supported by the inclusive infrastructure of the social enterprise.

An enterprising year was capped off by the successful appointment of our new Director of Quality. Paul Benton has joined us from the East Midlands Ambulance Service, bringing with him a wealth of diverse experience and adding strength to both the Executive team and the Board.



A handwritten signature in blue ink.

Jonathan Williams

A handwritten signature in black ink.

Tony Osmanski



east coast community healthcare

We Listen We Learn We Lead - We Work Together, Achieve Together - Be Cost Conscious and Respect Our Resources - My Accountability My Responsibility



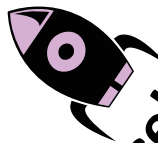
Growing

commercially/ ethically/ responsibly
sound financial base/ reserves
creating and sustaining
social value/ entrepreneurs
understanding risk
anticipating the future



People

social focus/ responsible
engaged and happy
empowered/ self managing
skilled and resourceful
future focused
intentional culture
resilient workforce



Excelling

outstanding service delivery
resourceful and innovative
communicating and engaging
strong and responsive
safe and responsive
improving health



Partnering

sharing/ learning/ growing together
understanding and empathising
enabling community action
connecting and networking
managing risks together
partner of choice

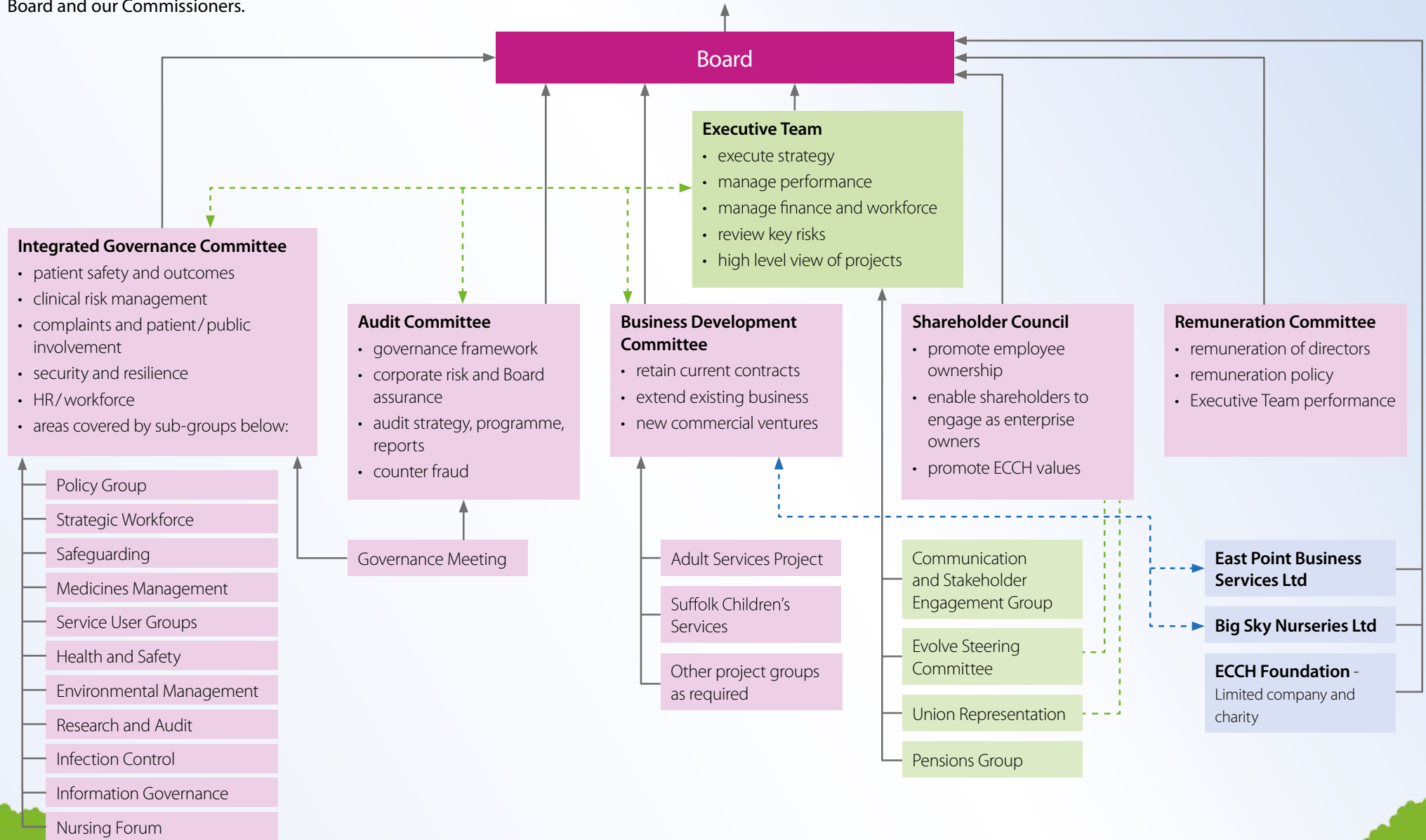


Building Healthy Communities
Social Value through Employee Ownership

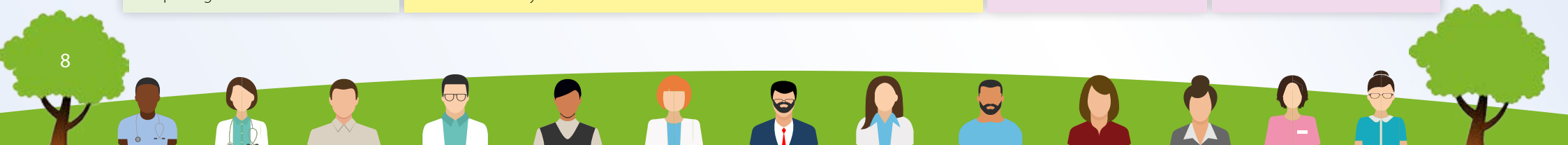
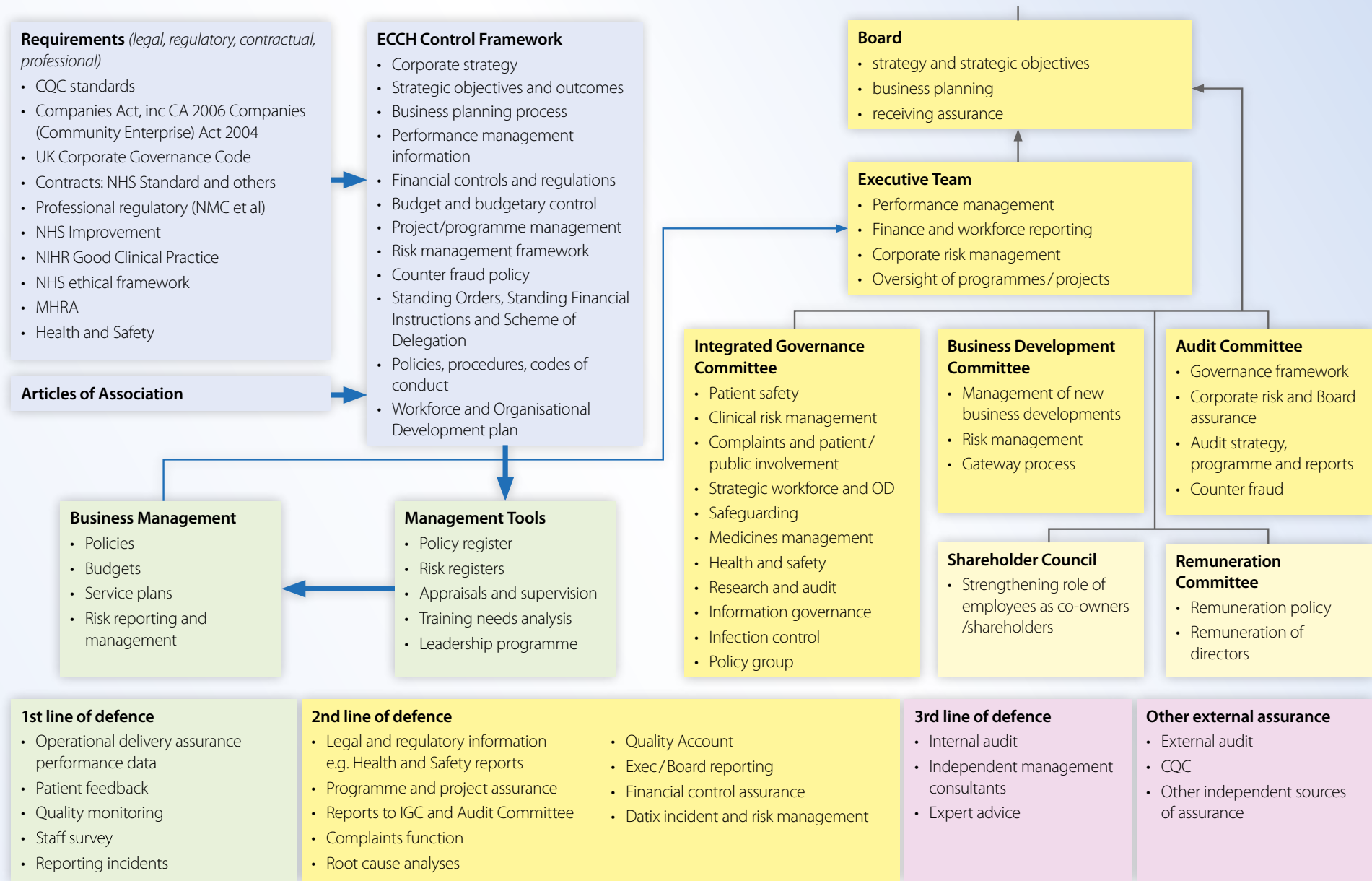
Our Governance Structure

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

Shareholders = Employee Owners



Our Assurance Framework



PART 2 – PRIORITIES FOR IMPROVEMENT 2020/21

ECCH prides itself on delivering high quality services for our communities and working with our Commissioners and other partners to demonstrate continual improvement through more joined-up, patient-centred care. As a Community Interest Company and social enterprise, we are able to be more flexible in the way we do things and we are always looking for innovative solutions that will benefit our patients and clients.

In 2019/20 we offered 31 services for the NHS, public health and social care to communities in Norfolk and Suffolk (detailed in Appendix 1).

Our priorities for 2020/21 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, with a particular focus on working with GP practices and partners to bring services together and provide more coordinated health and social care.

Clinical Effectiveness

DIABETES

We aim to follow and embed NICE guidance in relation to diabetic care, focusing on the nine processes of health management. Through partnership working, we will reduce the preventable damage that a diagnosis of diabetes can produce. This will include population health segmentation to identify at-risk people within our caseload, as well as activation measures and health coaching to support patients to self-manage their condition. We will also make targeted interventions to identify and engage those patients who are currently hard to reach.

STAFF WELLBEING

ECCH's long term wellbeing strategy is focused on the development of improvements to our Core interventions:

- Mental Health and stress
- Physical Health
- Weight loss and nutrition
- Environment and musculoskeletal health
- Substance misuse
- Sleep management
- Women's Health.

Staff can self-refer into our Occupational Health service. We have a network of peer supporters and offer stress management and cultural behaviour therapy services.

We run a 'physio at home' service which all staff can access and an extensive health and wellbeing intranet site.

The coronavirus pandemic has emphasised the importance of robust health and wellbeing support for staff, be it those who have contracted the virus, those who have worked long hours in the community or those who have struggled with isolation working from home.

As a result we engaged the services of an Employee Assistance Programme which includes face-to-face counselling and an advice phone line. We have developed a weekly wellbeing-focused newsletter for staff which we aim to develop further.

It is becoming increasingly clear that a specific intervention is required in order to maintain the wellbeing of our staff through a potentially difficult winter period. We will address this by creating one easily accessible portal for accessing all our wellbeing offerings with an accompanying communications strategy, and building a wellbeing framework where interventions become integral to the way ECCH works.





The EIV equipment store now sits within the Waveney ambulance depot, which means a more cost-effective service delivery to the patient.

Joint training and education continues between EEAST and the therapists. This brings an increased understanding and strengthens our collaborative working. Further training is planned to enhance the role and skills of the therapists and provide seamless care to patients.

Over the next year we will continue to evaluate the impact of this service and identify patient outcomes and improvement.



Patient Safety

EARLY INTERVENTION VEHICLE

ECCH works in partnership with the East of England Ambulance Service NHS Trust (EEAST) to operate the Early Intervention Vehicle (EIV) seven days a week throughout the year.

This service continues to receive a rating of 100% 'extremely satisfied' from patients in the Friends and Family Test. It provides support to people in their home with the aim of preventing a hospital admission or a trip to the emergency department. As part of the service delivery it can also make onward referrals for extra health and social care support, where necessary. Where a patient has fallen, EIV staff will provide equipment and offer help and guidance to avoid falls in the future, thereby improving people's quality of life and reducing pressure on NHS resources.

LEARNING DISABILITY

We aim for all clinical and frontline staff to have a basic awareness of Learning Disabilities, Autism and Dementia to tier 1 and 2 levels. Our staff will thereby build on their existing communication skills and be better equipped to meet the health needs of these client groups.

We have a Learning Disability Group which meets on a bimonthly basis. Its membership is made up of staff from across the workforce to enable different outlooks and ensure robust discussion.

We are working closely with our general practice colleagues on Minsmere ward at Beccles Hospital to develop an integrated approach to caring for adults with learning difficulties. We do not have a specialist



nurse in this field but we do have colleagues at Norfolk and Suffolk NHS Foundation Trust who we can approach for advice and guidance.

ELECTRONIC PRESCRIBING MEDICINES ADMINISTRATION (EPMA)

Initially we will roll out an electronic system for administration of prescribed medicines in Minsmere Ward at Beccles Hospital. This will reduce the risk of critical medicines being omitted, and do away with the need for multiple drug charts, and re-writing charts.

We will then develop a plan to implement similar systems across our four Primary Care Home teams.

MEDICATION

We will develop a Medication Independence Tool to be used across ECCH services. This will help patients to better manage their own medicines. A patient-centred Medicines Needs Assessment, and a Medicines Support Plan, will be put in place. Pharmacy technicians will support patients to have more confidence when taking medicines.

We will implement structured Medication Reviews, working collaboratively with Primary Care Home teams, to ensure that all patients in 'beds with care' benefit from a structured medication review and medicines reconciliation. This will reduce harms from medication errors and the inappropriate use of multiple medications at the same time.

ECCH will also work with colleagues across the system to develop and implement a single palliative care syringe driver process, with associated paperwork and drugs. The aim of this is to embed a safety culture that

ensures all medication incidents are reported, and that 'lessons learnt' are shared across the healthcare economy in order to reduce risks.



Patient Experience

VOLUNTEERS

We have begun working in partnership with Voluntary Norfolk to introduce volunteers more widely into our workforce. Voluntary Norfolk has appointed the first of three Volunteer Co-ordinators who will be responsible for recruiting a volunteer workforce over the coming year. This is a very exciting venture for ECCH and one that will bring individuals under the ECCH umbrella who are able to support patients and staff, while gaining a fulfilling insight into how we care for our communities.

We have already recruited Hospital Support Volunteers to support frontline staff by undertaking non-clinical aspects of their roles, such as stock room maintenance and administration. This allows staff to focus on patient care. We have also recruited Transport Volunteers who drive equipment, supplies and medication between our sites. We are in the process of building a team of 'Check In and Chat' Volunteers to provide short-term friendship and telephone support to individuals who are at risk of loneliness following discharge from hospital, or as a result of self-isolation.

In addition to our work with Voluntary Norfolk, we are supported by a volunteer workforce provided by Halesworth Volunteer Centre. These volunteers support our daily Patrick Stead Hospital phlebotomy clinics by meeting and greeting patients.



PATIENT ENGAGEMENT

We are committed to an annual programme of Patients as Teachers events to inform service provision. We held several events last year and plan to step up this process. We are sending out service questionnaires to patients asking for their feedback on the Patients as Teachers approach in order that we can develop our engagement methods, and inviting them to join Patient Participation Groups to improve our communication channels with service users further.

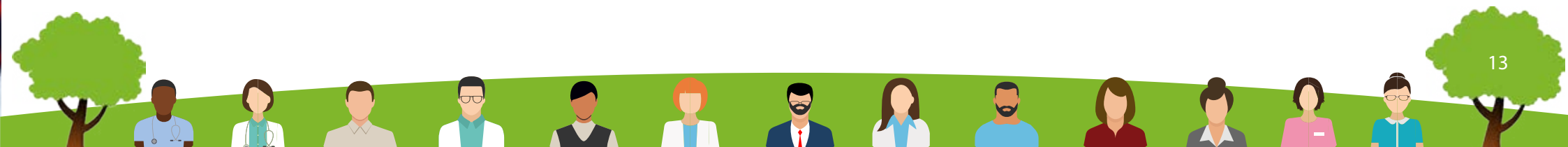


PART 3 – REVIEW OF QUALITY PERFORMANCE

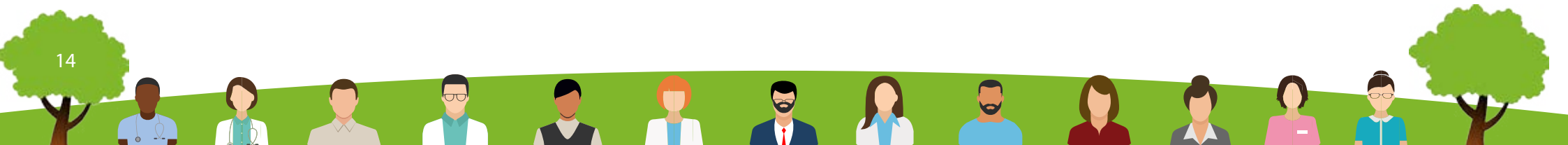
Review of Quality Improvement Plans

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. The table below details the Priorities for Improvement we set ourselves for 2019/20, what we have achieved and what work remains ongoing.

AREA	UPDATE	STATUS
Improvements to diabetic foot care	<p>ECCH now delivers a weekly, fully NICE compliant multidisciplinary foot care service which is led by podiatrists with specialist skills in managing diabetes. Working with colleagues from James Paget University NHS Hospitals Trust and the Norfolk and Norwich University Hospital Trust, patients with complex foot care problems are assessed and treated, reviewed and discharged by the Multidisciplinary Foot Care Team. The team consists of a podiatrist specialising in diabetes, an endocrinologist, a vascular surgeon and a musculoskeletal podiatrist providing expertise in orthopaedic disease. Feedback from the clinic has been extremely positive. It is expected that this intensive approach to diabetic foot disease will reduce the amputation rate for patients and improve their longer term health and wellbeing.</p> <p>The 3D imaging we piloted last year is continuing and has been shown to be extremely useful in enabling expert review of images, clear comparisons and evidence of healing, and as a learning and education tool.</p> <p>Our diabetes pathway is being shared with Primary Care to provide diabetes patients with a consistent and comprehensive management approach. The accent is on working in partnership with patients to develop individual plans of care, which will provide them with the best health outcomes and support them in reaching those targets through health coaching, patient education, shared assessment and treatment tools, as well as seamless referral and transfer of care.</p>	Ongoing
Increased Patient Engagement	<p>A wheelchair event for patients from Great Yarmouth and Waveney was held in July 2019 to inform them about the launch of Personal Wheelchair Budgets.</p> <p>A joint 'Patients as Teachers' event was organised with St. Elizabeth Hospice for our Specialist Palliative Care patients. This was well received and an action plan has been developed. A leg ulcer Patients as Teachers event took place in December 2019 and one-to-one Patients as Teachers sessions are offered on all bereavement questionnaires and run on request. A full schedule of Patients as Teachers events is now being implemented.</p> <p>ECCH ran a 'Living with Diabetes at Christmas' event at Kirkley Mill Health Centre in Lowestoft in December, joining with partner agencies to offer advice on alternatives to high sugar treats, as well as improving fitness and losing weight.</p> <p>We now have an annual programme of patient reports to our Integrated Governance Committee, with patients attending to speak about their experience of our services.</p>	Ongoing
Syringe pump management	<p>In collaboration with St Elizabeth Hospice, we have run syringe driver and medicines management training and events for Beccles Hospital staff and our Primary Care Home teams.</p> <p>A new Standard Operating Procedure (SOP) is in the final stages of development, led by St Elizabeth Hospice's nurse consultant and Beccles Hospital's unit manager. The syringe driver prescription and medicines administration chart is also being reviewed, with the aim of having an agreed STP-wide document. Both the roll out of the SOP and the chart documentation will be supported by a programme of training and education.</p>	Ongoing



AREA	UPDATE	STATUS
Gosport Report	<p>We have continued to implement and evaluate our action plan relating to the Gosport Independent Panel Report into the use of opioid analgesics at Gosport War Memorial Hospital. The report concluded that the lives of four hundred and fifty patients were shortened by clinically inappropriate use of opioid analgesics. ECCH's Gosport action plan is being monitored via the Medicines Management Meeting. The one remaining action is to enhance reviewing of end-of-life prescribing in the community.</p> <p>Controlled drugs prescribing on Minsmere Ward at Beccles Hospital is reviewed by the clinical pharmacists as part of their role. Any concerns regarding controlled drugs are reported to the Controlled Drugs Accountable Officer. Prescribing in the community by the Specialist Palliative Care team is monitored through ePACT data.</p>	Ongoing
Specialist Palliative Care Services	<p>Our Specialist Palliative Day Service began operating in June 2019. This is in addition to the six specialist palliative care (SPC) beds at Beccles Hospital and 24/7 advice line for professionals, patients and their carers that launched in April 2019. We now have day services at Beccles Hospital and Martham Surgery, as well as counselling services at these locations and in the community.</p> <p>A waiting list system is in place for Beccles Hospital, with care plans in place to support patients appropriately until beds become available. Our partners in providing SPC services, St Elizabeth Hospice, in-reach into the JPUH to assist in management of patients identified as having specialist palliative care needs, supporting the hospital palliative care team.</p> <p>A Bereavement Group was established at the Louise Hamilton Centre at the James Paget University Hospital in January 2020, run on a bimonthly basis.</p> <p>As well as individualised holistic care provision, a range of interventions have been implemented to improve patients' emotional and psychological wellbeing, including:</p> <ul style="list-style-type: none"> • Relatives and visitors being given open visiting and provision of meals if staying with a patient • Additional put-me-up beds purchased to allow relatives to stay with patients overnight • Staff facilitating visits of patients' pets • Ward staff facilitating birthday celebrations for patients and relatives • Provision of 'Afternoon Tea' for younger patients and close friends <p>NB. Some of the above measures have had to be temporarily suspended as a result of the pandemic.</p>	Ongoing
Extend competency training programme	<p>Following on from a review of our competency training programme last year, the Medical Devices Management Group has instigated a full review of all of our equipment competencies, and these are being updated and revised with the first ones recently launched. This includes a review of equipment used for moving and handling mandatory training, to ensure that staff are trained on the most up-to-date and relevant equipment available to support effective patient care.</p>	Completed
Dementia Care	<p>We continue to develop our Dementia Care by improving staff understanding of the condition. We are working with our training department to review and refine our dementia training for staff to meet the Standards Framework.</p>	Ongoing



Commissioning for Quality and Innovation (CQUIN) Results

A proportion of ECCH's income in 2019/20 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	STATUS
Prevent ill health by risky behaviours (alcohol and tobacco)	ECCH continues to ask patients who are admitted to Beccles Hospital Inpatient Unit if they smoke and what their regular alcohol intake is. Patients are then offered 'Very Brief Advice' which staff have been trained to give. They can offer support and onward referral to, for example, Stop Smoking services. ECCH met all the targets for this CQUIN this year.	Completed
Hospital falls	ECCH is ensuring that all patients admitted to Beccles Hospital Inpatient Unit have the following: <ul style="list-style-type: none"> Lying and standing blood pressure recorded at least once during their stay No hypnotics, antipsychotics or anxiolytics given without a suitable rationale being documented A mobility assessment is carried out within 24 hours of admission to assess the need for a walking aid and, if required, it is provided within 24 hours.	Completed
Staff flu vaccinations	We encourage all of our frontline and patient-facing staff to have the flu vaccination each year. This year's target was 80% and ECCH has exceeded this.	Completed

Patient Safety

INFECTION PREVENTION AND CONTROL

In 2019/20 the healthcare system had a maximum permitted ceiling of 69 C.diff (Clostridium Difficile) cases. The actual number of cases was 55. Of those, 37 demonstrated best practice and were adjudicated as non-trajectory.

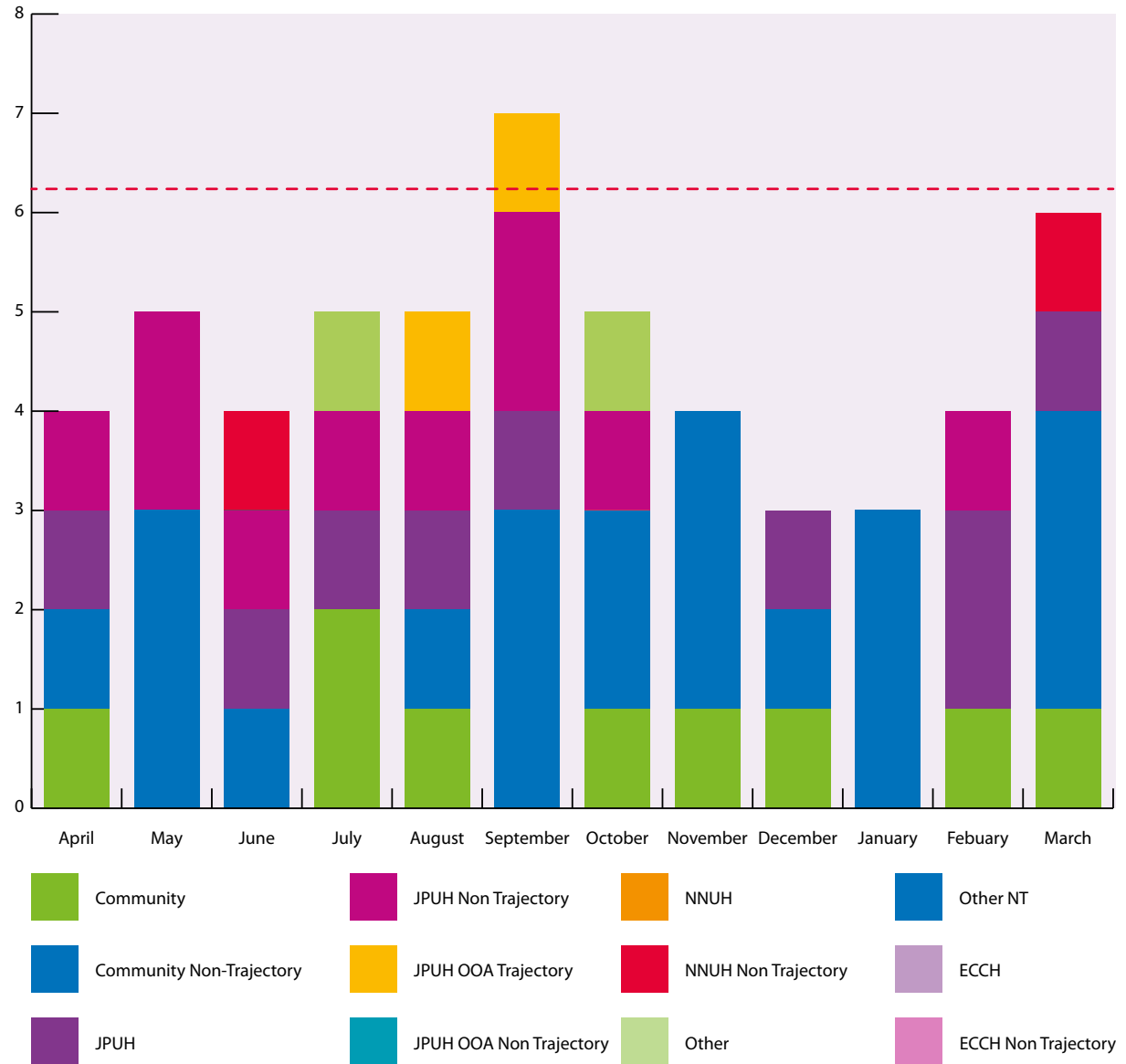
There were no cases of blood borne Methicillin-sensitive Staphylococcus Aureus (bMSSA) or E.coli bacteraemia attributable to ECCH. However, ECCH staff were involved in the care of some other cases. There were two community cases of blood borne Methicillin-Resistant Staphylococcus (bMRSA), which were considered to have been unavoidable and best practice met. There was one case of Norovirus in ECCH inpatients transferred from another hospital.

The ECCH Infection Prevention & Control (IP&C) team has the administrative function for the C-diff Root Cause Analysis (RCA) meeting and completes all the non-acute RCA's. The team also completes RCA's for E.coli bacteraemia in the community and analysed the data in order to detect a pattern in this area for the high number of cases occurring. ECCH's Assistant Director of Infection Prevention and Control, Teresa Lewis, writes the plan for GYWCCG and the IP&C team have undertaken a considerable amount of work around urinary tract infections, as many cases of E.coli bacteraemia have a urinary source of infection.

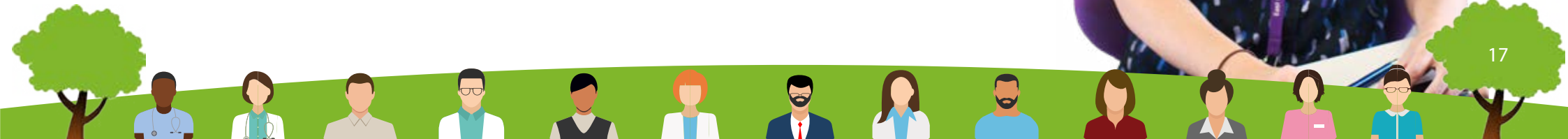
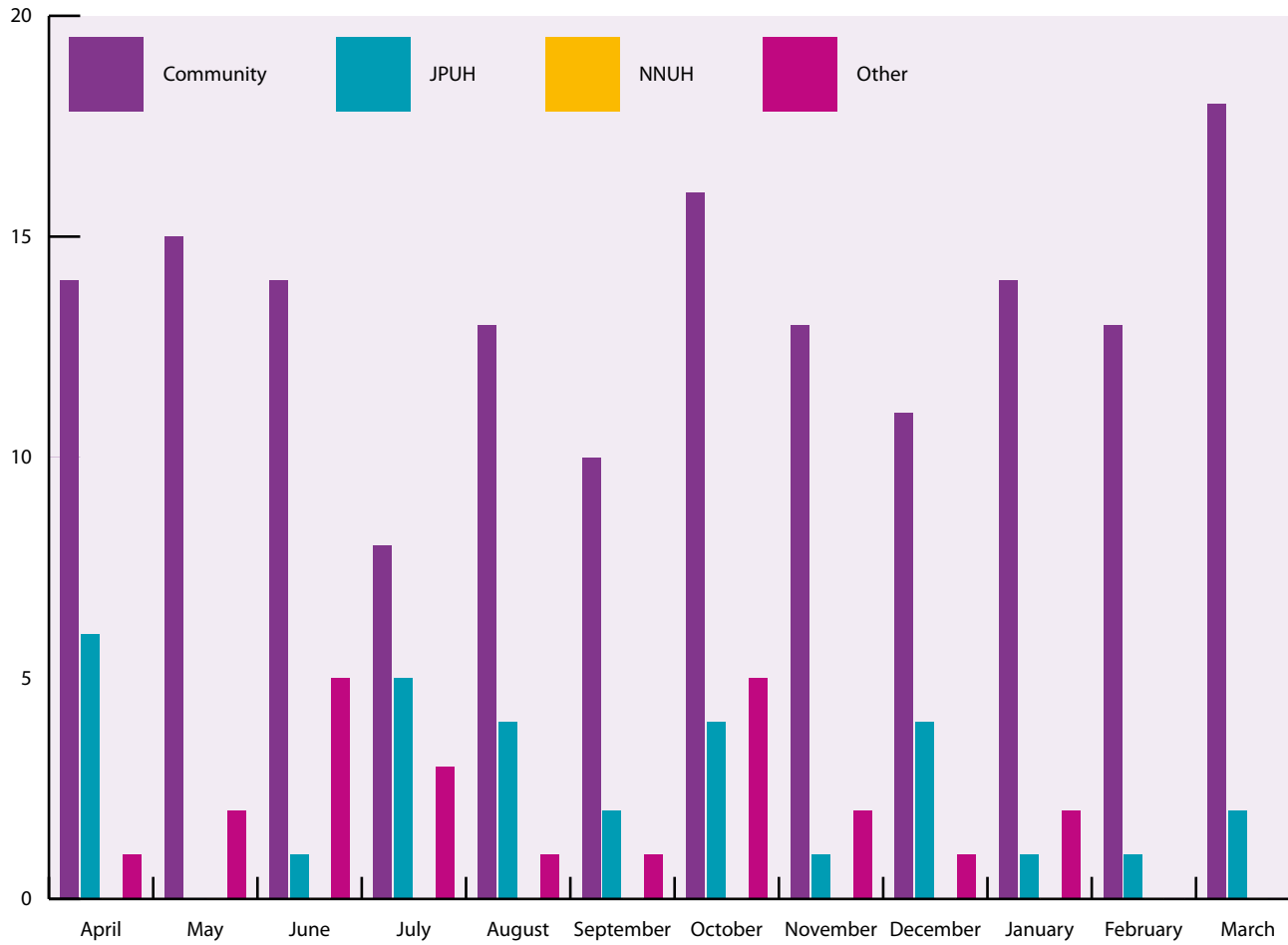
The IP&C team also has the contract to attend to flu outbreaks in residential care homes across Great Yarmouth and Waveney, administering treatment as advised by PHE. During winter 2019/20 they were called to four nursing/care homes to swab the symptomatic residents, but only one care home was a confirmed outbreak and, on the advice of PHE, issued antiviral treatment to all residents of this home.



C.diff Figures 2019-2020



E.coli Bacteraemia cases 2019-20



STAFF SEASONAL FLU PROGRAMME'S CONTINUED SUCCESS

For the fourth year in succession, ECCH was the highest performing healthcare organisation in the eastern region for staff influenza vaccinations.

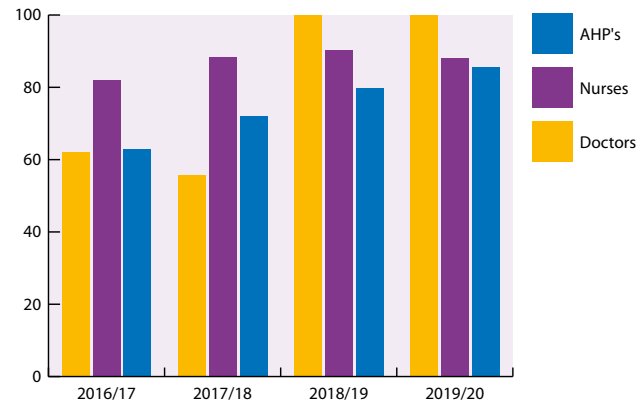
A total of 83.8% of our frontline staff were vaccinated during our annual in-house immunisation programme, including 88.1% of nurses.

All staff were offered the immunisation, with the aim of vaccinating at least 80%. In this way we protect ourselves, our patients and our families from the potentially deadly virus. The national average was 74.3%.

Year	Uptake of frontline clinical staff
2019/20	83.8% (National average: 74.3)
2018/19	84.1%
2017/18	80.1%
2016/17	76.2%



ECCH seasonal influenza immunisation uptake 2019 - 20



INCIDENTS AND HOW WE RESPOND

As an open and learning organisation, we commend our staff for their reporting of incidents as this enables greater understanding and practice change to occur.

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.

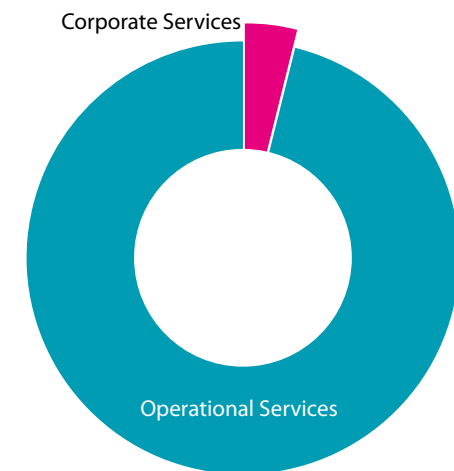
We utilise the Datix incident and risk management system to manage clinical incidents. The system incorporates a complete risk management and learning cycle through an investigative process, which is managed by team leaders within the services.

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 staff at team meetings, and any trends are highlighted in order to review practice and implement improved systems.

The incidents reported can also relate to issues affecting patients that may have occurred outside of ECCH care such as acute trusts, GPs, other healthcare organisations, care agencies, residential homes etc. 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 patient incidents for the year was 3,269 which equates to an average of 272 per month.

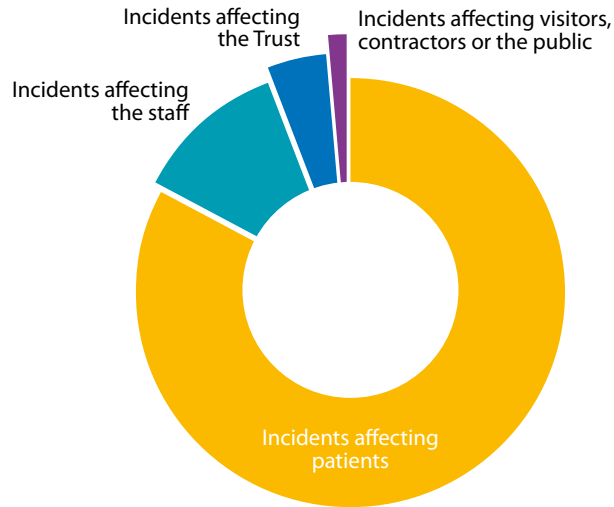
Patient Incidents by Business unit



Corporate Services	133
Operational Services	3136
Total	3269

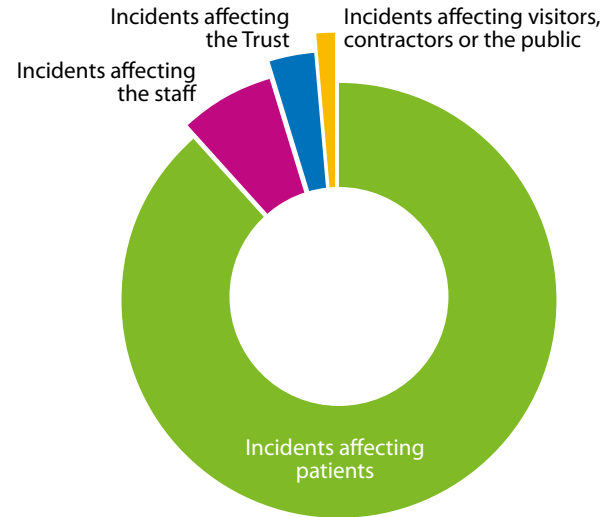


Incidents by Type



Incidents affecting patients	3269
Incidents affecting the staff	453
Incidents affecting the Trust	175
Incidents affecting visitors, contractors or the public	45
Totals:	3942

Incidents involving other providers



Incidents affecting patients	1941
Incidents affecting the staff	158
Incidents affecting the Trust	72
Incidents affecting visitors, contractors or the public	26
Totals:	2197

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

SERIOUS INCIDENTS

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

20 incidents met national Serious Incident Reporting criteria in 2019/20.



PRESSURE ULCERS

In 2019/20 ECCH treated 1,217 patients for pressure ulcers category 1-4, compared to 1,208 in 2018/19. From that total, 477 developed after admission to ECCH, (630 in 2018/19) and 740 pressure ulcers were present on admission.

Of the 168 pressure ulcers category 3 or above, 71 developed after admission to ECCH and 97 were present on admission. Of the patients who developed category 3-4 pressure ulcers after admission to ECCH, 18 cases were reported as a serious incident and investigated fully.

2019/2020	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Pressure ulcers on admission	58	45	36	39	30	41	35	35	41	46	41	31
Pressure ulcers after admission	65	65	59	60	68	59	60	52	58	83	54	57



DUTY OF CANDOUR

Within ECCH we follow the national Duty of Candour process which means that every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care, or has the potential to cause harm or distress. The patient or, where appropriate, the patient's advocate, carer or family must receive an apology.

We notify all patients verbally and in writing of any moderate harm or above caused to them by any ECCH

staff and a senior clinician is allocated to undertake a thorough investigation of the event. The patient/patient's advocate or carer will receive a copy of the investigation.

Duty of Candour incidents are documented in our monthly Quality Report to our commissioners and discussed at our monthly meeting with them. This report also goes to ECCH's Integrated Governance Committee where these events are discussed and lessons learnt are shared. This process helps us to improve the patient care we deliver.

	No of patient incidents reported	No of incidents that triggered Duty of Candour	Percentage	% of patients informed of their harm
Apr 19	248	10	4.03%	100%
May 19	255	7	2.74%	100%
Jun 19	246	5	2.03%	100%
Jul 19	249	7	2.81%	100%
Aug 19	272	6	2.20%	100%
Sept 19	259	5	1.93%	100%
Oct 19	251	7	2.78%	100%
Nov 19	257	6	2.33%	100%
Dec 19	277	6	2.16%	100%
Jan 20	326	10	3.06%	100%
Feb 20	268	6	2.23%	100%
Mar 20	333	5	1.50%	100%

investigation. If staff believe their manager is involved in the wrongdoing or if, for any other reason, they do not wish to approach their line manager, we have a confidential helpline operated by the Clinical Quality Manager during weekdays with a secure voicemail facility when they are not available. We also have whistleblowing forms which can be filled out and submitted confidentially.

Two of ECCH's Board members are trained Freedom to Speak Up Guardians. We also have three Freedom to Speak Up Champions who play an important role in supporting the work of the Guardians by increasing the availability and reach of the Freedom to Speak Up network across the organisation. Throughout the process the whistleblower's identity will remain confidential unless required by law.

Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially, and the outcome of the investigation reported back to the person who raised the issue. If no action is to be taken, the reason for this will be explained. If, on conclusion of the process, the whistleblower reasonably believes that the appropriate action has not been taken, they are advised to report the matter to the proper authority.

MORTALITY REVIEW

ECCH's multidisciplinary Mortality Surveillance Group is chaired by the Executive Director of Quality who leads on identifying, reporting, investigating and learning from deaths. This group reports to our Integrated Governance Committee.

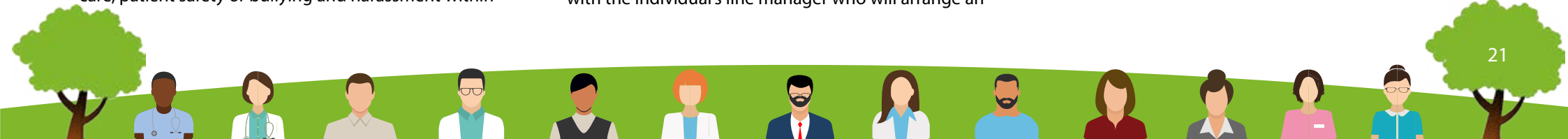
ECCH's Safeguarding Children service has a structured process for reviewing the deaths of children/young people. The safeguarding office is informed of a child death by the Local Authority/Child Health. A record is

WHISTLEBLOWING

ECCH has a robust Freedom to Speak Up policy to enable staff to report any concerns over quality of care, patient safety or bullying and harassment within

the organisation. All ECCH employees are encouraged to use this process, as are agency workers, students, volunteers and stakeholders.

In the first instance, any concerns should be raised with the individual's line manager who will arrange an



kept, reviewed and, if any issues/concerns are identified, this is escalated to the Designated Safeguarding Children Team. If concerns are identified regarding a child's death this may be referred to the county Serious Case Review Panel.

Case record reviews:

- 3 case record reviews have taken place
- One has been investigated in the Serious Incident Framework

Each death in ECCH care is subject to one of three levels of scrutiny:

- Death certification
- Structured case record review
- Investigation as per the Serious Incident Framework

Bereavement – how does ECCH capture feedback?

In December 2019, a bereavement information pack was introduced for all staff in the community and on Minsmere Ward at Beccles Hospital to hand out to bereaved families. This contained local information to help bereaved family members and also included a questionnaire to help us obtain feedback about their loved one's end of life care. This feedback will be fully evaluated in order that we can further develop our approach.

Deceased patients with open ECCH referrals at time of death

Community Inpatients

Of the 353 inpatients discharged from the community hospital unit between 02/03/2019 and 01/03/2020, 94 died whilst in the care of the community hospital and 31 died within 30 days of being discharged from the community hospital.

Beds with Care

We also provide 'beds with care' which means that patients are admitted from their homes into a care home, where their care is overseen by our Primary Care Home teams instead of being admitted to an acute hospital bed. Of the 55 inpatients discharged from a Bed with Care between 02/03/2019 and 01/03/2020, none died while receiving Beds with Care support, and 4 died within 30 days of being discharged from a Bed with Care.

Community Outpatients

There were 2,127 patients who died between 01/04/2019 and 31/03/2020 while having an open ECCH referral on SystmOne to an ECCH Community Outpatient service.

Clinical Effectiveness

GREATER INTEGRATION FOR PRIMARY CARE HOME TEAMS

In April 2019 we launched four new Primary Care Home (PCH) teams for Lowestoft, Great Yarmouth and the northern villages, South Waveney and Gorleston. These are multidisciplinary teams which include nurses, physiotherapists, paramedics and occupational therapists and which are focused around clusters of GP practices. The model offers more personalised and 'joined up' care for patients, with partnerships spanning primary, secondary and social care.

Full integration was to have been a gradual process but the onset of the coronavirus pandemic necessitated greater sharing of roles across our organisation, and strengthened links with primary care achieved at speed. All clinical, registered and support staff were redeployed across the four PCH teams and into the new integrated discharge team (IDT) based at the James Paget Hospital.

The new PCH teams have been required to operate 7 days a week with no differentiation between weekdays and weekends in terms of number of staff on shift. The teams have provided additional staffing for Beccles Hospital's Minsmere Ward including covering night shifts. Transfer of care from health to social care teams has become seamless. With each person's needs placed firmly at the centre of decision making and a true Discharge to Assess process implemented, people have been able to leave hospital in a more timely manner, reducing the risks associated with prolonged hospital stays.



The challenges may have seemed daunting at the outset but staff have risen to them and fed back many positive reports about their new ways of working, which will inform how we provide the service going forward.

We now have weekly meetings between ECCH senior management and primary care clinical leads to work on joint plans for the future, so this element of the model has also picked up momentum, with positive feedback on all sides.

Feedback from ECCH nurse redeployed to PCH team during pandemic:

"The whole team has really supported me and each other. They have displayed a real 'work together, achieve together' approach and made me feel that we, as a team, could have achieved anything this weekend!"

Feedback from administrator redeployed into an HCA role during pandemic:

"I'm loving it. I'm doing a lot of personal care and I am really enjoying it. I have just had some training on how to help people with catheters, which was really useful."

NEW DISCHARGE HUBS

As part of the response to Covid-19, the Government changed hospital discharge procedures, handing over responsibility to community health providers. This meant ECCH began receiving referrals for all patients who are ready to leave the James Paget University Hospital (JPUH).

Our Discharge Team now works 7 days a week, from 8am until 8pm, assessing what a patient needs in

order for them to be safely discharged to their home or another care setting, usually within two hours of arriving at the Hub.

If they are able to return to their own homes with support, the referral will be sent to our integrated Primary Care Home Teams so they can coordinate a response and the patient can go home on the day they are ready. If we think the patient requires a social care led assessment, the team will ask social care partners to carry out an assessment before the end of the day following discharge. They will then make arrangements for any long term plans to be put in place.

The Discharge to Assess process and 'Describe not Prescribe', has given our teams the freedom to act in the person's best interests, enabling more people to go to their own homes instead of residential care than before. The whole process is much timelier and therefore also avoids the risks associated with prolonged hospital stays while waiting for placements and social care packages.

Between 1st April and 26th May 2020 we successfully discharged 1,813 patients from JPUH, leaving the hospital at times with 60% of beds available.

EASTERN NEAT SERVICE LAUNCHED

Our Network Escalation Avoidance Team (NEAT) service for Great Yarmouth and Waveney launched in December.

In line with those operating in the rest of Norfolk, the Eastern (NEAT) is a single point of access for urgent, unplanned health and social care needs where co-located staff work together to coordinate an integrated response to support patients and carers safely in the community and reduce avoidable hospital admissions.

The enhanced system will see Eastern NEAT team members, including a senior nurse, social worker and therapist, co-located within ECCH's Integrated Care Co-ordination Centre (ICCC) based at our Hamilton House headquarters in Lowestoft.

The NEAT will enable us to:

- support and manage patients and carers safely in the community through a period of crisis, using the most proportionate level of intervention
- promote independence by identifying and addressing additional support needs through Integrated Care co-ordination and linking people to their own support network
- work with Emergency Departments to prevent avoidable admissions as well as linking in with the Early Intervention Team.

NEW CONTRACT FOR PHYSIOTHERAPY SERVICES IN NORTH NORFOLK

NHS North Norfolk Clinical Commissioning Group awarded a two-year contract to ECCH and North Norfolk Primary Care (NNPC) to provide musculoskeletal services for patients living in North Norfolk and rural Broadland.

The service launched on 1st October 2019 and aims to align a physiotherapist with every GP practice in the North Norfolk area, with 'on-call' support available.

In developing the new service, local patients told the CCG that having services and clinical support available closer to where they live is vital, especially in rural areas.



NEW ME/CFS INITIATIVES

ECCH were commissioned to open a new clinic in Aylsham offering people with ME/CFS face-to-face appointments with an occupational therapist.

The service is based at Aylsham Care Trust Centre and operates every Thursday and Friday, as well as offering advice and support via email, telephone and, in a small number of cases, home visits.

People can be referred to the service by their GP. Patients below the age of 16 must also be under the care of a paediatrician.

ECCH now runs four ME/CFS clinics across Norfolk in Kings Lynn, Norwich, Great Yarmouth and Aylsham. We have also launched a new website: <https://me.ecch.org/> which is full of information, advice and exercises that people with ME/CFS may find useful.

Feedback:

"For the first time in a long time I was treated as a person and not a set of symptoms. I was listened to."

"I have received a high level of support from my ME/CFS therapist. Her kindness and understanding have been very much appreciated."

NEW PALLIATIVE DAY CARE SERVICE IN BECCLES

East Coast Community Healthcare and its partner provider of specialist palliative care, St Elizabeth Hospice, launched a day care service in Beccles in June 2019.

The service runs every Tuesday at Beccles Hospital with the aim of improving the quality of life of those with life-limiting conditions, and that of their families and carers, and enabling them to maximise independence.

Patients and their families can receive care and support from the service's multidisciplinary team which includes a specialist doctor, physiotherapist and occupational therapist. Volunteers also help patients under the direction of a registered nurse and assist with mobility and transfers.

Patients can take part in creative activities, seated exercise sessions, and receive counselling and therapies.



DIABETES IS FOCUS OF NEW GP FELLOWSHIP

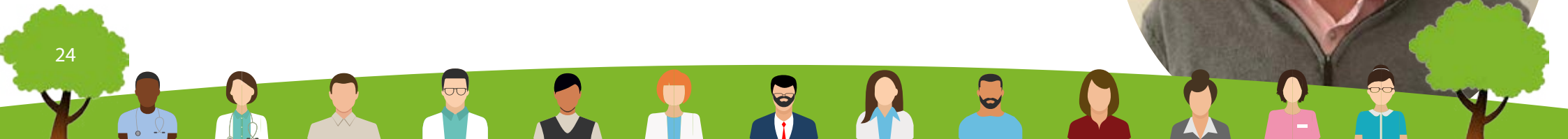
ECCH teamed up with the GP provider organisation Coastal Health to set up a GP Fellowship aimed at ensuring that diabetics in Great Yarmouth and Waveney have the most up-to-date care tailored to their needs.

With the help of a grant from Great Yarmouth and Waveney Clinical Commissioning Group, we employed Dr Rupert Talboys, a recently qualified GP, at East Norfolk Medical Practice in Great Yarmouth to lead the year-long programme.

Dr Talboys qualified as a doctor from the University of East Anglia in 2011, and after a period of training in orthopaedics switched to General Practice. His work aims to improve lifestyle through education and health coaching, simplifying the health advice delivered by professionals and focusing on prevention.

The number of people diagnosed with diabetes in Great Yarmouth and Waveney is already higher than the average for England. Since ECCH took over the contract to run community diabetic services in April 2019, diabetes specialist nurses have been working closely with GPs providing clinics in their surgeries.

'One stop shops' are also



being rolled out in each of the Primary Care Networks in Gorleston, Great Yarmouth, Lowestoft and Waveney so that patients can be seen by a number of professionals in one visit. It means they can have access to retinal screening, blood tests, urine tests, lifestyle and stop smoking advice, as well as an essential foot check.

ECCH also has a partnership with Slimming World to raise awareness of the link between carbohydrates, blood sugar and the impact on diabetes.

Feedback:

Robert Rouse, from Lowestoft, lost five stone in 18 weeks and has been able to cut back on his medication for Type 2 diabetes after seeing one of our Diabetes Specialist Nurses. He said:

"I came out of there thinking 'I can do this. I can change this.' It's changed my whole feeling, not just physically - I feel mentally better, happier with myself, more confident - how I used to be many years ago."

NEW CARDIAC REHABILITATION SERVICE

Partnership working is integral to our new Cardiac Rehabilitation Service and has produced great results since its launch in 2019.

The team provides service users with information, support and advice to help them get back to everyday life as quickly as possible after an acute cardiac event or surgery, and aims to reduce the chances of further heart problems.

Through our partnership with Sentinel Leisure Trust (SLT), we have moved cardiac rehabilitation sessions from the James Paget University Hospital to fully air conditioned environments in SLT's Waterlane Leisure Centre in Lowestoft, thereby offering a variety of



and what they eat and help them to make small changes that can have a big impact on their health and wellbeing.

There has been a 53% drop in cardiac failure admissions to the JPUH since ECCH took over the contract to provide Adult Community Services. The most recent Friends and Family Test result for the Cardiac Rehabilitation Team showed 100% of service users would be extremely likely to recommend the service.

PHLEBOTOMY SERVICES

ECCH joined forces with the League of Friends of Patrick Stead Hospital to deliver phlebotomy services in Halesworth. We operate blood testing on weekday mornings at drop-in clinics at the hospital.

ECCH was also given the contract by Great Yarmouth and Waveney Clinical Commissioning Group to operate phlebotomy clinics in Beccles Hospital, Sole Bay Health Centre in Southwold, Longshore Surgery in Kessingland and Bungay Medical Practice.

SMOKING CESSATION SERVICE

ECCH continues to deliver the Smokefree Norfolk smoking cessation service to adults across the county. This year has seen the completion of the Young Persons' Contract, which was a sidearm of the core service created to work specifically with adults aged 19 years and under. The support was based in education settings such as schools and colleges. It resulted in the highest ever number of young people accessing support.

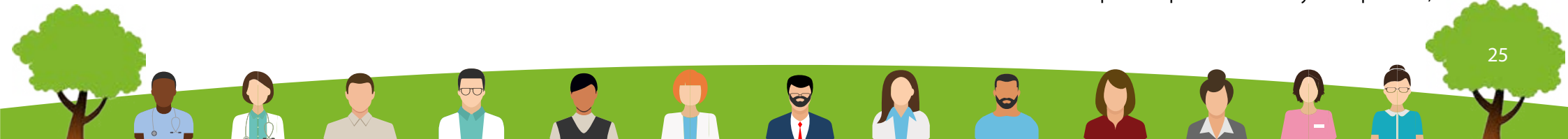
Our core team supported over 3,000 people with a quit attempt in the period covered by this report and, of

supported exercise options, as well as free parking facilities.

This enables people to introduce or maintain active lifestyle changes, while promoting cardiac health and better long term health outcomes.

In addition, we support people to explore options to improve health with our partners One Life Suffolk and Active Norfolk, both of whom offer alternative approaches to using gyms including healthy walks, local low level sports such as bowls and pilates, and simple ways to increase activity without committing to a sports regime.

Active Norfolk and One Life Suffolk also provide access to weight loss groups with low cost or free sessions. That means we can support people to think about how



those people who set a quit date, over 55% stopped smoking. Of those who attended and completed the Friends and Family Test over that period, 100% reported that they were satisfied with the service.

Smokefree clinics were run from a variety of settings such as GP practices, libraries, schools, colleges and community centres. For those people who were unable to attend a clinic in person, our advisors used telephone appointments. As a service we found that telephone clinics were becoming more popular with our clients, giving them more flexibility and choice over appointments available.

Our stop smoking advisors provide support over a 4 to 12 week period from the time the client sets a date to stop smoking. They offer a combination of behavioural support and medication. We also deliver stop smoking services to workplaces, offering group interventions during the working day with the support of employers.

Our Specialist Advisors take a lead in specialist areas including pregnancy, mental health, e-cigarettes, workplaces and training development. These advisors also provide Community Practitioner training (level 2) for Community Practitioners who work as health professionals in another discipline. Those who attend the training and then become advisors tend to be pharmacy staff or practice nurses within primary care.

Smokefree Norfolk has supported the recruitment of specialist Stop Smoking Midwives for the three acute hospitals in our area. Since their employment we have started to share with them pregnancy data and outcomes, with the aim of increasing engagement with pregnant clients and their partners, and seeing an improvement in their quit outcomes.

Since December 2019 Smokefree Norfolk has been involved in an E-cigarette pilot. The aim of the pilot was to support clients within the Great Yarmouth area

through a quit attempt using only a vape. They were given a starter pack through a selected vape shop in Great Yarmouth and were supported by one of our advisors. From April 2020 the pilot has been expanded to include supporting clients throughout Norfolk, and those clients who are pregnant.

Towards the latter part of March, the service had to move swiftly from face-to-face clinics to telephone clinics, due to the Covid-19 pandemic. Smokefree maintained its clinical capacity and ability to provide professional support for those who want to quit. Training halted at this time but other options were explored and, by May, training packages were up and running via video platforms.

Our focus from April 2020 is to support a move towards a more digitally-focused service in order to be able to offer more ways to support and attract new clients into the service, whilst helping reduce smoking in Norfolk.

Tel: 0800 0854 113

Website: smokefreenorfolk.nhs.uk

ECCH RECOGNISED IN PARLIAMENTARY REVIEW

ECCH was recognised in the 2019 Parliamentary Review as an example of best practice in the health sector.

The article highlighted how ECCH has developed a new way of providing NHS community health services through its Primary Care Home teams. It also outlined how, as a Community Interest Company, we aim to give 'added value' to local communities.

The Parliamentary Review is a publication sent to over 500,000 leading business executives and policy makers. It is independent of Parliament and the



Government, and highlights significant developments and concerns for MPs and business leaders across the country.

The article about ECCH can be viewed here:

www.theparliamentaryreview.co.uk/organisations/east-coast-community-healthcare

CHILDREN'S SPEECH AND LANGUAGE THERAPY

A number of new elements of service have been developed for children with speech, language and communication needs (SLCN) in Norfolk and Waveney in the past year, focusing on early support and working in partnership with parents/carers, school and pre-school settings:

Parent Information Sessions

Since September 2019, following referral, all parents and carers of pre-school children with general SLCN,



or additional needs, have been offered a place on a parent information session. These sessions provide parents/carers with an overview of communication development, initial ideas about how to help their child's communication and what Speech and Language Therapy assessment and intervention might look like for their child. The feedback has been very positive from these sessions, which transferred to an online format during the pandemic.

Additional Needs Early Intervention Groups

Provision of early support for children with additional needs has been a high priority, with new early intervention groups set up in January 2020. These provide three children and their parent/carers time to spend with our staff to increase their understanding of communication strategies and try them in a supportive environment, enabling parents/carers to develop confidence in their ability to support their child's communication during the early years. These groups involve a home visit for each child and then 3 group sessions. This provision is provided twice a year until the child attends school.

The service has been actively seeking early referral for children with a medical diagnosis associated with SLCN so that this support will be provided from the start, alongside any individual therapy as needed. During the pandemic we have transferred these groups to virtual individual sessions with parents/carers to enable this support to continue.

Partnership Working

A new joint pathway has been developed in collaboration with the early Childhood and Families Service. The pathway provides early intervention for those children not attending an early years setting. During the Covid-19 pandemic this collaborative work has increased in intensity.



Over the course of the year the service has provided a number of training and information events to support our Early Years and Education colleagues across Norfolk and Waveney. These have included marketplace events, whereby practitioners were able to come and get 'hands on' with screening and intervention tools that they could use in their settings. On-hand advice from therapists, representatives from resource publishers and a sharing of individual's experiences of using these tools proved a really positive learning experience for all. The success of these resulted in the service continuing to provide 'mini' marketplace events, which will resume as soon as possible dependant on pandemic restrictions.

A series of 'Survival Courses' for Early Years settings, primary and secondary schools has also been implemented over the year. Each course provided detailed information on how to support children and young people with training from speech and language therapists, case presentations from practitioners working in partnership agencies and market stalls. The feedback has indicated that these opportunities to learn, share and develop partnership working have

enabled positive change across the system. In the absence of these events during the pandemic, we have extended our parent advice line to be open every weekday for parents and practitioners to get advice from the service.

Since September, primary, infant and junior schools in Norfolk have been offered a link Speech and Language Therapist. This new provision aims to promote shared working, provide professional advice to schools and be the first point of contact regarding queries about general SLCN and referrals. This partnership approach to SLCN across the county will ensure a more robust way of supporting our children with SLCN through universal, targeted and specialist provision.

CLINICAL RESEARCH

ECCH is committed to championing clinical research for the improvement of care and for the benefit to our patients, staff and local population. Our dedicated Research Team continues to support studies in collaboration with the Clinical Research Network (CRN) Eastern and student research from local educational institutions.

In 2019/20 25 patients receiving NHS services provided, or sub-contracted, by ECCH were recruited to participate in research approved by a research ethics committee within the National Research Ethics Service.

During the course of the year we were involved with 15 research studies supported by the National Institute for Health Research (NIHR) Clinical Research Network (CRN) and 2 non-portfolio studies. These included studies where ECCH was acting as a Participant Identification Centre, referring patients to other local organisations to take part in research.



These studies included:

Research into understanding of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CSF):

Our ME/CSF team is participating in a research programme into ME/CSF in partnership with researchers at the Quadram Institute, the University of East Anglia and Norfolk and Norwich University Hospitals NHS Foundation Trust. The research is investigating the links between the microbes colonised in the gut. As part of the programme, a new clinical trial is planned which will look into a new treatment that targets gut microbes in ME.

This will build up our portfolio of ME/CSF research following our involvement in two other studies:

Autoimmunity in ME/CSF – This is a study based at the Quadram Institute and the University of East Anglia, which is looking to determine whether there is an immune response against gut microbes or food and parts of the body in severe ME/CSF patients.

Immunological and Virological Evaluation of ME/CSF. This study, led by the London School of Hygiene and Tropical Medicine, recruited and assessed a well characterised cohort of people with ME/CSF and population controls, and lead to advances in understanding the condition.

Research supported by ECCH Smoking Cessation Service:

Our Smokefree Service advisors have been invited to participate in study focus groups and interviews to give their views on how young families can be supported to have smoke-free homes. This will contribute to the development of a new Neonatal unit Smoking Cessation

intervention (NESCI). This NIHR-funded and UEA-led study aims to develop a supportive intervention to help women and their partners to either stop smoking, prevent relapse, or to create and protect a smoke-free home environment following the birth of a baby who spends time on a special care unit.

General Practice based research:

ECCH, in collaboration with Clinical Research Network Eastern, supports three General Practices with research. One ongoing practice-based study is the Glucose Lowering through Weight Management (GLOW) study which is evaluating the clinical effectiveness of a tailored diabetes education and behavioural weight management programme, versus diabetes education in adults with obesity and a recent diagnosis of type 2 diabetes. The study is being led by the University of Cambridge.

Training and development:

Good Clinical Practice training and other research-related training facilitated by CRN Eastern has been available for members of ECCH staff to enable us to increase our capacity to undertake research.

We reviewed our research strategy and policy this year and will be working towards embedding this within our services over the coming year, to enable our staff and patients to access and benefit from future research opportunities.

We are also planning to collect local impacts of research on our patients and services within ECCH. This will be piloted over the next year via a survey with patients and staff following their involvement in recently completed studies.

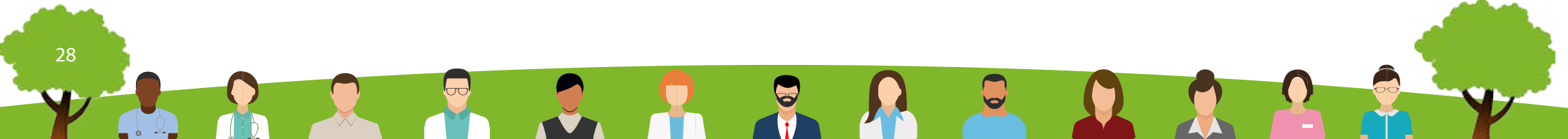


AWARD FOR WARM HOME HEALTH RESEARCH

Research by ECCH into the impact of warm homes on people's health won the organisation the RISE (Research, Innovation, Sustainability and Enterprise) award for Social Value by the Sustainable Ecological Engineering Design Society.

ECCH's Research and Development team was asked to assess Suffolk County Council's 'Warm Homes Healthy People' project which involved installing insulation in the homes of vulnerable people, some with physical or mental health problems, living in fuel poverty in the county.

Following the intervention, fewer individuals reported their health as poor. Improvement was most notable in those with the very poorest levels of health. All those interviewed reported a positive impact on their health and wellbeing, and some reported economic benefit.



Fuel poverty levels in some parts of Suffolk have reached 46%, but evidence shows the annual cost of heating Suffolk homes could be halved by implementing energy efficiency measures.

NATIONAL FORUM FOR HEALTH COACHING

Members of our Health Coaching team were invited to present at two national conferences in Oxford and Manchester in May and June 2019.

The Catheter Acquired Urinary Tract Infection (CAUTI) Prevention Conferences gave ECCH the opportunity to share information about health coaching with other health professionals throughout the country and showcase what we have done to embed it into our work.

We have trained more than 360 ECCH staff and nearly 100 from partner organisations in health coaching. Feedback from those attending both conferences was extremely positive.

SAFEGUARDING CHILDREN AND ADULTS SERVICE

Within ECCH, all staff have a responsibility to raise concerns regarding children, young people and adults who are experiencing or at risk of abuse or neglect, or who are deemed vulnerable. The ECCH Safeguarding Team provides support and guidance, training and supervision for all staff in the organisation.

During the period covered by this account, the Safeguarding Team has undergone some changes. The team now consists of a Safeguarding Lead for Children, Young People and Adults with the support from a Deputy Named Nurse for Safeguarding Children, Young

People and Adults. This change came about because, from April 1st 2019, ECCH no longer oversees the 0-19 Children's Services contract for Waveney.

The Safeguarding, Domestic Abuse and Neglect Champion roles were reviewed and a decision was made to combine safeguarding Domestic Abuse and Neglect into one role - that of a safeguarding champion. This has worked well and feedback has been positive across the organisation.

The Safeguarding Team continues to work alongside external agencies to promote best practice and shared learning. This collaborative work continues to improve our understanding of good communication in cases of concern, as well as the importance of maintaining strong working relationships with Children's and Adult Social Care.

The team continues to work collaboratively with the Safeguarding Adult and Children Boards across both Suffolk and Norfolk to protect and safeguard our client group in both counties.

During the initial phase of COVID, the team did see a drop within our internal reporting in relation to safeguarding. This was also recognised across both counties. Whilst not meeting with staff on a face-to-face platform, the safeguarding team continues to offer regular support via phone, video conference and regular weekly updates within our internal communications channels. We are continually reviewing our service to ensure that safeguarding levels are maintained throughout the pandemic and beyond.

LOOKED AFTER CHILDREN

The Looked After Children (LAC) Team is made up of three nurses, an administrator and an administration

assistant who work to ensure the statutory Health Assessments are completed within timescales and meet the health needs for the child/young person.

The team continues to hold quarterly meetings with their colleagues from the LAC teams across both Norfolk and Suffolk. This ensures we offer a consistent approach in the delivery of the service, develop best practice and shared learning. These meetings continue to be popular amongst the teams, with the venues and the team leading each meeting being rotated.

The LAC team endeavours to empower children and young people with their health needs and to support them to ensure their voice is heard.

From March 2020, the overall management of the LAC team moved into our Operations Directorate. This decision was made as the LAC team are now aligned to other operational services within the organisation.

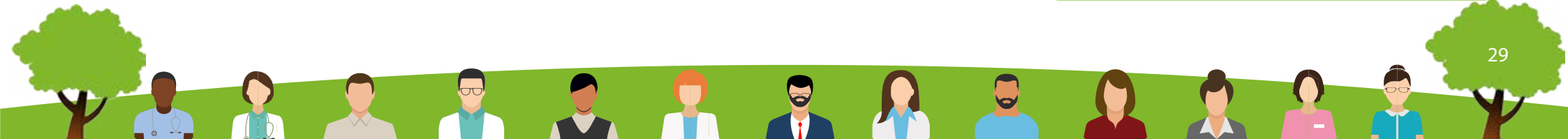
During the COVID pandemic, the team have continued to maintain access with children and young people through telephone conferencing to ensure that the health needs of these children are met.

We request feedback from carers, the child or young person. Their comments enable the team to adapt to meet their needs.

Here is a selection of the feedback we have received from carers, children and young people:

"They explained it clearly. She listened all the while and was understanding."

"The child has limited speech and understanding, and is therefore unable to communicate in a relevant way. The nurse has a very caring and easy-going manner which enables the child to respond well with her."



"This was efficient and easy. The health professional was excellent. An excellent service - thank you."

"Due to the current situation the assessment was carried out over the phone, but it was carried out with preparation and in detail."

PLACE AUDIT

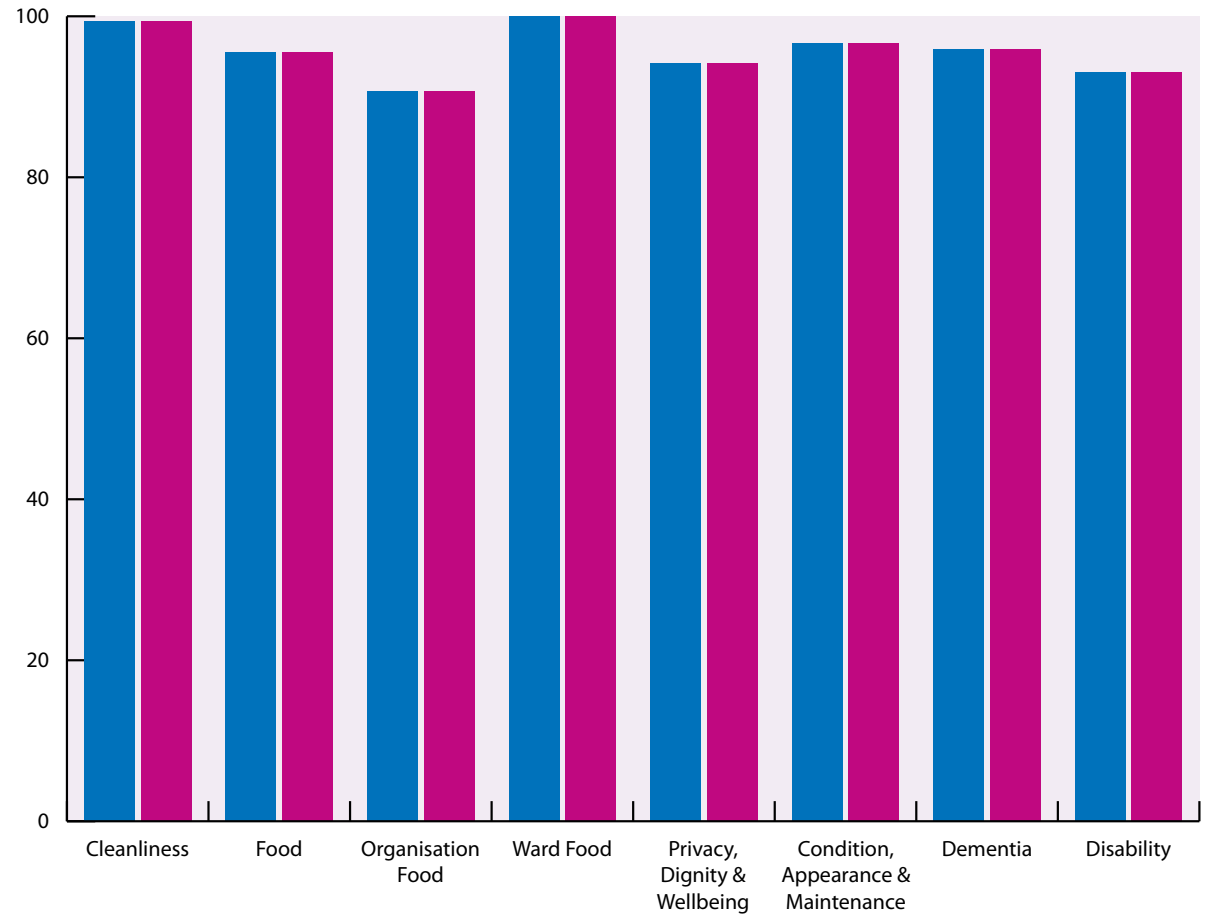
Beccles Hospital scored highly in all areas for its annual Patient-Led Assessment of Care Environment (PLACE) audit.

It received a score of 100% for ward food, 99.4% for cleanliness and 95.8% for dementia-friendly facilities in the assessment which measures and rates the condition, appearance and maintenance of the external and internal areas of the building. It also takes into account the privacy, dignity and wellbeing offered to the patients.

The assessors, who were members of the League of Friends of Beccles Hospital, sampled the meals available to patients as well as touring the facilities. In their final report they said: "The new and refurbished areas are excellent, extremely clean. Having spoken to the cleaning staff, some have been working at Beccles for 25+ years. We witnessed the pride they have in ensuring the building is clean for both patients and visitors."

They said they were "very confident" that a good level of patient care and experience would be delivered within the environment, and agreed that the food was good and well presented.

Beccles Hospital PLACE Audit



Achieved Score (Actual)	332.0000	177.6667	81.6667	96.0000	96.0000	145.0000	186.0000	147.0000
Available Score (Actual)	334.0000	186.0000	90.0000	96.0000	102.0000	150.0000	194.0000	158.0000
Site Score	99.40%	95.52%	90.74%	100.00%	94.12%	96.67%	95.88%	93.04%
Organisation Averages	99.40%	95.52%	90.74%	100.00%	94.12%	96.67%	95.88%	93.04%



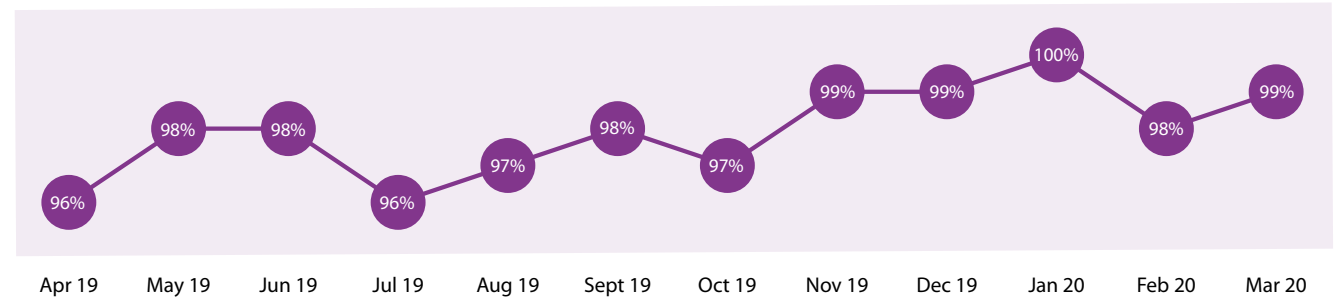
Patient and Service User Experience

FRIENDS AND FAMILY TEST

The Friends and Family Test (FFT) is a national mandatory initiative by NHS England, asking patients if they would recommend a NHS service to their friends and family. We have consistently gained an excellent score across the organisation, with results showing 97.9% of patients would recommend East Coast Community Healthcare (ECCH) to their friends and family.

Crucially, when we receive negative feedback, we look into the issues raised to identify any failures or shortcomings and we address these. If patients choose to provide their contact details, we telephone or write to them to discuss their concerns and to provide our response. If a clinician is named on the form by a patient and receives positive comments, we log this as a compliment and send a copy to the clinician for their re-accreditation or revalidation of professional registration.

This % of people would recommend ECCH to friends and family

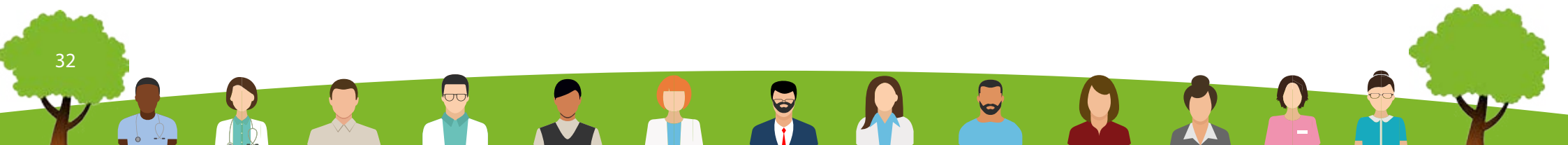


Date	Extremely likely	Likely	Neutral	Unlikely	Not at all likely	Don't know	Total	% positive (extremely likely and likely) rounded to nearest whole number
Apr 19	182	30	2	3	3	1	221	96%
May 19	159	40	4	1			204	98%
Jun 19	240	37	2	2	3		284	98%
Jul 19	209	28	4	5	2	2	250	96%
Aug 19	225	26	5	2	1	1	260	97%
Sept 19	203	27	3	2			235	98%
Oct 19	251	38	4	1	4		298	97%
Nov 19	217	38	2				257	99%
Dec 19	200	18	2				220	99%
Jan 20	206	26	1				233	100%
Feb 20	199	18	1	1	2	1	222	98%
Mar 20	188	16	1	1			206	99%
Overall Average								98%

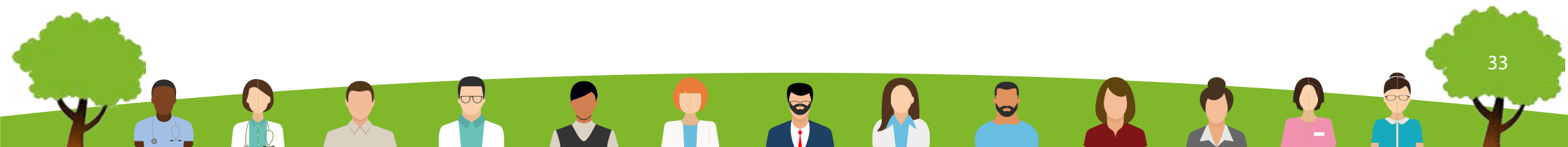


Friends and Family Test 2019/20 by Service

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Beccles Hospital Inpatients	N/R	N/R	50%	N/R	100%	100%	100%	100%	100%	100%	N/R	100%
Beccles OPD	N/R	N/R	N/R	100%	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Cardiac Rehabilitation	100%	100%	N/R	N/R	93%	100%	100%	100%	100%	100%	100%	100%
Community Matrons	100%	100%	100%									
Continence	N/R	N/R	N/R	100%	100%	100%	N/R	100%	100%	100%	100%	100%
Dietetics	N/R	N/R	N/R	N/R	100%	100%	100%	N/R	N/R	N/R	N/R	100%
District Nursing	100%	100%	100%									
Early Intervention Vehicle	100%	100%	100%	100%	N/R	100%	N/R	100%	100%	100%	100%	100%
Early Supported Discharge/Stroke							100%	100%	100%	100%	100%	90%
ECCH General	100%	100%	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%
Frailty Service	100%	100%	93%	100%	88%	100%	100%	100%	100%	100%	100%	N/R
Infection Control Team	N/R	100%	100%	100%	N/R	N/R	100%	N/R	100%	N/R	N/R	N/R
LUTS	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	100%	N/R	N/R
ME/CFS	100%	100%	91%	100%	100%	100%	67%	100%	100%	100%	83%	100%
MSK Triage	100%	100%	100%	100%	100%	N/R	100%	100%	100%	100%	N/R	N/R
Neurology	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Nursing PCN GY & NV	N/R	N/R	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Nursing PCN Gorleston	N/R	N/R	100%	100%	100%	100%	N/R	N/R	100%	100%	100%	100%
Nursing PCN Lowestoft	N/R	N/R	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Nursing PCN Waveney	N/R	N/R	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Nursing PCN Unknown	N/R	N/R	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
OT Community	94%	92%	100%	96%	100%	100%	100%	100%	100%	100%	100%	N/R
OT PCN GY & NV					100%	100%	89%	100%	100%	N/R	100%	100%
OT PCN Gorleston					N/R	100%	N/R	N/R	100%	N/R	100%	N/R
OT PCN Lowestoft					N/R	100%	100%	100%	100%	100%	100%	N/R
OT PCN Waveney					100%	100%	100%	N/R	100%	N/R	N/R	N/R
OT PCN Unknown					N/R	100%	100%	N/R	N/R	N/R	N/R	100%



	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
OHHT	100%	86%	100%	80%								
Phlebotomy	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	100%	100%	N/R	N/R
Physiotherapy MSK	100%	98%	99%	96%	99%	97%	97%	98%	100%	100%	99%	100%
Physiotherapy NN MSK							N/R	100%	100%	100%	100%	100%
Physiotherapy PCN GY & NV					100%	100%	N/R	N/R	100%	N/R	100%	N/R
Physiotherapy PCN Gorleston					100%	100%	100%	N/R	N/R	N/R	N/R	N/R
Physiotherapy PCN Lowestoft					N/R	N/R	N/R	N/R	N/R	N/R	100%	100%
Physiotherapy PCN Waveney					100%	100%	N/R	100%	100%	N/R	N/R	100%
Physiotherapy PCN Unknown					N/R	100%	N/R	N/R	N/R	N/R	N/R	100%
Podiatry	100%	100%	100%	100%	N/R	N/R	100%	100%	100%	100%	100%	100%
SALT Adults	100%	100%	100%	100%	N/R	N/R	100%	N/R	N/R	N/R	N/R	N/R
SALT Paed	78%	97%	88%	80%	72%	91%	85%	100%	86%	80%	75%	80%
Smokefree	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
TB Service	100%	100%	100%	100%	100%	75%	N/R	100%	100%	100%	100%	100%
Wheelchair service	88%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	100%
Average % positive rounded to nearest whole number	96%	98%	98%	96%	97%	98%	97%	99%	99%	100%	98%	99%





PATIENT ADVICE AND LIAISON SERVICE

In addition to the FFT questionnaires, our patient liaison leaflets and posters are prominently displayed at all our sites. Our website gives details of the Patient Advice and Liaison (PALS) team, and 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 are committed to listening carefully to patients, offering to visit complainants when necessary, to resolving issues as quickly as possible and to responding in a fair, open and honest manner.

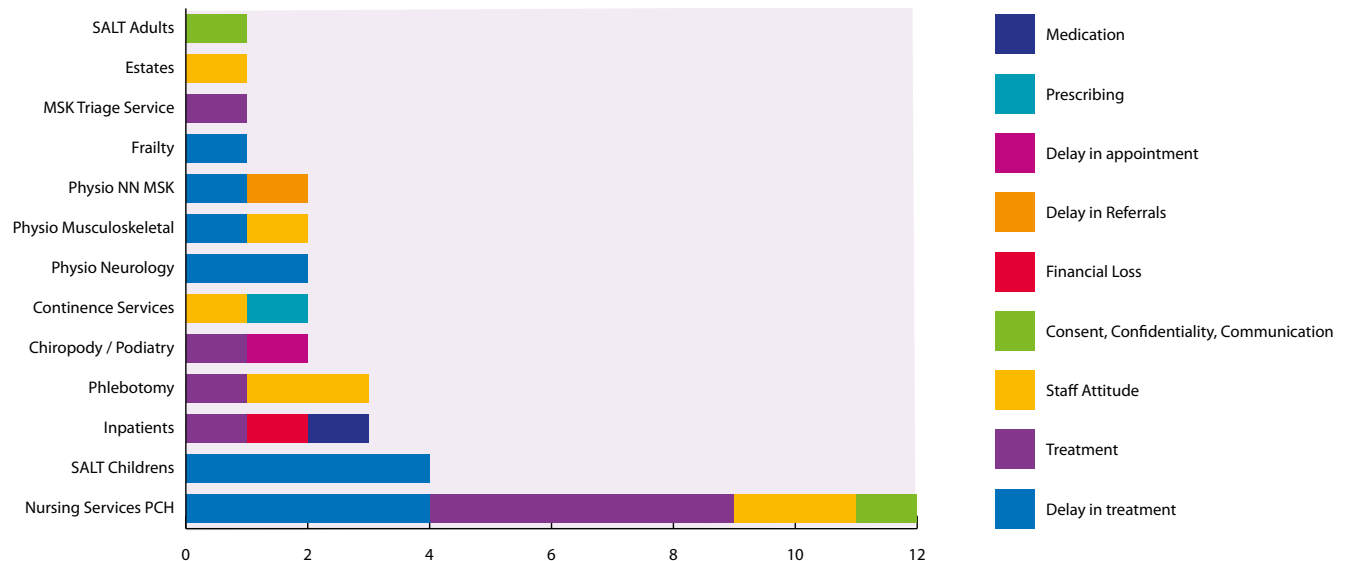
Learning from Complaints and PALS Concerns

As a learning organisation, complaints are a vital source of information shared across our services to inform and improve what we do. Whenever potential service improvements are identified, complainants are informed by letter that any resulting action plans have been completed. When doing this, we also ask

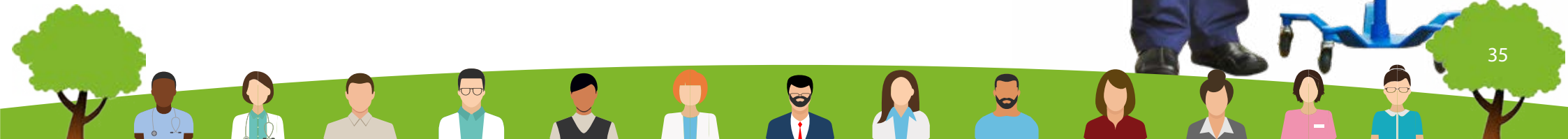
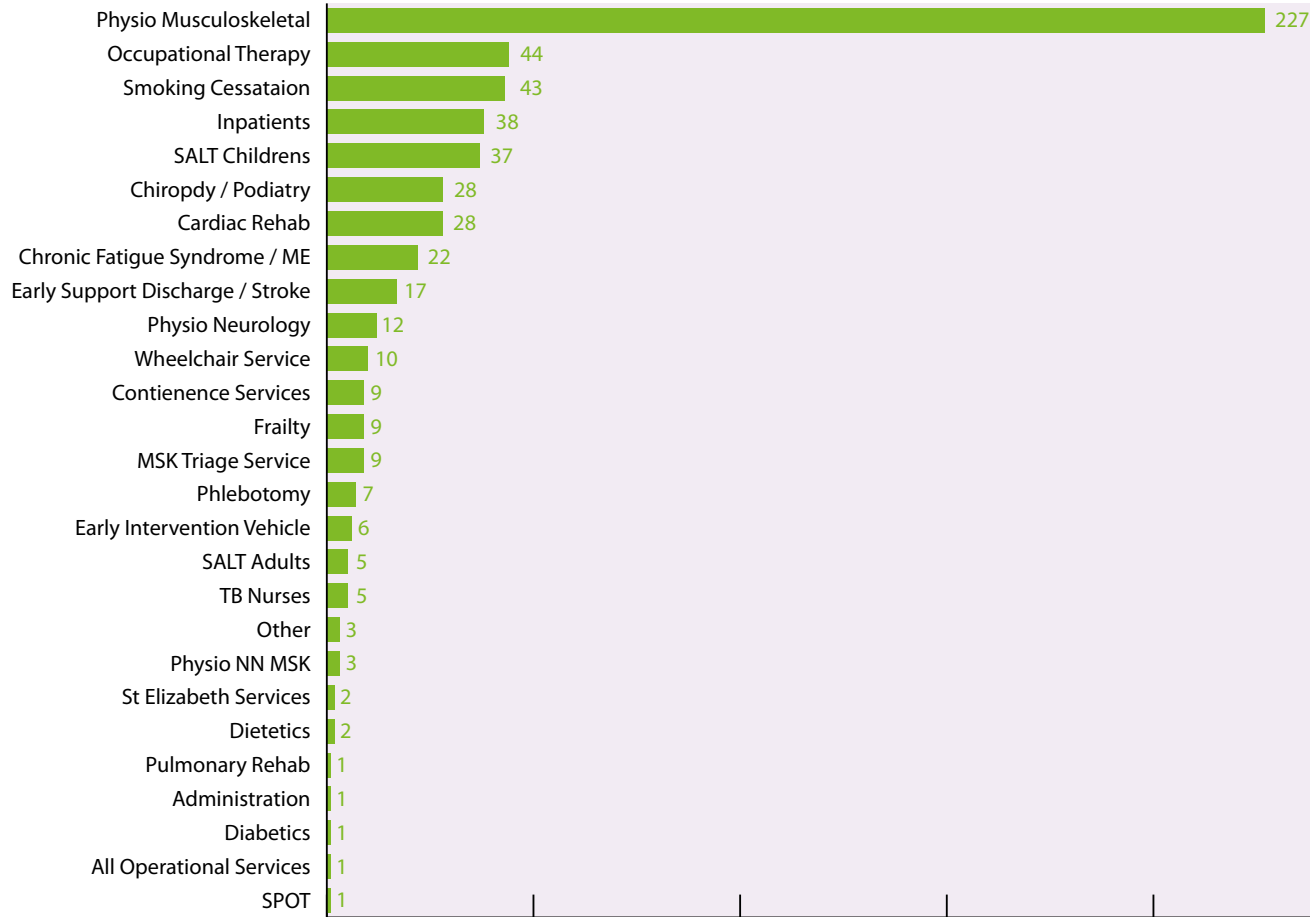
our complainants to complete a short questionnaire on how their complaint was handled. This again provides us with feedback and any suggested improvements can then be taken forward where possible. Monthly results are uploaded on ECCH's website (www.ecch.org).

The graphs below provide details of the complaints received during the year 1 April 2019 to 31 March 2020.

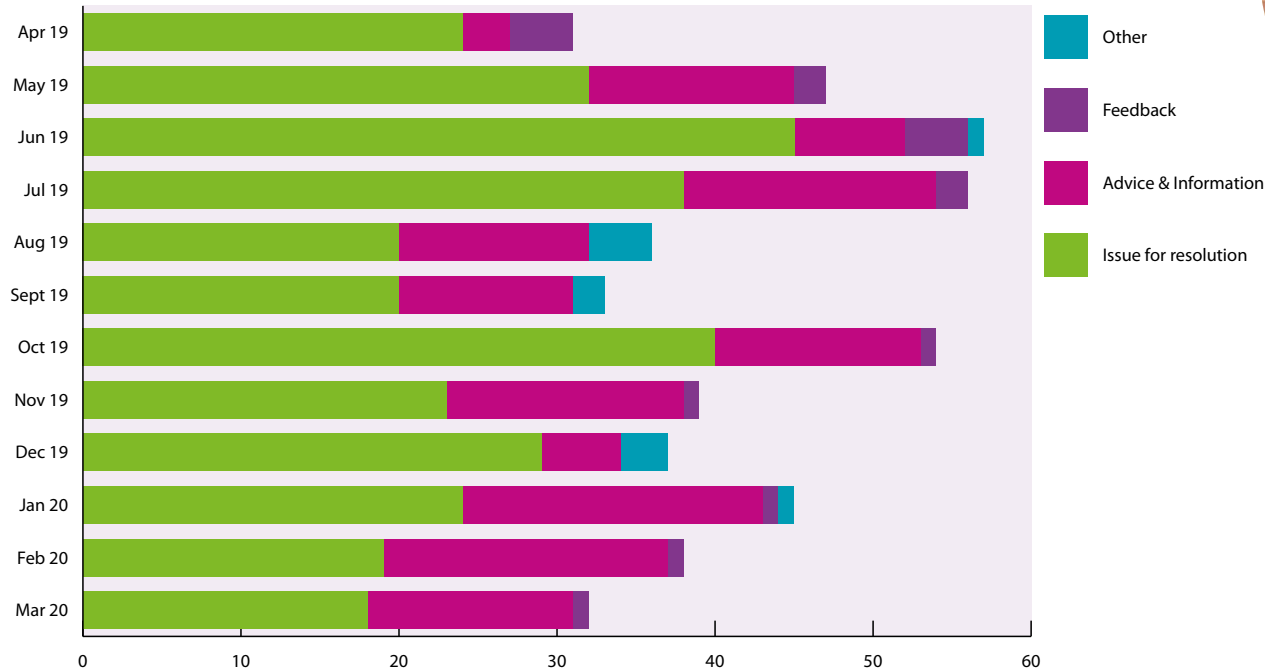
Complaints received April 2019 – March 2020



Compliments received by service April 2019 – March 2020



PALS enquiries received (by month & type)



NORFOLK CARE AWARD

ECCH's Primary Care Home team for the Great Yarmouth area won the Norfolk Care Award for Collaborative Working in recognition of their partnership with the Vineries Care Home in Hemsby.



The multidisciplinary team has worked with the Vineries to provide 'beds with care' for patients who do not need to be admitted to hospital but require extra support. They also visit patients in their own homes, liaising with their GPs and providing care support, equipment, medication management, mobility practice and exercises, general health advice and support.

The Norfolk Care Awards showcases excellence and recognises commitment to delivering high quality care across Norfolk.



PATIENT FEEDBACK

"At a very hard time you all brought such care and compassion to us all. Keep up the good work as you make a huge difference to patients and their families at end of lives."

Specialist Palliative Care Service

"My husband was treated with dignity and care and, as his wife and carer, I had the same attention and care. Well done, keep up the good work."

Wheelchair Service

"I am always extremely well looked after and am very happy with the care and respect given to me."

Continence Service

"The advisor has been brilliant! His support and information has been very helpful and I have given up smoking, having failed so many times on my own."

Smokefree Norfolk

"What a fantastic nurse! So patient with the children- a real people person and a credit to the NHS!"

TB Service

"Fabulous team, very knowledgeable and caring."

Children's Speech and Language Therapy

"These expert therapists are patient, calm, rational and extremely understanding. They are so knowledgeable and explain everything in plain terms. All round brilliant."

Early Supported Discharge (Stroke)

"The nurse was excellent, she gave my husband so much reassurance, information and talked to him about all his concerns. As soon as we left the meeting he was a new man."

Cardiac Rehabilitation Service

"The physiotherapist was wonderful, very informative, experienced and actively listens. So thorough, she has given me more skills and routes to take to regain my strength. I can't thank her enough!"

MSK Physiotherapy

"All carers that have visited have been exemplary. Their care and empathy has been 100% plus."

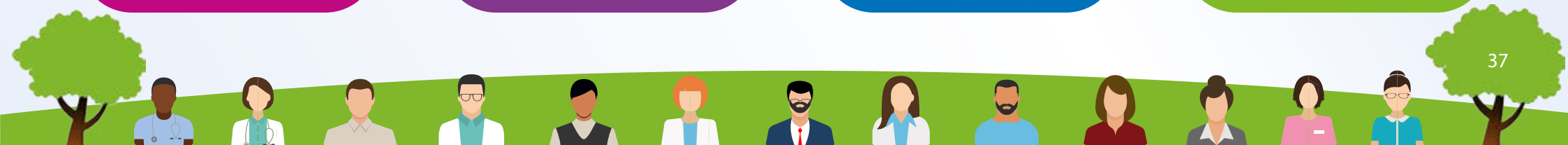
Primary Care Home team

"We felt that they cared and were interested in us as people."

Early Intervention Vehicle

"All the staff – nursing, cleaning and administration - were compassionate, caring and always willing to help/advise, even when under pressure."

Minsmere Ward, Beccles Hospital



You said...

We did...

A patient was concerned about the wait for Physiotherapy treatment and the necessity for telephone triage.

- Physiotherapy referral pathways and timescales were relayed to GPs to enable them to give realistic information to patients to help manage their expectations.
- Self-referral pathways have been reviewed by the physiotherapy team and changes made to improve the booking process for the patient.

A patient's daughter felt that dressings used on her mother's leg ulcers by the Primary Care Network Nurses were inadequate in that they rapidly loosened and soaked through.

Our specialist Tissue Viability Nurse advised that the dressings used and care plan were appropriate. However, if it is recognised that these are regularly coming off/loose, they will be supplemented by bandaging and, if necessary, the frequency of visits reviewed.

The newly introduced walk-in Phlebotomy clinics at Bungay Medical Centre were causing a lot of queuing and waiting.

We agreed with the surgery to revert to booked phlebotomy clinic appointments at Bungay Medical Practice.

It took longer than expected to get an elderly patient out of Kirkley Mill Health Centre when the fire alarm sounded as the nurse did not know how to use the Evac chair.

- A safer and simpler evacuation aid has been introduced (Albacmats) to replace the chairs.
- Routine fire drills are now in place and the procedure was revised.

A nurse not familiar with PICO dressings changed the dressing on a surgical wound and replaced it with a simple wound dressing. This resulted in the patient having to have further repair surgery.

- PICO drain training is now mandatory for our nurses.
- The nurses shadow sessions with education from the breast care nursing team at JPUH.



Health and Safety, Security and Resilience

ECCH is proud of its reputation for Health and Safety, Security and Resilience and is committed to ensuring the health, safety and welfare of everyone associated with our business. We employ a small, specialist team who manage, support and advise our directors, executives and operational personnel on these essential issues.

Assurance and governance for Health and Safety, Security and Resilience functions is managed through the ECCH Health and Safety Management Committee and its Integrated Governance Committee.

HEALTH AND SAFETY

During 2019 ECCH remained compliant with statutory health and safety standards with no regulator (HSE) involvement. One incident was subject to a detailed internal health and safety investigation by our Health and Safety Manager. The incident was also reported to the Health and Safety Executive. This incident was unforeseeable and the lessons learned led to change in practice within ECCH to prevent further similar incidents occurring.

In December 2019 our accountable Executive Director for Health and Safety changed to our newly appointed Executive Director of Quality.

During 2019 ECCH implemented a revised structure for the management of Health and Safety which saw a regenerated Health and Safety Management Committee and increased engagement in both the formal and informal H&S consultation with our employees.

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

Under the Civil Contingencies Act, ECCH remains committed to its duties as an active partner within the local health sector resilience arena working collaboratively with our health and social care partners, NHS England and local authorities to ensure cohesive healthcare support in the event of an emergency or major incident affecting our community.

After embedding the 2018 revision to our business continuity management and planning processes, we were subject to our annual independent audit which tests our performance in the resilience arena and is benchmarked against the national NHS England Emergency Preparedness Resilience and Response Core Standards. ECCH achieved a rating of full compliance, with no follow-up actions required.

SECURITY MANAGEMENT

Under its NHS contract, ECCH is required to maintain a security management provision in line with NHS security management standards. ECCH employs an Accredited Local Security Management Specialist (ALSMS) who works with all personnel within ECCH, and collaboratively with other local healthcare ALSMS and police, to promote and ensure safety by tackling violence, harassment and abuse against our staff, patients and carers. In February 2019 our Integrated Governance Committee approved our self-assessment of full compliance against the national security management standards.

Workforce Quality

In 2019/2020 ECCH's average number of staff employed was 773, compared to the previous period when the average headcount was 781. At the beginning of the period, an additional 29 staff were transferred into ECCH employment with the Adult Services contract. However, 31 of our staff transferred out from the Children's Services contract at the same time.

The turnover rate during 2019/2020 was 12.55%, which is average for an organisation of our size.

ECCH works in partnership with local and regional health and social care organisations to identify and plan workforce priorities across our STP footprint. Planning workforce priorities to address recruitment, development and the retention of health and social care staff is key to the future sustainability of our organisation and our local health and social care services.

Our People Strategy identifies ECCH's workforce priorities to support the delivery of our vision and objectives. It focuses on five themes – culture, wellbeing, management and leadership, staffing and workforce transformation.

HIGHLY COMMENDED BY THE EOA

ECCH was voted runner-up Public Service Mutual of the Year in the prestigious UK Employee Ownership Association (EOA) awards for the second year running in November 2019.

The awards, which are run by the EOA and sponsored by Baxendale, celebrate the significant contribution employee owned businesses make to the UK economy. 81% of ECCH staff hold a share in the organisation, which is extremely high for a social enterprise. Our





Shareholder Council play a key role in helping to set the organisation's direction of travel, and our two elected Staff Directors have voting rights on the Board.



Four 'pulse checks' are carried out each year in which staff and the Executive team assess their own and their colleagues' performance at demonstrating these behaviours. The results of 'pulse checks' are drilled down by department and enable us to see areas within the organisation where staff are more comfortable and confident with the Evolve behaviours than others. It has helped us to define the culture of our organisation and set a benchmark as we work to achieve our aim of Building Healthy Communities.

The programme has two internal and two external indicators of success – resilience, engagement, customer satisfaction and social impact. Resilience is measured by our staff attendance rate, which has improved in the past year, and engagement by the Evolve survey participation rate.

Customer satisfaction is reflected in the results of our NHS Friends and Family Test, which are higher this year than last.

CULTURAL DEVELOPMENT PROGRAMME

We're into the third year of our Evolve cultural development programme, the aim of which is for all staff to feel a sense of connection across ECCH and share in the collective achievement of our goals.

Demonstrations of our signature behaviours have become part of our working life and could not have been evidenced more positively during the pandemic as teams have pulled together to provide the best possible care and support patients to recover.

In team meetings, communications and on noticeboards around the organisation, staff recognise their colleagues' achievements and efforts to embody our values. We are now planning how we will take the programme forward once the initial programme is completed later this year.



STAFF SURVEY

Every year we carry out a staff survey to measure and understand our colleagues' satisfaction levels, motivation and attitudes towards their work, and to gather feedback that assists our decision making.

The last staff survey was carried out in February 2019, working with the professional development consultants ERAS, in order that our results could be benchmarked against other similar organisations in the area.

The timing of this year's survey has been delayed as a result of the coronavirus pandemic.



STAFF ABSENCE AND WELLBEING

ECCH's cumulative absence rate for the period was 4.69% which is an increase on last year's figure of 4.30%. This is not uncommon during periods of organisational change and is likely attributable to the award of the Adult Services contract, and the subsequent revised ways of working following the development of our Primary Care Home teams.

In addition to this, towards the end of the period, our absence rates have been negatively impacted due to the global pandemic, with increases in staff absence during the last quarter relating to the Covid-19 virus. Collaborative working continues between the Human Resources (HR) department and Occupational Health service. We are also working closely with managers to support them in managing attendance, including supporting with long-term sickness absence cases, as well as those cases with persistent short-term episodes.

Good progress has been made during this year to begin to implement our Wellbeing Strategy. This will enable ECCH to become, not only an employer that supports its staff, but also an environment where wellness is improved. There are seven core interventions within the strategy, all of which are drawn from the issues and experiences that continue to affect our staff: stress management and mental health, physical activity, healthy weight and nutrition, women's health, environmental wellbeing, sleep and alcohol and substance misuse.

Our approaches to health and wellbeing have been adapted during the coronavirus pandemic to ensure our staff are thoroughly supported. Our peer support network now works actively within the workforce to support colleagues and we are continuing to offer cognitive behavioural therapy and physiotherapy services to all employees, as well as traditional

occupational health services. In addition to this, there have been advances in wellbeing support with the introduction of an Employee Assistance Programme.

WELLBEING WEEK

We held a 'Week of Wellbeing' in July in collaboration with Suffolk Police.

It included a range of exercise classes as well as masterclasses in good sleeping practice, mindfulness, healthy eating and musculoskeletal health run by our therapists. These were run at our headquarters - Hamilton House - and Lowestoft Police Station.

Staff also had the opportunity to book in for a confidential mini MOT health check that measured weight, body mass and body fat.

CLINICAL EDUCATION

The team have undergone a restructure in the past year, but this has not diminished the quality of the learning environment which the team support and has been set against the National Quality Standards.

ECCH was not selected for a visit by Health Education England this year. We believe this reflects the high standard that the practice education team maintain and we remain committed to continuous progress through our Annual Improvement Plan.

Our first cohort of Trainee Nurse Associate Apprentices are due to complete their training, which will further support our workforce. Our second cohort was suspended temporarily during the pandemic. However, they have now returned to their training programme.

The team encourages and welcomes feedback from those who have had a placement with ECCH. This

continues to show a 93% satisfaction level. More than 90% of our learners have expressed the desire to work with us when they qualify. This high level of satisfaction and engagement with our potential workforce reflects the hard work and support our clinical teams put into supporting them whilst on placement.

We have introduced an 'end of placement' debrief session which ensures that the learner has the opportunity to reflect on their placement experience and achievements. It informs the team of any areas which require additional support and enables them to respond in a 'you said, we did' style.

ECCH is part of the STP Workforce Development Group and works alongside our partners ensuring there is a consistent approach to the potential workforce across the STP footprint.

Our Preceptorship program remains well established and our newly qualified professionals continue to engage with the program.

TRAINING AND DEVELOPMENT

We believe in investing in the development of our staff to ensure the continued deliverance of high quality services. The mandatory training compliance rate for ECCH consistently exceeds the target rate of 90% and was just below 95% prior to the coronavirus outbreak, when training requirements were temporarily altered across the country.

We deliver a range of training across the whole organisation including the Cavendish Care Certificate, Clinical Skills training, Work and Life Skills and People Management Training. This year we developed new courses in Emotional Intelligence, Difficult Conversations, Managing Change in Practice and Effective Report Writing Skills.



Our trainers and educators all work in the field of practice for which they deliver training and, as well as training ECCH staff, have carried out training for NHS Great Yarmouth & Waveney Clinical Commissioning Group, JPUH, Norwich City Council, UEA, The Prince's Trust and several GP practices and care homes.

For all employees who have line management and supervisor responsibilities, we offer a range of People Matters training sessions to develop and enhance management skills. These include Engagement, Leadership, Attendance, Performance, Appraisal, Recruitment and Leadership and Workforce.

In addition to our in-house People Matter Management Skills Training Programme, there are opportunities to achieve qualifications such as Institute of Leadership and Management (ILM) Levels 3 or 5 in Leadership and Management, and Chartered Management Institute Level 7 in Strategic Management and Leadership.

CLINICAL SUPERVISION

ECCH uses various techniques to facilitate clinical supervision in order to support and enhance the quality and safety of the services we provide, and support staff in their ongoing professional development.

We have an ongoing training programme and monitoring processes, with clear expectations regarding the drivers for, and regularity of, supervision. A supervisor register is available via the organisation's intranet. Under our criteria, the supervisor should be the most appropriate person to meet the needs of the supervisee which does not necessarily mean their line manager.

Our Clinical Supervision Policy is clearly aligned to CQC guidance and recommendations. We continue to work with our teams to ensure that robust monitoring of clinical supervision activity is documented centrally. Our

policy focusses on our clinical staff and the process of clinical supervision, whilst recognising that non-clinical staff benefit and should have access to supervision too.

STAFF AWARDS

Many staff were recognised at our annual Staff Awards Ceremony in November.

The **Primary Care Home Night Service** were named **Clinical Team of the Year**. This is a multi-disciplinary team that responds to unplanned incidents in people's homes overnight, and works with GPs and colleagues from acute hospitals and social care to ensure that patients receive care from the most appropriate person for their particular condition.

ECCH's **Equipment and Medical Devices Team** were named **Non-Clinical Team of the Year**. They support the organisation's clinicians by issuing and returning equipment, calibrating medical devices and auditing care homes.

The **Chairman's Award** was won by **Rebecca Blackstone, Jordan Weavers** and **Kat McGill** from the **Transformation Team**, who were responsible for project managing the launch of ECCH's new Adult Services contract in April 2019.

All the finalists were nominated by their colleagues and shortlisted by the Shareholder Council.

The other winners were:

Innovation Award - **Laura Marjoram, Anuja Venugopal Nair, Liz Toole** and **Kate Eastwood** from ECCH's **Musculoskeletal (MSK) Physiotherapy Service** who trialled a new self-management programme to see if it would benefit patients.



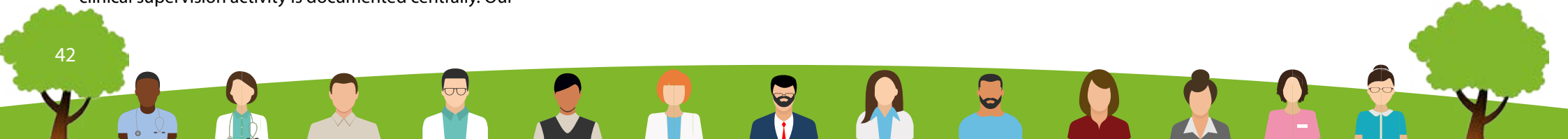
The Making a Difference Award - Tuberculosis Nurse **Victoria Chadwick**.

Unsung Hero award - **Lisa Jones**, healthcare assistant, Waveney Primary Care Home team.

Inspirational Leader - **Jessica Lorraine**, Specialist Occupational Therapist, Frailty Service Team Leader and Early Intervention Vehicle Therapy Lead.

Delivering Exceptional Care - **Jessica Marler**, Speech and Language Therapist.

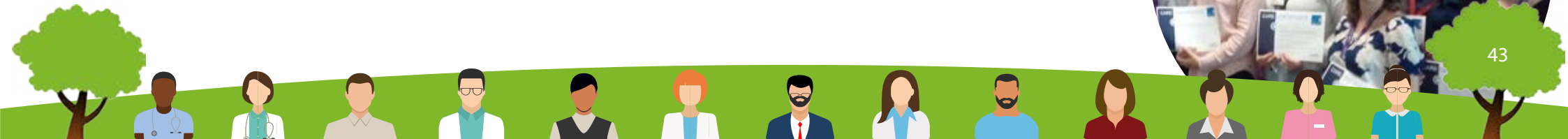
ECCH Champions - **Meichelle Anns** and **Simon Friston**.



TALENT FOR CARE

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

Talent for Care Strategic Intention	ECCH Response
Broaden the ways into training and employment in the NHS, especially to attract more young people and improve diversity within the workforce.	<ul style="list-style-type: none"> We continue to provide the opportunity to place bands 1-4 on Apprenticeship standards for their role. We work with local schools and 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).
Increase the chances for people to try new experiences of working in the NHS .	<ul style="list-style-type: none"> We continue to identify and expand the number of health ambassadors within our organisation, including Apprentices. We support The Prince's Trust Programme yearly, providing clinical placements and an opportunity to complete the Care Certificate.
Engage more staff to act as NHS Ambassadors who can promote NHS careers to schools, colleges and local communities .	<ul style="list-style-type: none"> We have rolled out the Care Certificate as part of our induction programme and have been supporting in-post staff to achieve the Care Certificate within their roles/service areas.
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 continue to provide opportunities for our workforce to undertake an Apprenticeship pathway to support the development in their current role. We receive ongoing interest and seek to support Higher Apprenticeships including Nursing Degree Apprenticeships and Occupational Therapy Degree Apprenticeships. We have recruited 7 Nursing Associate Apprenticeships and seek to continue supporting this. This allows staff to gain a registered position and will become registered with the NMC.
All new healthcare support staff to achieve the new Care Certificate and, for those who want it, a universally recognised Higher Care Certificate .	<ul style="list-style-type: none"> We have had 3 members of staff qualify as registered Nurses through the work based learning route who have moved into Registered Nursing posts. We seek to provide the 'step on' Apprenticeships for those who would like to develop into professional healthcare roles aligned to our workforce plans.
Establish an NHS Apprenticeship Scheme to rival the best in the country .	<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.
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.	
Agree with employers and education providers a universal acceptance of prior learning, vocational training and qualifications .	
Support talent development that identifies and nurtures people with the potential to go further, especially for those wanting to move into professional and registered roles.	



Audits & Care Quality Commission Inspections

ECCH is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. ECCH was rated as 'Good' following an overall inspection of its services in 2017.



NATIONAL AND LOCAL CLINICAL AUDITS

In 2019/20 ECCH completed 26 clinical audits and 3 service evaluations. The audits below are a selection of those which were completed in the period covered by this report.

Service/ Department	Audit Title	Objectives	Rationale	Standards
District Nursing	Venous Leg Ulcers	To identify if patients are receiving optimal compression therapy.	Sub-optimal compression is less effective, extends treatment duration and as a consequence increases expenditure.	NICE: Clinical Knowledge Summary (Leg Ulcer Venous) RCN Clinical Guidelines (The management of patients with Venous Leg Ulcers)
Beccles Ward	Dementia	To ensure "This is me" documentation is completed for all patients with cognitive impairment. Ensure supply of appropriate support services/ leaflets for carers. Ensure Mental Capacity Assessment is completed and readily accessible to all staff. To ensure Deprivation of Liberty Safeguards (DoLS) referrals have been made, where appropriate, and leaflets, exercise sheets suitable for the cognitively impaired.	To ensure all patients with a cognitive impairment are treated with dignity and respect, and their personal, social and medical needs are met.	NICE Guidelines
Infection Control	Decontamination	To monitor and assess the standard of decontamination of equipment within ECCH services	To prevent healthcare-associated infection	NICE/ National Healthcare Standards/ NMC, DOH
Physiotherapy MSK	X-Ray Examination Requests	Demonstrate that physiotherapists requesting X-rays continue to adhere to the protocol.	X-rays carry known risks. The Protocol agreed with JPUH seeks to control these risks. Audit demonstrates compliance with this protocol	Local Protocol



DATA QUALITY

ECCH continues with an extensive programme of activity to review critical metrics and the data which underpins them. This has resulted in increasing levels of confidence in core data quality, both within ECCH and for our commissioners and stakeholders. Our Business Intelligence team continues to develop our suite of dashboards and strengthen the underpinning architecture, making it more resilient.

We recognise the rigorous governance processes required and we have been working to ensure that we are compliant with the requirements of GDPR. Reporting on incidents and compliance is a standing agenda item for our Integrated Governance Committee. ECCH has its own Data Protection Officer who is active within the wider STP Information Governance arena and ensures the organisation remains GDPR compliant.

ECCH completes the Annual Data toolkit submission.

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.

THE PRINCE'S TRUST

We completed our fourth 'Get into Healthcare' training course in partnership with The Prince's Trust in March 2020.

Twelve trainees from Lowestoft and Great Yarmouth spent six weeks undertaking clinical placements with our Primary Care Home teams. This gave them an insight into a variety of disciplines including nursing, physiotherapy and occupational therapy. They also joined staff on the in-patient ward at Beccles Hospital.

They attended classroom sessions covering employability skills and undertook mock job interviews. All the students obtained a Care Certificate at the end of the course which can be used to help them find work in the healthcare sector.

The students will also be able to apply for apprenticeships, and permanent and temporary (bank) positions at ECCH. Many of the students who have attended the course in previous years have since gone on to successfully obtain jobs.



CAREERS EVENTS

Throughout the year we attend a number of careers fairs to encourage young people to consider working in healthcare.

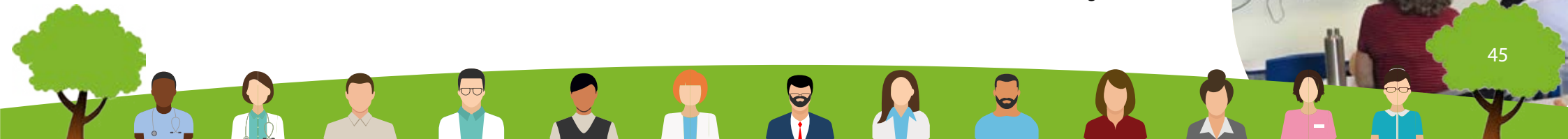
In October a group of nurses and therapists attended an event at the University of East Anglia (UEA) where students from the UEA Health School were invited to speak to health organisations about future career prospects. We have also attended fairs at various schools and colleges including Ormiston Denes Academy and East Coast College in Lowestoft.

At the UEA event we received really positive feedback from students who had previously been on placements at ECCH. Many told us that they would like to work with us when they graduate.

These events are a great opportunity for us to raise the profile of ECCH and the professions we represent, and a reminder that it is a privilege to work in the healthcare sector.

ANAPHYLAXIS TRAINING FOR TEACHERS

ECCH's specialist trainers stepped in when Wymondham High Academy wanted its teachers to know exactly what to do if a pupil suffers a life-threatening allergic reaction.



We carried out training sessions for 120 staff including teaching them how to recognise the signs and symptoms of anaphylaxis, types of allergens, treatment and how to administer an auto injector.

An estimated two million people in the UK have a diagnosed food allergy, with around 20 deaths from anaphylaxis reported each year.

BEACH CLEAN UPS

ECCH's team of Change Makers have been cleaning up local beaches, carrying out litter picks at North Denes in Great Yarmouth and Lowestoft Beach.

Great Yarmouth Borough Council and Waveney Norse provided equipment for the litter pickers to use.

The Change Makers are now planning more rubbish collections.

All staff are invited to become Change Makers and join in activities that will make a difference locally. They have appointed Green Champions across the organisation



and encouraged staff to take part in initiatives such as donating old towels to Friends of Horsey Seals to help care for injured seal pups.

REUSING PAPER

Over the last few years, ECCH has stopped using coloured paper and now almost 100% of our printing is done on standard copier paper.

This meant we had piles of coloured paper gathering dust in cupboards so we decided to



repurpose it. Several large boxes were given to Big Sky Nursery for the children to use for artwork. Others were given to Halesworth Library for their regular craft sessions.



THOUSANDS GIVEN TO LOCAL CHARITIES

In March 2020 ECCH donated £13,200 to three local charities to further their work in our communities. The money was shared equally between The Benjamin Foundation, Waveney Sailability and the Salvation Army.

The Benjamin Foundation helps children, young people and families in Norfolk and Suffolk to deal with challenges in their lives, delivering a range of services such as emotional wellbeing support, safe night accommodation and positive activities for people with





limited opportunities, such as those caring for a sick family member.

Waveney Sailability enables people with disabilities to enjoy sailing in its specially built boats on Oulton Broad. The Salvation Army works at the heart of our local communities, offering practical help and support to some of the most disadvantaged people including tackling homelessness, addiction and isolation, as well as offering employment and debt advice.

The charities were chosen by ECCH's Shareholder Council. Half the money had been raised by staff and their total was matched with the same amount from ECCH's company funds.

ADDITIONAL FUNDRAISING

Our teams and individual staff members have donated thousands of pounds, and many hours of their own time, to support charities over the period covered by this report. Here are just some of the ways this has been achieved:

- The food bank and toiletry collection points at our various bases continue to inspire staff to donate generously.
- Staff have the option to donate the pennies on each payslip to support the Remap Charity that helps disabled people of all ages to live more independent lives.
- Six staff were among more than 6,000 competitors in the RUN Norwich 10km road race, organised by the Norwich City FC Community Sports Foundation. They raised £505.
- Fourteen staff completed a 20 mile walk to raise money for the Anthony Nolan trust, as part of its Walking Together, Saving Lives campaign for blood cancer awareness and raised more than £2,200.



APPENDIX 1 – SERVICES PROVIDED IN 2019/20

From April 2019 to March 2020 ECCH provided and/or sub-contracted 31 services for the NHS, public health and social care:

Adult Services	Children and Family Services	Health Improvement Services
Community Nursing	Children's Speech and Language Therapy (Norfolk)	Smoking Cessation
Community Matrons – intensive case management	Safeguarding Adults and Children	TB Control Team
Occupational Therapy	Looked After Children	
Infection Prevention and Control		
Falls Prevention Service		
Inpatient Services		
Specialist Palliative Care (with St Elizabeth Hospice)		
Diabetes		
Dietetics		
Early Supported Discharge (Stroke)		
Physiotherapy		
Adult Speech and Language Therapy		
Continence & Lower Urinary Tract Service		
Pharmacy & Medicines Management		
Neurological Specialist Nursing		
Podiatry		
ME/Chronic Fatigue Syndrome Service (Norfolk & Suffolk)		
Four Primary Care Home Teams: Gorleston, Great Yarmouth and the northern villages, Lowestoft and South Waveney		
Heart Failure and Cardiac Rehabilitation		
Wheelchair services		
Stoma Care		
Phlebotomy		



APPENDIX 2 – LETTERS FROM STAKEHOLDERS



Karen Watts
Associate Director of Nursing & Quality
NHS Norfolk & Waveney CCG

Floor 2, Lakeside 400
Broadland Business Park
Old Chapel Way
Thorpe St Andrew
Norwich
NR7 0WG

karen.watts9@nhs.net

24 November 2020

Sent by email FAO:

Paul Benton
Executive Director of Quality
East Coast Community Healthcare CIC
Hamilton House
Battery Green Road
Lowestoft
NR35 1DE

Dear Paul

Re: Commissioner Response to East Coast Community Healthcare CIC (ECCH) Quality Account 2019-2020.

I am writing to confirm that NHS Norfolk and Waveney Clinical Commissioning Group (CCG) supports ECCH in its publication of its Quality Account 2019-2020. Having reviewed the report, we are satisfied that the Quality Account incorporates the mandated elements required, based on information available. We would like to thank the organisation's staff for their strong leadership and hard work underpinning the continuous improvement in the quality of care delivered to the local population.

The CCG recognises the challenges experienced by ECCH over the last contractual year and the impact that this has had on the organisation.

Further to this, we acknowledge the challenges the organisation has faced to adapt and respond dynamically to deliver safe care during the current pandemic and we commend the compassion and commitment of all staff during this time.

The challenges of delivering services within the 'new NHS' are considerable and ECCH has continued to work in collaboration with system partners and other key stakeholders as part of the Sustainability and Transformation Partnership to strengthen and enhance integrated working practice in order to focus resources where our patients need them most.

Page 1 of 3

The CCG notes and supports the organisation's Quality Priorities for 2020-2021 and will continue to work collaboratively with ECCH to achieve the three key areas essential to the delivery of high quality services - Patient Safety, Patient Experience and Clinical Effectiveness.

The CCG acknowledges ECCH's continuing Evolve programme of cultural development and the embedding of their strategy throughout the organisation, resulting in the strategic document entitled 'Building Healthy Communities'. This reflects the organisation's ambition to work closely with their community partners in all aspects of the development of the social enterprise.

This cultural development programme and the strategic framework has provided the base for the successful roll out of ECCH's new model of care for adult community services, including the redesign of operational working patterns across services to support the establishment of Primary Care Networks with four newly formed Primary Care Home teams. This multi-disciplinary model includes nurses, physiotherapists, paramedics and occupational therapists, focused around clusters of GP practices, to ensure patients receive personalised, joined up care with partnerships spanning primary, secondary and social care.

The CCG wishes to thank the organisation for their immense effort and speedy response during the coronavirus pandemic including redeploying staff across the PCH teams and into the Integrated Discharge Team (IDT) based at the James Paget University Hospitals NHS Trust. This has ensured that each person's needs are placed firmly at the centre of decision making and able to leave hospital in a timelier manner, thereby reducing the risks associated with prolonged hospital stays.

The CCG commends ECCH on their outstanding partnership with St Elizabeth Hospice to provide specialist palliative care services at Beccles Hospital and the successful implementation of a 24/7 advice line for professionals, patients and their carers launched in April 2019. The CCG acknowledges the progress made with the new Palliative Day Care Service from June 2019 until paused due to the coronavirus pandemic.

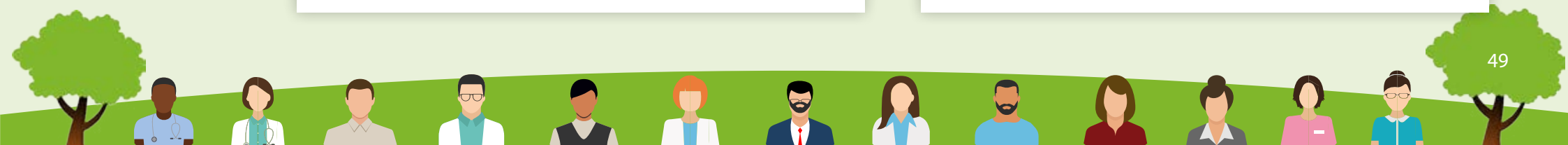
The CCG wishes to express its sincere gratitude for the continuing Infection Prevention and Control service provided for influenza outbreaks in residential care homes across Great Yarmouth and Waveney. The CCG also wishes to congratulate ECCH on being the highest performing healthcare organisation in the eastern region for staff influenza vaccinations for the fourth year in succession where 83.8% of frontline staff were vaccinated during 2019/20.

The CCG recognises the organisation's efforts to set up a GP Fellowship with the GP provider organisation Coastal Health to ensure that people with diabetes in Great Yarmouth and Waveney have the most up-to-date care tailored to their needs by improving lifestyle through education and health coaching and the roll out of One Stop Shops' in each of the Primary Care Networks so that patients can be seen by a number of professionals in one visit as well as access to retinal screening, blood and urine tests, dietary and smoking cessation advice etc.

The CCG acknowledges the organisation's commitment to clinical research for improvements in care and benefits to patients, staff and the local population, in collaboration with the Clinical Research Network Eastern and student research from local educational institutions.

The CCG commends ECCH for being recognised in the 2019 Parliamentary Review as an example of best practice in the health sector, highlighting the new way of providing NHS community health services through its Primary Care Home teams and how, as a Community Interest Company, the organisation aims to give added value to local communities.

Page 2 of 3



Healthwatch Norfolk
Review of ECCH 2019/20 Quality Account

ECCH's Quality Account is comprehensive and there is much activity going on. We understand the content conforms to requirements but feel that some simplification could be achieved if the reporting concentrated on measuring outcomes / outputs. The document makes for a good read with many initiatives described, however - the outcomes for patients, especially the number of those who benefit, are not revealed.

Thank you for allowing Healthwatch Norfolk the opportunity to review the draft ECCH Quality Account for 2019/20.

Alex Stewart
 CEO
 October 2020

Name of provider	ECCH	Comments
Readability		Easy to read
Is there an executive summary/CEO statement?		Statement on quality summarises the activities.
Is the document well laid out, easy to read?		Yes
Is there a glossary?		Yes
Is the document available in different formats? e.g. electronic, hard copy, Braille, other languages		Yes
Are priorities for the past year clearly identified?		Identified in Part 3
Have the priorities been achieved?		4 achieved out of 10. Useful RAG rating against the priority showing outstanding priorities are ongoing. It would be worth explaining the Risk Assessment colour key. The hospital falls initiative looks good as well as advice and support to help patients stop smoking and deal with alcohol problems. Staff competency training was achieved and more than 80% of staff were vaccinated against flu.
Are the priorities for the forthcoming year clearly identified?		Yes, in Part 2
Are the following areas included		
Patient safety?		Yes, with Infection Prevention and Control Team dealing effectively with flu outbreak in care home setting. Refers to GYWCCG and perhaps worth indicating change to NWCCG for future accountability. Pressure ulcers still an issue although only slightly up on previous year. Not all ECCH's patients initially but senior nurses will say

The CCG also wishes to convey its sincere congratulations to ECCH being voted as runner-up in the Public Service Mutual of the Year category in the prestigious UK Employee Ownership Association awards for the second year running in November 2019, in recognition that 81% of staff hold a share in the organisation, which is extremely high for a social enterprise.

NHS Norfolk and Waveney CCG looks forward to working with ECCH during 2020-2021 with the continued aim of developing quality improvements within the organisation, the local community and across the system. On behalf of NHS Norfolk and Waveney CCG, I would like to thank you personally, for your continued hard work and we look forward to working with you throughout the 2020-2021 contracting year.

Yours Sincerely

Karen Watts, Associate Director of Nursing and Quality
NHS Norfolk and Waveney Clinical Commissioning Group



	pressure ulcers are preventable so we have to question why they continue to be a problem.
Clinical quality and effectiveness?	Yes, with very good reports of the various service developments. Primary Care Home Teams in particular are partnerships spanning Primary, Secondary and Social care which patients are benefitting from and which patient groups have encouraged for many years. The pandemic has accelerated the closer working arrangements between the partners. Discharge hubs seem to be helping to resolve long standing problems in hospitals, Network Escalation Avoidance Teams are helping to keep patients out of hospital, more local physiotherapy services for rural areas, ME/CFS clinic in Aylsham, GP Diabetes Fellowship and fitness activities through Sentinel Leisure Trust all indicate ECCH is developing an excellent service.
Patient experience inc family & friends test?	High scoring on F&F test around 98%. Some complimentary comments from satisfied patients. Higher than previous year.
Incident reporting & never events?	No comparison with previous but total of 3942 with 20 serious of which 18 concern pressure ulcers.
Complaints?	Low number at 36 and PALS slightly lower than previous.
Workforce?	Highly commended by UK Employers Ownership Association achieving runner up in the Public Service Mutual of the Year section. Cultural development programme introduced and monitored. Some absence due to COVID-19 pandemic and staff supported during this difficult period. A wellbeing strategy is in place. It is good to see names of winners in the staff award scheme acknowledging their achievements. Trainee nurse apprenticeships are welcome and the Talent for Care national framework is being applied.
Audits including participation in national audits?	26 clinical and 3 service evaluations were carried out and actions taken on the findings.
Data quality?	GDPR compliant.
Feedback from CQC?	Rated good in 2017.
New services?	Very good descriptions of various services and the initiatives being undertaken. The Partnership with Elizabeth Hospice for palliative care services from a community base at Beccles Hospital, Primary Care Home Teams, Discharge Hubs, and Children's Speech and Language Therapy events are excellent examples.
CQUIN?	Mentioned in respect of priorities for 2020/21.

	Performance in respect of previous year completed with explanation and RAG rating.
PLACE results?	PLACE audit of Beccles Hospital undertaken by League of Friends rated food at 100%, cleanliness at 99.4% and dementia friendly facilities at 95.8%.
18 week target (where applicable)?	
IG Toolkit compliance?	Completed annually.



east coast
HOSPITALS

PRACTICE SOCIAL DISTANCING

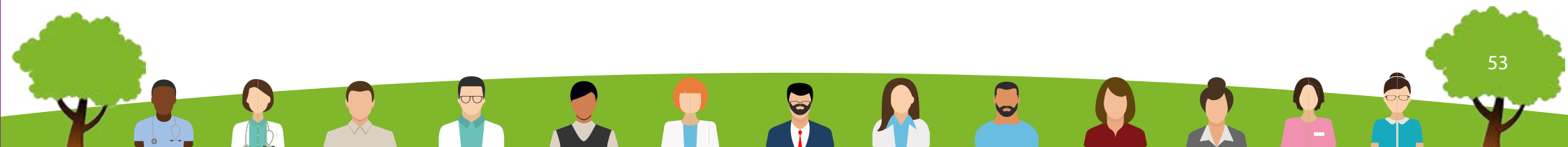


Help protect
our employees
by
social distancing

PLEASE ONLY USE THESE
TABLETS & PENS

GLOSSARY

AHP	Allied Health Professional
bMRSA	Bacteraemia Methicillin-Resistant Staphylococcus Aureus (a type of bacteria that is resistant to several widely used antibiotics)
C. difficile	Clostridium Difficile (bacteria that can infect the bowel and cause diarrhoea)
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
DoH	Department of Health
GDPR	General Data Protection Regulation
GP	General Practitioner
GYWCCG	Great Yarmouth and Waveney Clinical Commissioning Group
IPACC	Infection Prevention and Control Committee
IPCT	Infection Prevention and Control Team
JPUH	James Paget University Hospital
ME/CFS	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (People with ME/CFS have overwhelming fatigue that is not improved by rest and can prevent them being able to carry out their usual everyday activities)
MSSA	Methicillin-sensitive Staphylococcus Aureus (a type of bacteria that can live on the skin. MSSA is harmless unless it has an opportunity to enter the body through a cut in the skin, where it can cause a wound infection)
NICE	National Institute for Health and Care Excellence
NIHR	National Institute of Health Research
NNUH	Norfolk and Norwich University Hospital
PCN	Primary Care Network (Groups of GP practices working together to provide services to the local population)
PCH	Primary Care Home (ECCH's multi-disciplinary teams who support clusters of GP surgeries by providing integrated healthcare services within patients' homes)
PHE	Public Health England
PPG	Patient Participation Group (groups of volunteers interested in healthcare issues who advise a GP practice or health organisation on the patient perspective)
SPC	Specialist Palliative Care
STP	Sustainability and Transformation Partnership (a group of NHS organisations, local authorities and clinical commissioning groups working together to improve health and wellbeing in a particular geographical area)



FEEDBACK – WE WELCOME YOUR VIEWS



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

Jonathan Williams
Chief Executive
East Coast Community Healthcare
Hamilton House
Battery Green Road
Lowestoft
Suffolk
NR32 1DE

Email: ecch.enquiry@nhs.net
Website: www.ecch.org
Twitter: [@eastcoastch](https://twitter.com/eastcoastch)

If you would like this leaflet in large print, audio cassette, Braille or in a different language please contact Andrea Dawson on **01502 445 297**.

