



Quality Account

2022/23





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What is a Quality Account?

A Quality Account is an annual report about the standard of healthcare services provided by organisations commissioned by the NHS.

They are an important way for healthcare providers to report on quality and show improvements in the services they deliver to local communities. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

This Quality Account details the developments we have made in the year to April 2023 in terms of the three Quality domains of Clinical Effectiveness, Patient Safety and Patient Experience, as well as our plans to improve our patient care over the next 12 months.



A draft version of this Quality Account was shared with Norfolk and Waveney Integrated Care System (ICS), Healthwatch Norfolk and Healthwatch Suffolk for their review and comments. The responses we received are printed at the back of the document.



Inspected and rated

Good



Part 1 - Statement on Quality

Welcome to East Coast Community Healthcare's Quality Account for 2022/23, a year in which we were able to focus not just on returning our services to normal, but to improving them using our learning from the COVID-19 pandemic.



For us that means a greater focus on digitisation to offer patients more choice. Some services discovered patients liked the flexibility of online and telephone meetings, not needing to travel to attend appointments. Others such as our Heart Failure Service and Smokefree Norfolk have employed apps to support care. We are about to introduce an app which will enable Physiotherapy patients to book and manage their appointments online and it is our ambition to make that available to more services over time.

In addition, sharing our patient record keeping technology has helped us to improve our integrated working with GP practices and with our partners at the James Paget University Hospital (JPUH) and Norfolk Community Health and Care NHS Trust (NCH&C).

With the official launch of Norfolk and Waveney's Integrated Care System in July 2022, we have seen the benefits of an increasingly combined approach to tackling key issues such as reducing long hospital stays, preventing unnecessary admissions and ensuring patients only need to tell their story once.

At ECCH we pride ourselves on our ability to innovate and this year we introduced a number of new services to our portfolio, including a Carer Support Nurse for those invaluable members of society who

provide unpaid care to family and loved ones but whose own health needs are often overlooked, and a Memory Impairment Nurse who cares for those experiencing undiagnosed memory problems, in response to the decline in dementia diagnoses during the COVID-19 pandemic.

As well as having an ethos of continuous improvement in service provision for patients, we have also focused our attention on the wellbeing of ECCH's teams following the long-running and unremitting challenges of the past few years. It was fantastic to be able to celebrate together when we held our first staff awards event for three years in October 2022.

We have also been encouraging our staff to take time out together with free activities arranged for them to enjoy as teams, from picnics and boat trips to pilates classes. Meanwhile, our Human Resources department has introduced a number of physical, mental and financial wellbeing initiatives to provide support.

I would like to thank all our staff for their dedication, enthusiasm and willingness to try new ways of working in order that we can deliver our vision to build healthier communities for the people of Norfolk and Suffolk.

A handwritten signature in blue ink, which appears to read 'Ian Hutchison'. The signature is fluid and cursive, written over a white background.

Ian Hutchison
ECCH Chief Executive

ECCH Strategy

Our strategy has three main themes:



Being at the **forefront of developing community-based care** in partnership with local people and system partners.



Growing, diversifying and partnering to increase the value we can reinvest in our communities



Building an organisation where staff feel **valued, empowered and proud.**

Our vision ...

To build
healthier communities
through the provision of
outstanding healthcare,
to **work with partners**
across all sectors to
address the wider social
determinants of health, and
to be seen

**as a provider, partner
and employer of
choice.**



Improve
health outcomes by
leading the development
of community-based
care

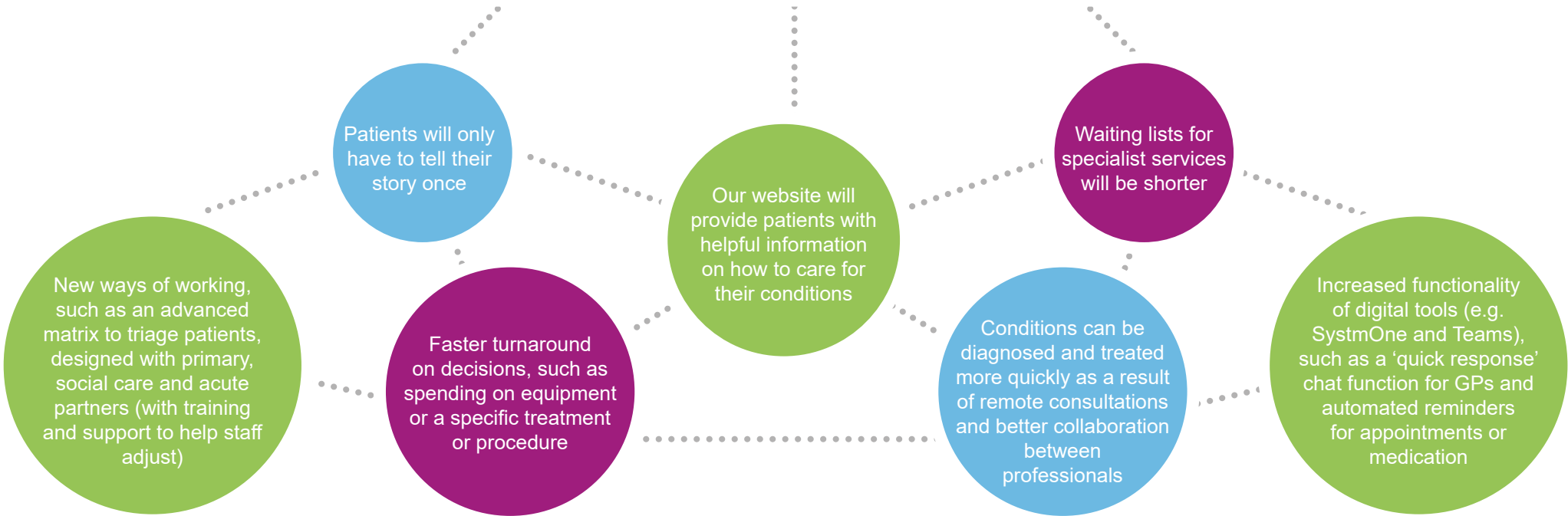


Grow, diversify & partner
to increase the value
we reinvest into our
communities

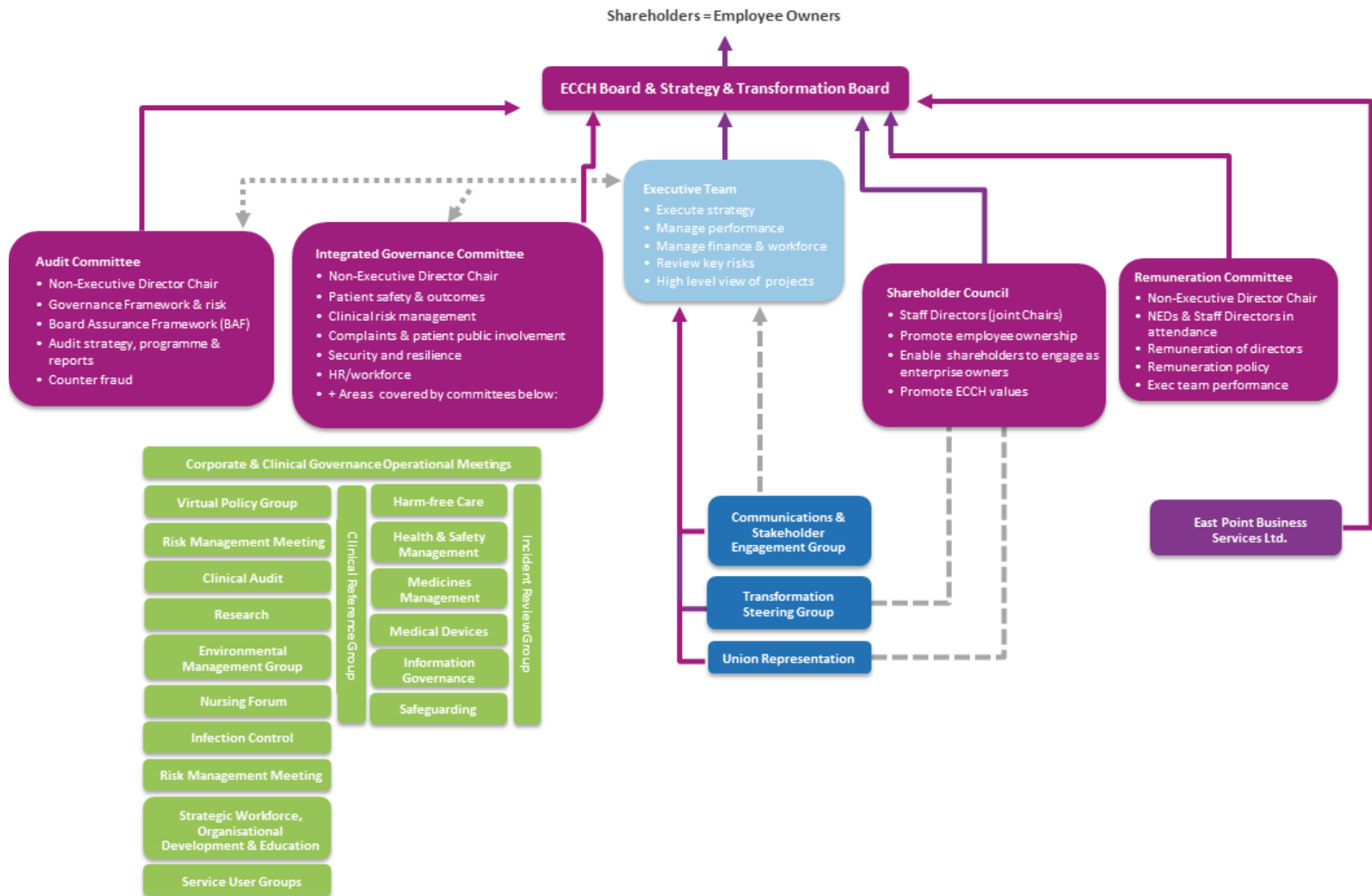


Build
an organisation for the
future

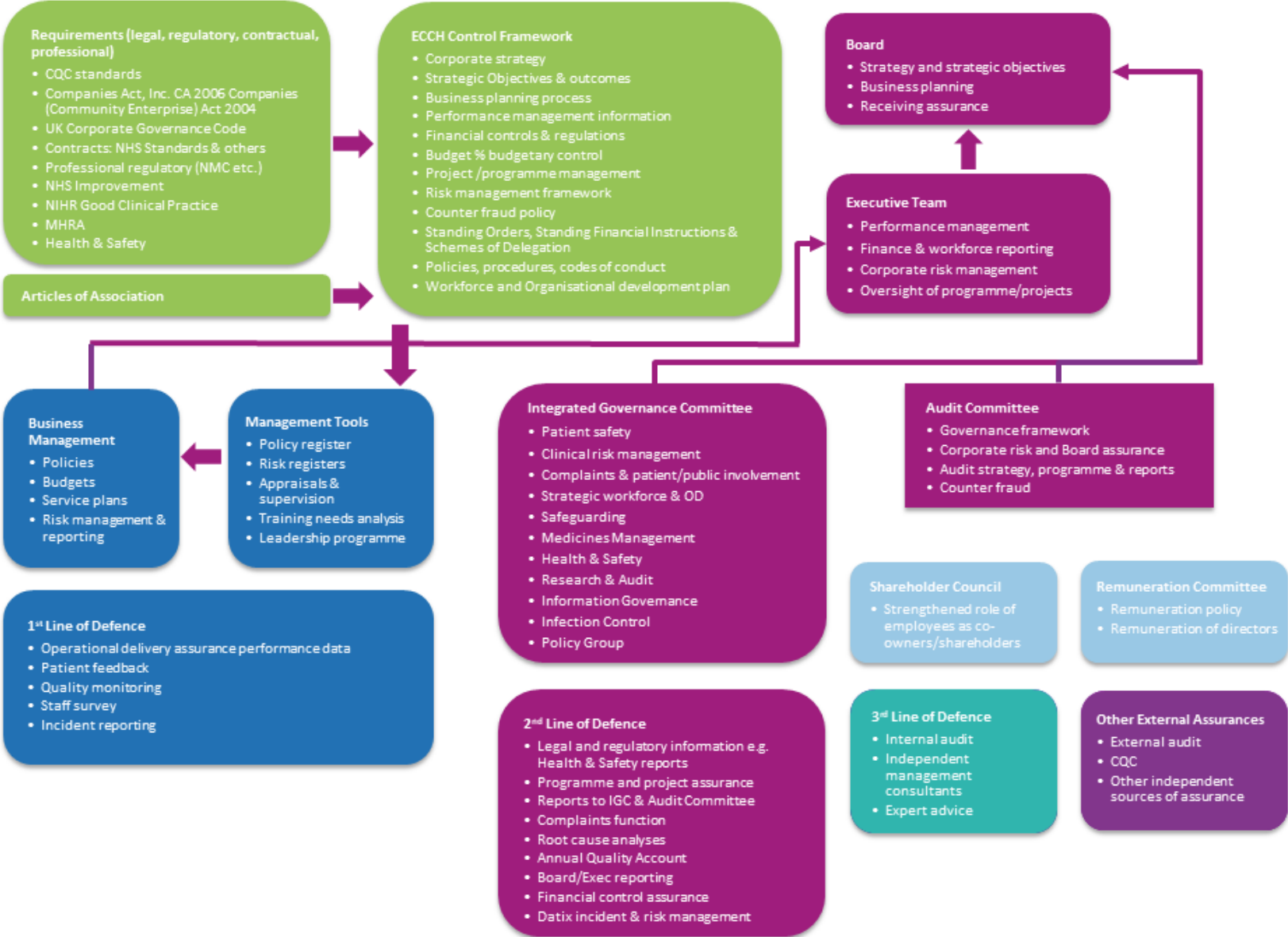
Examples of what this means in practice



Our Governance Structure



Our Assurance Framework



Part 2 - Priorities for Improvement 2023/2024

Objective 1: Patient Experience

- To ensure that there are clear mechanisms in place for ensuring that patients have positive experiences in our care, and are involved in our services and that we are being held to account by our patients.

Objective 2: Clinical Effectiveness

- To improve the outcomes of patients and service users by ensuring best practice and the implementation of NICE guidance.
- Take part in national and local clinical audits to monitor outcomes.
- Look after our staff's wellbeing and provide clinical supervision and support.

Area for Improvement	Details/Action
Digital Patient Feedback and Engagement	Adopt new and further develop our use of digital patient feedback methods. This should be in addition to and support face-to-face and other methods of obtaining feedback. The potential of digital feedback is recognised by the organisation as an essential source of additional feedback which can offer flexibility and efficiency.

Area for Improvement	Details/Action
Clinical Supervision	Review the organisation's current clinical supervision model for registered professionals, looking at ways to enhance the use of clinical supervision and the introduction of restorative clinical supervision to increase its efficiency and effectiveness, and support staff's personal and professional development.
Just Culture	Following the launch of the NHS Patient Safety Strategy, inclusive of the Just Culture guide it is essential that the organisation ensures it supports and further embeds the fair treatment of staff and a culture of openness and learning, by increasing staff confidence to speak up when things go wrong.

Objective 3: Patient Safety

- To ensure our patients and service users are treated in a safe environment and are safeguarded from avoidable, unintended or unexpected harm whilst in our care.
- To work together with other health providers and the wider ICS to improve safety and quality delivery across the community.

Area for Improvement	Details/Action
Patient Safety Partner (PSP)	Work alongside, engage with and support our Patient Safety Partners to empower our patients and carers, with the overall aim of improving safety in our organisation. We will provide them with the opportunities to play a key role in the development of a patient safety culture, safety systems and improvement activity.



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 2022/23, what we have achieved and what work remains ongoing.

Area	Update	Status
<p>Staff Wellbeing</p>	<p>Work has continued to improve staff wellbeing, taking into consideration the impact of the COVID pandemic, increased system pressures and the cost of living crisis.</p> <p>ECCH have introduced a Health & Wellbeing Strategy which aims to provide colleagues with the tools and opportunities to improve their own health, and most importantly integrate health and wellbeing into the culture of the organisation. The strategy has 7 core interventions: Physical Activity, Nutrition & Weight Management, Stress Management & Mental Health, Environmental Factors, Sleep Management, Alcohol and Substance Misuse and Women’s Health.</p> <p>ECCH’s Strategic Health and Wellbeing group are a multidisciplinary team who oversee the delivery of our Health and Wellbeing Strategy and its action plan, evaluating the impact within the organisation.</p> <p>ECCH has set up an Employee Support Fund to which staff can apply confidentially for financial aid and has produced a ‘Financial Wellbeing Matters’ guide detailing the various benefits, resources and support available to staff to help maintain their financial wellbeing.</p> <p>‘Wellbeing Matters’ training has also been developed and rolled out for managers. This provides a framework to help them approach wellbeing conversations with their team members.</p> <p>A Wellbeing Impact Assessment (WIA) procedure is also being developed to use for new projects, roles and organisational changes. This will enable us to consider the 7 core interventions within the Wellbeing Strategy when assessing proposed changes.</p>	<p></p>





<p>Patient Engagement</p>	<p>Some of our volunteers are currently working on Minsmere Ward asking patients about their impressions of our care and hearing their views. We continue to offer face-to-face meetings for general feedback and where investigations occur. We have also invited a number of service users to speak to our Integrated Governance Committee so we can learn from their experiences.</p> <p>Patient Safety Partners (PSP) are being recruited by Norfolk and Waveney Integrated Care System (ICS) to represent their communities on groups and committees in order to support and promote patient safety. We will work with our PSPs to enhance our patient, family and carer engagement.</p> <p>Our website (ecch.org) has been updated and now enables patients/carers to express their interest in being part of our Patient Participation Group (PPG) via: www.ecch.org/patient-participation-group, email or telephone.</p> <p>The link to the PPG application form has been added to the footer of all ECCH letters and advertised over our social media platforms. New posters have been sent out to be displayed in ECCH waiting rooms and a recurring internal communication has been sent out to staff encouraging them to express their interest in being part of the PPG for their service.</p>	
<p>Liberty Protection Safeguards (LPS)</p>	<p>The amended Mental Capacity Act (MCA) has been passed into law which means that the Liberty Protection Safeguards (LPS) will replace the current Deprivation of Liberty Safeguards (DoLs). However, it has been announced that this will not happen ahead of the next general election and is therefore unlikely to be before 2025. We continue to prepare for the new framework by focusing on enhancing our confidence and competence in the use of the MCA.</p>	
<p>Policies & Procedures</p>	<p>A programme is ongoing to simplify our policies and procedures. Following an audit, work has been undertaken to move policies onto a new template in a format which is simpler to follow. Flowcharts and easier guidance will be introduced as appendices. The final piece of this process will be to relocate these policies and procedures onto our new quality assurance system, QUEST. This is anticipated to make locating and searching for policies much more straightforward and will automatically send out reminders when policies are due for review.</p>	

Business Intelligence Dashboards	We are updating our server, systems and licencing to a more recent, supported version to improve our reporting ability. New reports will be produced through Microsoft's Power BI and over time, we will develop existing reports using this software to ensure we can be more responsive and better able to measure patient outcomes. Power BI training has been arranged for two members of the Business Intelligence team.	
Patient Safety Strategy	We have employed a Patient Safety Specialist and are updating our Quality Assurance System in line with the NHS 'Learn from Patient Safety Events' programme, a new national service for the recording and analysis of patient safety events that occur in healthcare. Work has been started to develop a Patient Safety Incident Response Plan and Policy. A programme of communications has also begun. The implementation date is July 2023.	
Syringe Pump Management	We have been working collaboratively with Norfolk and Waveney Integrated Care Board in relation to charts, Standard Operating Procedure and policy on syringe pump management.	
Gosport Report	We are developing prescribing audits within SystmOne and Beccles Hospital's electronic prescribing and medicines administration (EPMA).	
Diabetes	<p>The Diabetes Service continues to provide mainly telephone consultations with occasional home visits. Monthly complex case meetings are being held with the James Paget University Hospital (JPUH).</p> <p>The team are investigating working with a personal trainer to run a programme aimed at improving patients' overall health and fitness, and giving diet and healthy eating advice. This would support their diabetic care by reducing the risk of deterioration of their condition which could cause longer term issues.</p>	



Commissioning for Quality & Innovation (CQUIN) Results

CQUIN Schemes 2022/23

Area	Update	Status
Staff Flu Vaccinations	<p>We encourage all our frontline and patient-facing staff to have the flu vaccination each year. This year we vaccinated 78.8% of frontline staff. Our target was 90%.</p>	
Malnutrition Screening in the Community	<p>ECCH is ensuring that all patients admitted to Beccles Hospital Inpatient Unit have a malnutrition risk assessment using a tool called the 'Malnutrition Universal Screening Tool' (MUST).</p> <p>Any person who is identified as malnourished or at risk of malnutrition then has a management care plan created that aims to meet their complete nutritional requirements.</p>	
Assessment, Diagnosis & Treatment of Lower Leg Wounds	<p>ECCH continues to ensure patients with lower leg wounds (a wound located between the ankle and knee) are receiving appropriate assessment, diagnosis and treatment in line with NICE guidelines. ECCH aims to provide a full leg wound assessment to any patient either referred with a lower leg wound within 28 days of referral to service or, if a patient is already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded.</p>	
Assessment and Documentation of Pressure Ulcer Risk	<p>ECCH is ensuring that all patients admitted to Beccles Hospital Inpatient Unit have a pressure ulcer risk assessment that meets NICE guidance within 6 hours of admission.</p> <p>Where a risk is identified, the patient will have an individualised care plan which includes things such as recommendations about pressure relief, mobility and repositioning scheduling, alongside patient preference.</p>	

Patient Safety

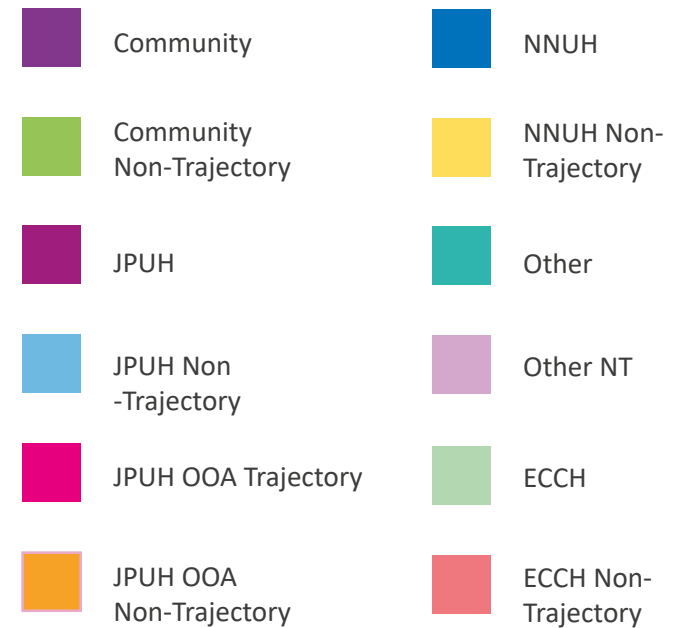
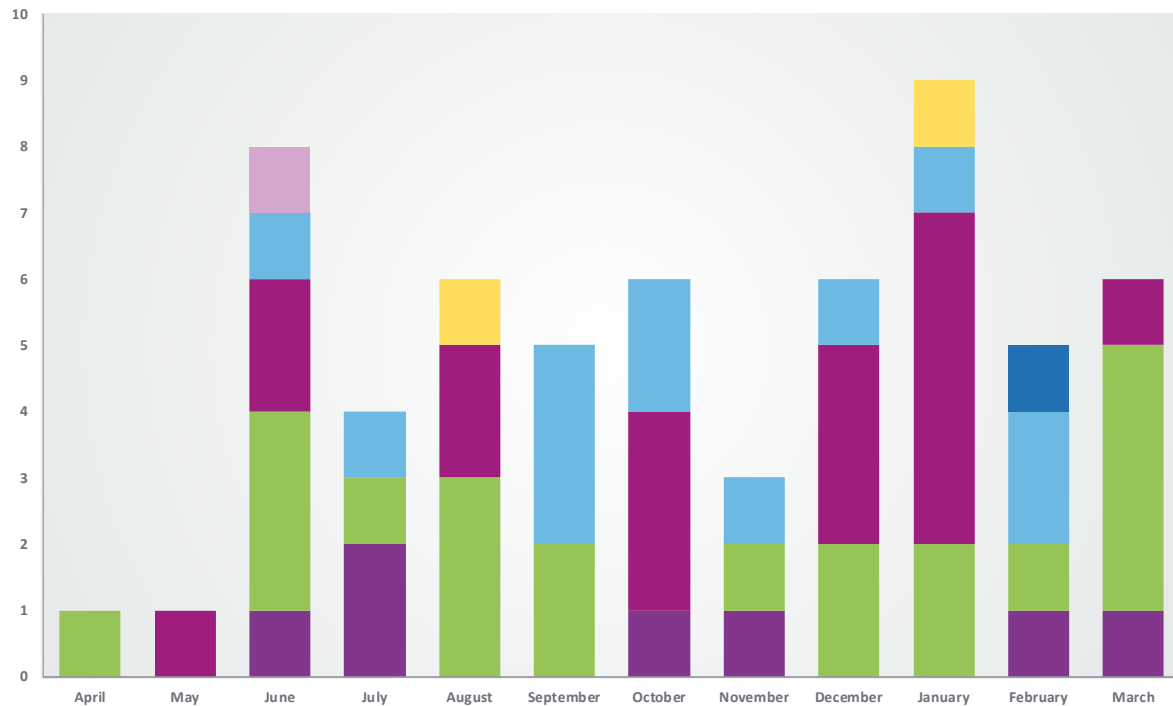
Infection Prevention and Control

In 2022/2023 there were no set ceilings for cases of C.diff (Clostridium Difficile) cases.

The actual number of cases for the Great Yarmouth & Waveney health system was 49. No cases were attributed to ECCH, although some community cases did have ECCH staff involvement.

There were no cases of blood borne Methicillin-Resistant Staphylococcus (bMRSA), blood borne Methicillin-sensitive Staphylococcus Aureus (bMSSA) or E.coli bacteraemia attributable to ECCH.

C. diff Figures 2022-2023



The ECCH Infection Prevention & Control (IP&C) team has the chair and administrative function for the C-diff Root Cause Analysis (RCA) meeting and completes all the non-acute analyses.

The team also completes RCAs 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.

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 Public Health England (PHE). During winter 2022/2023 there were 6 flu outbreaks in care homes and multiple COVID outbreaks. The team continues to track and offer ongoing support to these homes.

E. coli Bacteraemia Cases 2022-2023

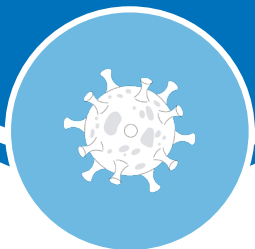


COVID- SARS-CoV2

This is still a predominant workstream for the team. Many pieces of documentation have been published and updated requiring ongoing interpretation and advice to clinical and care staff.

The team invested in a PCR laboratory standard testing machine and have trained ward staff to use it. This means results are available in 20 minutes. It can also test for flu A&B and SARS-CoV2.

FFP masks are required for clinicians performing aerosol generating procedures. The team invested in a TSI PortaCount 8040 and offered fit testing to not only ECCH staff but dental, GP and care home staff who required testing. ECCH staff are required to be re-fit tested 2 years after the initial test to ensure they are using the most compatible mask for their safety, should they need to use them.



Staff seasonal flu programme

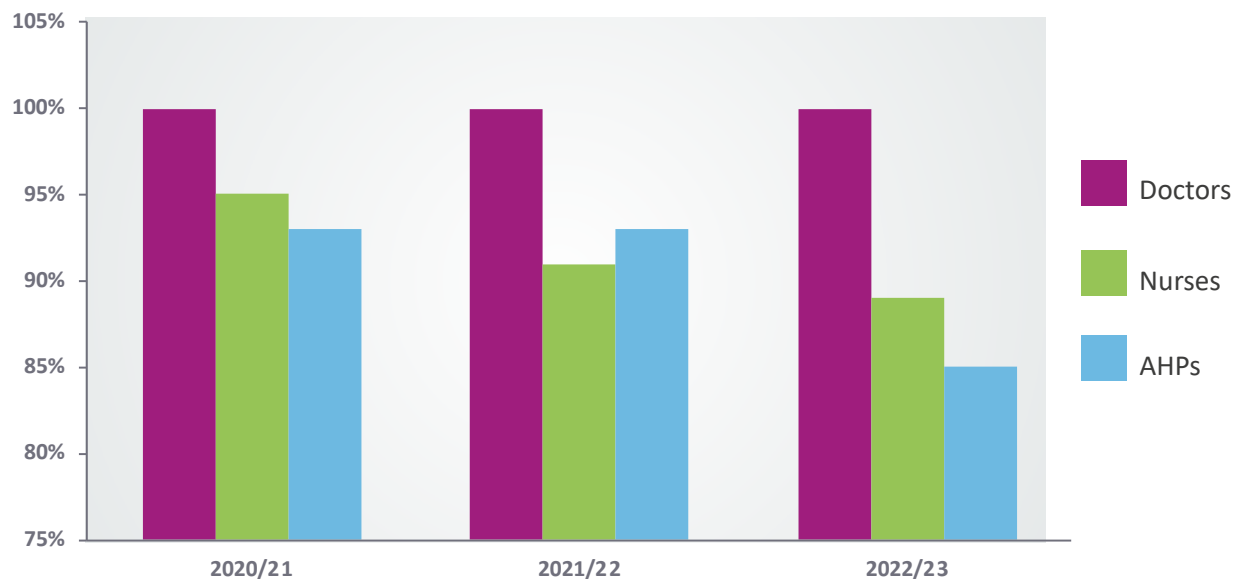
A total of 78.7% of our frontline staff were vaccinated during our annual in-house immunisation programme, including 89% of nurses. The national average was 48.9%.

All staff were offered the immunisation as protection for themselves, our patients and families against this potentially deadly virus.

ECCH Seasonal Influenza Immunisation

Year	Uptake of Frontline ECCH Clinical Staff
2022/23	78.7% (national average 48.9%)
2021/22	84.5% (national average 70.9%)
2020/21	94% (national average 76.8%)

ECCH Seasonal Influenza Immunisation



Incidents

As an open and learning organisation, we encourage incident reporting by our staff as this enables greater understanding and practice change to occur. An incident means any accident, event or circumstance, including a near miss, which results in no harm, minor to severe harm, or loss/damage to personal belongings or property. Incidents can be raised concerning ECCH or other providers regarding patients, staff and visitors.

The type of incidents that are reported could include poor discharge information, medication incidents, missed visits or abuse of staff. The highest number of incidents which raised concern were pressure ulcers of all categories, 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. 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 and 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 incidents for the year 2022/23 was **2,713**. Of these, **2,342** were patient incidents which equates to an average of **195** patient incidents per month.

A direct link to the Datix incident reporting system is available on all work laptops and computers to make it as easy as possible for our staff to report any issues, whether they are based in an office, working from home or in the community. This ensures incidents can be reported in a timely manner.

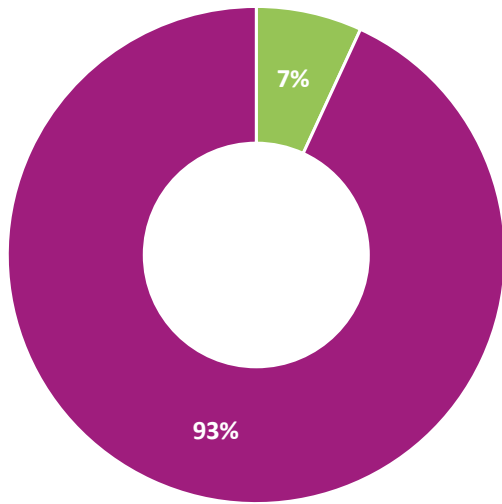
Serious Incidents

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. **4** incidents were reported, meeting the national Serious Incident Reporting criteria in 2022/23.

Pressure Ulcers

ECCH treated **771** patients for pressure ulcer-related wound care. Of these, **491** developed after admission to ECCH and **280** were present on admission. Of the **491** pressure ulcers developed after admission to ECCH, **44** pressure ulcers of Category 3 or above were reported. **2** pressure-related cases were reported as a serious incident and investigated fully.

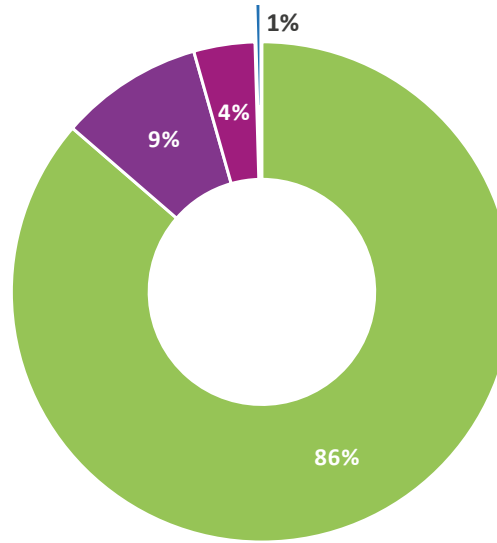
Patient Incidents by Business Unit



- Corporate Services
- Operational Services

Corporate Services	161
Operational Services	2181
Grand Total	2342

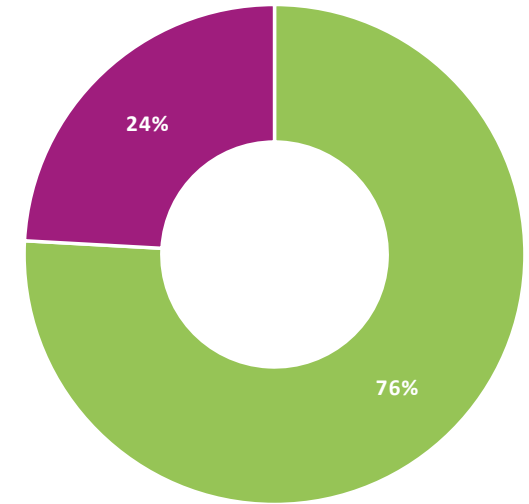
All Incidents by Type



- Incidents affecting patients
- Incidents affecting staff
- Incidents affecting the organisation (Trust)
- Incidents affecting visitors, contractors or the public

Incidents affecting patients	2342
Incidents affecting staff	251
Incidents affecting the organisation (Trust)	107
Incidents affecting visitors, contractors or the public	13
Grand Total	2712

Incidents Involving Other Providers



- ECCH
- Incidents involving other providers

ECCH	1777
Incidents involving other providers	656
Grand Total	2342

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 harm sustained which is graded as moderate or above while in the care of ECCH. A senior clinician is allocated to undertake a thorough investigation of the event. The patient/patient's advocate or carer may receive a copy of the investigation if they wish to receive one.

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.



Table of Incidents by Month vs. Incidents Triggering the Formal Duty of Candour Process: April 2022 – March 2023

	Incidents Reported	Incidents Triggering Duty of Candour	% of Incidents Triggering Duty of Candour
Apr 22	189	4	2.11%
May 22	223	1	0.44%
Jun 22	200	5	2.50%
Jul 22	217	2	0.92%
Aug 22	220	8	3.63%
Sep 22	207	0	0%
Oct 22	208	4	1.92%
Nov 22	233	2	0.85%
Dec 22	214	4	1.86%
Jan 23	256	1	0.39%
Feb 23	263	1	0.38%
Mar 23	283	1	0.35%

From April 2022 to April 2023 there were a total of 2,713 incidents. Of these, 33 triggered the Duty of Candour process, which equates to 1.21% of incidents.



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 are raised with the individual's line manager who will arrange an 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 dedicated email account monitored by the Deputy Director of Quality during weekdays. 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 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 identity of the whistleblower 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 and includes staff from our partners in the specialist palliative care service, St Elizabeth Hospice, as well as ECCH staff. Feedback from case reviews is shared for learning purposes and for reviewing and updating our processes.

This group forms part of ECCH's governance structure and reports to our Integrated Governance Committee. Nineteen case record reviews have taken place. Joint reviews take place with our Acute Trust colleagues when appropriate for capturing and sharing learning.

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

- Death certification
- Structured case record review
- Investigation according to the Serious Incident Framework

We ask:

- Was the fact that the person may die in the next few days/hours recognised and communicated clearly?
- Were decisions made and actions taken in accordance with the person's needs and wishes?

The above are regularly reviewed and decisions revised accordingly.

We communicate:

- Communication takes place between staff and the dying person
- Communication takes place with others identified as important to them
- There should be a record of discussions and decisions made

We involve:

- The dying person and those identified as important to them are involved in treatment decisions and care as much as the dying person wants
- Evidence of these discussions should be clearly marked

We support:

- The families and others identified as important to the dying person are fully supported
- We actively explore and respect wishes as far as possible
- This is recorded in the care plan and free text

We plan & do:

- An individual care plan which includes food and drink, symptom control, psychological, social and spiritual support
- A syringe driver or palliative care support care plan is personalised for each patient to include any of these aspects of care, if required

Bereavement – how does ECCH capture feedback?

Bereavement information packs are available for all staff in the community to hand out to bereaved families and on our Integrated Care Unit at Beccles Hospital. These packs contain local information to help bereaved family members and a questionnaire to help us obtain feedback about their loved one's end-of-life care.

The feedback option is also available on our website. St Elizabeth Hospice sends out feedback questions as well, and the results are shared with us for joint learning. All feedback is fully evaluated in order that we can further develop our approach.

Clinical Effectiveness

Leading the Development of Community-based Care: Evolving our Primary Care Home Teams



ECCH's four multidisciplinary Primary Care Home (PCH) teams are central to our provision of high-quality community care. They offer personalised care in patients' own homes and we continually look for ways in which we can evolve and extend the service we offer.

The PCH teams are made up of nurses and therapists from a wide range of disciplines, working alongside our social care partners to support four groups of GP practices covering Lowestoft, Great Yarmouth and the northern villages, Gorleston and South Waveney.

Over the period covered by this report we have been working to further embed an ethos of collaboration and co-production with partners, which has resulted in a number of new initiatives.

Health Connect Service

A new service called Health Connect has been launched to support patients to stay well at home rather than being admitted to hospital. This includes those recently discharged from hospital and those using community nursing services. The service is a joint initiative that has been developed with Place partners.

The Health Connect service offers a single point of access for individuals to tap into wider local health and wellbeing services. It is aimed at providing care for an individual's underlying health need but also takes a wider holistic approach to supporting their health and wellbeing.

A health or social care professional or partner organisation will refer people into the service and Health Connectors will then work with patients to discuss and agree a plan. This may involve direct support from the Connector or involve a referral within one of ECCH's Primary Care Home teams, or to social care or the voluntary sector. The Connector, with consent, may also liaise with the patient's own doctor or health and social care professionals.

Health Connect supports the NHS Long Term Plan in its aims to deliver more person-centred care, ensuring patients have a choice and a real say in their care, which is known to improve outcomes.



Memory Impairment Nurse

The Memory Impairment Nursing (MIN) service was set up in March 2022 in response to the decline in dementia diagnoses during the COVID-19 pandemic. The MINs Nurse Practitioner sits within the Primary Care Home (PCH) teams for Gorleston and Great Yarmouth and the Northern Villages who cover the GP practices within those locations.

The service is aimed at adult patients who are experiencing issues with their memory and do not have a confirmed diagnosis of dementia. The issues can be in the form of confusion, behaviour changes, cognitive issues and associated symptoms. The Memory Impairment Nurse carries out a comprehensive assessment from which a care plan is created. They liaise with the patient's GP and other healthcare professionals regarding treatment options and to identify onward referral, if required.

Patients are empowered to self-manage, if appropriate, or are referred to the Memory and Treatment Service of Norfolk and Suffolk NHS Foundation Trust for further treatment if dementia is suspected, and to the Alzheimer's Society for peer assessment support, subject to consent.

The service has reviewed around 100 patients and has developed local clinics at Shrublands Health Centre in Gorleston and Northgate Hospital in Great Yarmouth, as well as continuing to provide home visits. The team also offers teaching to care homes, surgeries and other services.

Digital Administration

We are developing an online booking system for patient appointments.

This will enable service users to make, amend or cancel appointments with our services via an app. This will mean patients and carers are not restricted to the working hours of our central communication hub, East Coast Community Access.

It will also mean we can contact patients instantly if we need to provide important service information.



Carer Support Nurse Pilot Launched

Working with the University of East Anglia (UEA), we launched a pilot project to develop a carer-dedicated nursing role. The aim was to identify and support the healthcare needs of carers who provide unpaid support to family members or friends and who have their own health needs as a result.

This initiative has been awarded a regional NHS Parliamentary award and is a finalist in the national awards which will be announced in July.

The Carer Support Nurse is based within our Primary Care Home team in Great Yarmouth. As well as providing person-centred care to carers and boosting their skills and confidence to care, the nurse also trains other healthcare professionals to identify carers who need support.

In addition, the role aims to support those NHS staff who are also informal carers, connecting them with established NHS workforce wellbeing programmes and using their experience to inform local workforce policies.

Our partners at the UEA are carrying out an ongoing study to evaluate the pilot's success, with a view to rolling it out to other geographical areas.



Supporting General Practice's Winter Vaccination Programme

ECCH has worked with a number of GP practices across Great Yarmouth and the northern villages, Gorleston and Beccles during the winter flu and COVID booster vaccination campaign to deliver vaccinations to GP practices' housebound patients.

Expanding our Urgent Community Response

ECCH has continued to work with system partners to provide a Place-based two-hour response which supports people to be at home with appropriate support where clinically safe to do so. Through the course of 2022-23, performance has consistently exceeded 77%.

Working with community partners across the ICS, ECCH is now able to respond to patients who have called 999 but could be more appropriately and quickly seen by the local PCH team. By using a digital portal to access the ambulance service stack of triaged calls, ECCH has been able to reduce the pressure on emergency departments and the ambulance service.

This work has led to the Urgent Community Response team being awarded a Bronze Medal as part of the NHS England (East of England) Recondition the Nation programme. In making the award, the team were told it recognises that their involvement is "starting to make a difference to patients every day, preventing avoidable conveyances and admissions to hospital and improving patient and carer experience".

International Recruitment

In line with the situation nationally, we have struggled to recruit registered nurses in recent years. However, this year has seen the appointment of an Intermediate Care Unit Lead, an increase in Band 6 clinical leadership and an uplift in Occupational Therapy and Physiotherapy provision. Recruitment for Rehabilitation Support Worker roles is ongoing.

We had the opportunity to join our acute colleagues in receiving sponsorship from NHS England to recruit internationally, which resulted in Nathan Obi and Oluchi Achi being welcomed onto the nursing team in June 2022.

A clinical leadership development programme launched in January to help further develop and empower the team whose current strategy is focused on communication, leadership and embedding a therapy-based culture for Minsmere Ward.



Specialist Palliative Care Services

Our Specialist Palliative Care (SPC) Service, run in partnership with St Elizabeth Hospice (SEH), was awarded the trophy for 'Collaboration in Care' at the Norfolk Care Awards in November.

The service provides six consultant-led beds at Beccles Hospital, and has 11 SEH clinical nurse specialists visiting patients in their own homes as part of ECCH's four Primary Care Home teams. Community Care Units also run at Martham and Beccles offering patients and their families support, including medical and nursing support, physiotherapy, occupational therapy, support groups and rehabilitation programmes. Since April 2019 more than 3,000 patients and their families have been supported by the service.

In September 2022, the first specialist physiotherapy role was introduced to the service to provide symptom control, palliative rehabilitation and to support discharge. Volunteers have also been recruited, enabling the service to offer complementary therapies and spiritual support which helps to provide a holistic approach to patients. The team's Compassionate Community work also continues to develop with the launch of its first Compassionate Carers support group.

The service also offers medical consultant 'in-reach' support into the James Paget University Hospital, including an outpatient clinic and support to the hospital palliative care team. It has a 24-hour advice line – OneCall - and St Elizabeth East Coast Hospice's emotional wellbeing and bereavement support service, LivingGrief.

"I would like to say a big thank you to all the palliative care team at St Elizabeth Hospice and everyone on the Minsmere Ward who cared for my daughter. You helped make her life in times of need so comfortable. You all had a massive impact on her and I know she loved you all so much."

FEEDBACK FOR SPECIALIST PALLIATIVE CARE SERVICE

You said, we did... Minsmere Ward



We need better

Communication

We...

- Held a **Listening Event**, and developed and shared an Action Plan
- Reintroduced **monthly ward meetings** – minute notes are disseminated to staff
- Developed and shared an **escalation flowchart** with staff
- Implemented **Admin User Guides, daily Team Huddles** and **'Seven Day Handover Folder'**
- **Reviewed admission criteria** for Minsmere Ward, sharing with all internal and external stakeholders
- Developed **referral pathway flowcharts** to describe the process for submitting a referral for an inpatient community bed – these were shared with all system partners for awareness
- Established the **Pathway 2 meeting** which is held on weekdays, with good stakeholder representation

We need improved

Leadership

We...

- Appointed **Lisa Ruthven** as Operation Lead for Acute-facing Services in May 2022
- Appointed **Rebecca Miller** as the Intermediate Care Unit Lead in Sept 2022
- Have ensured there is ward **leadership presence** at the 9am & 3pm clinical leads meeting
- Have **improved collaboration** between PCH teams and the ward
- Have **increased clinical leadership** at a Band 6 level for nursing and therapy
- Successfully **recruited 2 international nurses** who have subsequently been offered substantive employment on the ward
- Have **increased recruitment** for a number of roles
- Have ensured that new starters are allocated **peer support** when joining the ward
- Continue to review the **ward structure**

We need a stronger

Culture

We...

- Are developing a **Charter of Behaviours** to depict the values and behaviours to be displayed and adhered to by all staff
- Want to progress a **therapy-based culture** for all staff, irrespective of position/role to maximise rehab potential for patients on the ward
- Continue to work with all **system partners** to bring about positive changes in culture across the system and to **embrace a culture of collaboration and learning**



Early Supported Discharge

Funding has been secured for the creation of two Specialist Stroke Nurse posts within the Early Supported Discharge and Neurology teams as part of a 12-month quality improvement project, funded by the Integrated Care Board (ICB).

The stroke nurses will support these teams to see patients within 24 hours for initial contact, and to carry out reviews within 6 months. The stroke nurses will compliment the existing holistic assessment of patients and will be able to address issues in a timely manner for the patient and reduce referrals to other areas of nursing.

Adult Speech and Language Therapy

Investment in locum support has been necessary for the Adult Speech and Language (SaLT) service due to long-term sickness, maternity leave and increased demand. This additional support, together with the hard work and ongoing dedication to the service of the team, has had a positive impact on our ability to see patients within our 18-week target. This has improved from 58.8% in April 2022 to 83% in February 2023.

We have been able to re-establish a pathway for our voice patients which is supported by a locum who collaborates with the multidisciplinary (MDT) team for the SaLT Service at the Norfolk and Norwich University Hospital.

ECCH's Business Intelligence team are currently helping with a demand and capacity review for our SaLT community, stroke and acute services as there has been a steady increase in referrals over the past few years.

High Intensity Use Service

This is a small team providing a unique service in the Great Yarmouth and Waveney area. The team works closely with the James Paget University Hospital, looking at those individuals who frequently attend the Emergency Department. An ECCH Health Improvement Practitioner will contact people who frequently attend to explore underlying reasons for that frequent attendance. Through coaching and support we work together to overcome the reasons for frequent attendance, supporting both better outcomes for the individual and reducing pressures on the Emergency Department.

The team have established a monthly MDT meeting which is attended by clinicians from primary care and mental health services. This allows for discussions across specialities to determine the best support for these patients.

Wheelchair Services

A small team of occupational therapists and an assistant practitioner make up our Wheelchair Service. The team continues to recover from external pressures, which have impacted delivery times, including COVID and supply problems associated with Brexit and the current situation in Ukraine.

We have successfully recruited a clinical lead for the service and procured a new software system, BEST, which will enable better oversight and asset management.

Looked After Children Service

The Looked After Children (LAC) service covers children and young people aged 0–18 who originate from the Great Yarmouth and Waveney area and who are under the care of the local authority, placed across Norfolk and Suffolk. The team is made up of nurses and administrators who work to ensure statutory Health Assessments are completed within timescales and meet the health needs of the child or young person. Health assessments are carried out face-to-face either in the young person's placement, school or a venue of their choice.

The team works closely with their counterparts in Norfolk and Suffolk, which ensures a consistent approach in the delivery of the service, development of best practice and shared learning. The LAC team endeavours to empower children and young people in terms of their health needs and to support them to ensure their voice is heard.

The team has been working closely with the LAC service at Norwich Community Health and Care NHS Trust, sharing information and carrying out peer supervision. Together, the two teams have reinstated foster carer training which was suspended throughout the pandemic.

Their first training session focused on the behaviour and development milestones of children aged up to 11 years and offered advice and signposting to appropriate support. Another session is planned which will address children's physical health, emotional development, diabetes and diet.

"The nurse was really excellent. I can't fault the service."

LOOKED AFTER CHILDREN SERVICE

Neurology

The Integrated Community Neurology Team (ICNT) is a multidisciplinary team made up of specialist physiotherapists, occupational therapists, assistant practitioners and nurses who specialise in Parkinson's, Multiple Sclerosis and Motor Neurone Disease. The team provides support and advice through outpatient clinic appointments and home visits to patients, depending on their needs and ability. They encourage self-management to improve health outcomes.

The ICNT shares joint meetings with the ESD teams and a streamlined referral process from ESD to Neurology. They also work closely with the James Paget University Hospital and Primary Care Home clinicians. Our partnership with St Elizabeth Hospice has enabled us to ensure that palliative patients receive the most appropriate care.

The team has worked on a number of service improvement projects including updating service templates to enable better reporting and auditing, and utilisation of phone reviews for long-term condition management. Following changes in service delivery due to COVID, we surveyed a sample of patients and received positive feedback regarding telephone consultations, which has led to an improvement in patient satisfaction and reduced the number of cancellations and non-attended appointments.



Musculoskeletal Services



ECCH's Musculoskeletal (MSK) Services are made up of MSK Physiotherapy, MSK Triage and MSK Podiatry. Our clinicians provide rehabilitation services for NHS patients in Great Yarmouth and Waveney and North Norfolk.

The MSK Physiotherapy service is accessible via direct referral, and by self-referral for patients in Great Yarmouth and Waveney. The service offers both face-to-face and remote assessments and treatments, including our ESCAPE classes for hip/knee and back.

The Great Yarmouth and Waveney MSK Triage Service is delivered by specialist physiotherapists and aims to ensure that people get the right treatment as soon as possible. They provide a full MSK assessment and treatment service, including injections and tests such as X-rays, where appropriate. The service covers referrals to physiotherapy, rheumatology, pain management and orthopaedics.

MSK services is currently undergoing transformation with the development and implementation of a new integrated Norfolk and Waveney MSK pathway. We are collaborating with our system partners to improve and standardise MSK services throughout the region. Several initiatives are underway to further aid in this service development, which include improving digitalisation and diversifying our service provision. We are actively recruiting and developing staff to improve the capacity and quality of our service within the community.

Physiotherapy Services in North Norfolk

The North Norfolk MSK Service continues to offer prompt holistic assessment and treatment for patients with musculoskeletal problems in North Norfolk. Over the past year we have focused on expanding our face-to-face clinics in the four North Norfolk Networks.

We aim to offer our patients a choice in terms of where and how their therapy is delivered. We have also expanded our range of exercise classes. In February we introduced a twice weekly 'ESCAPE Pain Programme' for patients with hip and knee osteoarthritis at Rossi's Leisure in North Walsham. Other classes are run for patients with back, shoulder and hip and knee problems to educate, inform and empower them to self-manage their conditions.

The North Norfolk MSK Service continues to build relationships with other healthcare providers in the area including the Wellbeing Service, Broadly Active and First Contact Physiotherapists working in North Norfolk GP practices. We have also been collaborating with other MSK services across Norfolk and Waveney, sharing our successes and working to ensure that all patients receive the same high quality musculoskeletal care. By collaborating with other services, we strive to continually improve and develop musculoskeletal services in our area and beyond.

"I felt confident with the advice being given, the easy-to-understand explanation and reasons for my problems and the relaxed but positive manner during my treatment. A good experience."

FEEDBACK FOR PHYSIOTHERAPY

Heart Failure Service



The Heart Failure Service's aims are:

- To slow disease progression by ensuring heart failure patients are on optimised evidence-based medications
- Hospital admission and readmission prevention
- To improve patients' symptoms and quality of life
- To provide patients with information on their heart failure and self-management

The service works collaboratively with other health professionals across primary care and the acute hospitals, and this is reflected in a continued increase in referrals. Clinics, home visits and telephone reviews are provided.

We have obtained a licence for the Minnesota Living with Heart Failure Questionnaire to gain patient feedback before our involvement and after three months in our care. We also have a mobile phone ECG app enabling us to review a patient's basic heart rhythm and potentially identify patients with undiagnosed atrial fibrillation.

Working with ECCH's Cardiac Rehabilitation Team, we hope to be able to offer our patients cardiac rehabilitation in a group setting or at home later this year through the REACH-HF programme. The team is also developing heart failure teaching sessions for primary care colleagues.

Cardiac Rehabilitation Service

The Cardiac Rehabilitation 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, some planned elective cardiac procedures or cardiac surgery.

Their aim is to support service users by helping to reduce the chances of further heart problems, whilst promoting good health. They offer face-to-face cardiac nurse clinics and individual exercise assessment, home exercise programmes and discharge exercise assessment.

Partnership working is integral to the service which works with the Wellbeing Service, Everyone Active and Freedom Leisure to support people to explore options to improve their health.



Safeguarding Children & Adults Service

All ECCH staff have a responsibility to raise concerns regarding children, young people and adults who are experiencing, or are at risk of, abuse or neglect, or who are deemed vulnerable. In order to achieve this, ECCH is committed to ensuring all staff have access to responsive safeguarding training, guidance and supervision.

All Level 3 safeguarding training is delivered remotely with participants learning via a combination of workbook and group video sessions to allow discussion, reflection and questions. New starters' training has resumed face-to-face as part of the induction programme. The safeguarding team has also extended its Level 3 training to include Marie Curie clinicians.

One focus of the work undertaken in recent months has been to prepare teams for the implementation of the Liberty Protection Safeguards (LPS). This is the framework for protecting the rights of those who need to be detained to enable their care. It replaces the current Deprivation of Liberty Safeguards (DoLS). LPS was due to be implemented in April 2022 but has been further delayed. There will be continued preparation work to ensure ECCH teams are ready for the new framework.

The Safeguarding Team offers regular safeguarding supervision to specialist teams including the Looked After Children Service, High Intensity Use Service and Memory Impairment Nursing Service. The team also offers regular safeguarding sessions on Minsmere Ward.

ECCH's Safeguarding Team continues to work collaboratively with outside agencies and local partners to develop partnership and working relationships. We have developed particularly strong links with Norfolk Community Health and Care NHS Trust, meeting regularly and providing mutual support and peer supervision, as needed. 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.

Our Volunteers

Through our partnership with Voluntary Norfolk, we continue to create roles for volunteers who provide an invaluable contribution to our services and, in return, gain what we hope is a rewarding insight into how we care for our communities.

Our volunteer roles include:

- **Volunteers who welcome people** at the entrance to Beccles Hospital and help them check in for appointments
- **Hospital companions** who chat and read to patients on Minsmere Ward, especially those who may have limited visitors
- **Telephone-based roles** including a small team who call patients to help them complete the Friends and Family Test survey
- **Community health and wellbeing volunteers** who support patients with a long-term condition, or recent illness, which has led to social isolation or loss of independence - they assist patients with tasks they are not currently able to do and help them to regain confidence
- **A volunteer assistant role** to support at the Leg Ulcer Clinic at Northgate Hospital

We are extremely grateful for the time and enthusiasm volunteers give us and the real difference they make to the staff and patients they support. We held a get-together to mark their contribution during Volunteers' Week in June at Carlton Marshes. Pin badges were also sent out to all volunteers who supported ECCH during the COVID-19 pandemic. It is hoped that this will become an annual recognition of their contribution and support, with a different badge being issued each year.

Diabetes

The specialist community diabetes nursing team provides advice and guidance to healthcare professionals and patients, predominantly via telephone contact. They provide lifestyle and medication reviews to people with Type 2 diabetes who have been referred to the service by acute colleagues and general practitioners.

In addition, the team adjust insulin regimes for patients which enables our PCH teams to effectively administer insulin.

Post-COVID, the referral rate to this service has risen from 23 to 128 referrals per month. We have undertaken a demand and capacity review and are currently progressing several initiatives aimed at reducing the number of referrals and ensuring equity of access.

Pre-Diabetes Project

ECCH has led a project with the ICB, Norfolk County Council and Great Yarmouth Borough Council to reduce the number of patients either diagnosed with or at risk of pre-diabetes.

Great Yarmouth has the highest figures of pre-diabetes in the Great Yarmouth and Waveney area. ECCH provided basic diabetes training to the Council's Community Marshals - a cohort of approximately 12 individuals who are a trusted voice in the local community and provide a wide range of advice and support. The Marshals were then able to go to local community centres, foodbanks and other similar venues to discuss diabetes.

Using the 'Know Your Risk' online tool provided by Diabetes UK, the Marshals were able to help individuals identify what level of risk they had and to signpost them to their GP and the National Diabetes Prevention Programme (NDPP), run by Reed Health.

T2DM Lifestyle Programme

This programme was commissioned by ECCH to provide individualised personal training and nutritional advice to patients with a long-term diagnosis of Type 2 diabetes. It was aimed at those who had already been referred to the Specialist Diabetes Service with a background of difficult diabetic control.

Over an 11-week period, 32 patients were encouraged to follow a 'Mediterranean' diet and offered 10 activity sessions delivered by an experienced personal trainer either at a fitness facility or, for one housebound patient, at their home.

Evaluation showed encouraging results in terms of reduced blood sugar levels for the majority of participants. We aim to continue the programme on a rolling basis whilst gathering more data on the long-term effects of such a programme.



Clinical Research

ECCH is committed to taking part in clinical research for the improvement of care and for the benefit of our patients, employees 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.

The number of patients receiving NHS services provided, or sub-contracted, by ECCH in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service was 44.

During the year, we were involved with nine studies open for active recruitment. Seven were research studies supported by the National Institute for Health Research (NIHR) Clinical Research Network (CRN) portfolio studies and two were non-portfolio studies. A further two studies were in the set-up or follow-up stages. Four of the studies were new to the NIHR portfolio this year. Of the active studies, one was COVID-19 research. The remaining eight were non-COVID-19 related.

In 2022 ECCH ended its formal arrangement to support primary care settings to participate in research. This has enabled the organisation to develop its portfolio of community studies, which can have a direct impact upon service delivery and improving patient outcomes.

ECCH continues to build research awareness, capacity and capability amongst its community clinical teams.

Research highlights for 2022/23:

- ECCH's community research portfolio increased from two to eight studies
- A Research Champions programme was developed and launched within ECCH's new preceptorship programme
- A research and innovation award has been initiated to provide some support funding for clinical colleagues to participate in research
- ECCH continues to seek opportunities to deliver collaborative research and is currently working in partnership with St Elizabeth Hospice to deliver a study. Two further opportunities are being explored with the James Paget University Hospital
- Engagement continues with the University of East Anglia (UEA) Health and Social Care Partners as an associate partner
- ECCH has been actively involved in the 'research ready communities' work across Great Yarmouth, Gorleston and Lowestoft

Non-portfolio research outcomes and developments involving ECCH:

- A single site carer support nurse study was carried out in collaboration with the University of East Anglia
- We supported a PhD student in exploring cultural humility in palliative care





Smokefree Norfolk

ECCH Smokefree Norfolk provides support to Norfolk citizens who smoke and are motivated to make a quit attempt. In the year to March 2023, the service saw an increase in referrals of more than 670 from 8,631 for 2021/22 to 9,309 in 2022/23. Smokefree supported 2,204 people with a quit attempt, with over 60% stopping smoking.

9,309
referrals

2,204
supported
with a quit
attempt

>60%
stopped
smoking

We have received very positive feedback for our main method of support which remains via telephone. We receive mainly 100% satisfaction scores through the Family and Friends Test survey. The package of support lasts for 12 weeks and includes behavioural support and education around addiction, the stop smoking medications available and how they work. Stop smoking medications are requested on prescription.

Smokefree Norfolk also continued to support pregnant clients and their partners to stop smoking. Most of the pregnant referrals are generated by the midwifery teams. We continue to provide support and training to midwifery students at the school of Nursing Sciences at the University of East Anglia where we have delivered Midwifery Masterclass training to 49 Year 1 and 24 Year 3 student midwives.

In 2022 Smokefree Norfolk implemented an online webinar for groups. It is based on our initial consultation and talks through all that is involved with the support package. These webinars have been very well received, averaging a 70% attendance record. We have now started to develop a video animation version of the webinar, with a sign language option, which will enable those clients who are unable to attend webinars during the day to watch at a time to suit them.

“Helpful, polite, non-judgemental and informative.”

FEEDBACK FOR SMOKEFREE NORFOLK

Training continued to be delivered to health professionals, workplaces and schools. Very Brief Advice (VBA) training was delivered both virtually and face-to-face. We also developed a smoke-free home initiative for schools; a member of the schools’ staff was trained to provide this to the school, when required. VBA was delivered to 689 professionals and we have been developing an animation version of this training which can be given to any organisation in Norfolk who wants to understand the addiction and how to refer clients into the service. Community Practitioner Level 2 training continued to be delivered virtually to health professionals in pharmacy and GP practice.

Smokefree and Norfolk County Council have developed its vape scheme pilot. The scheme now includes two providers instead of one, and supplies a starter kit with vape device and liquids, plus top-up vouchers to obtain more juices during the 12 weeks of support from our service. For this reporting period, over 60% stopped smoking using this method.

Smokefree is working collaboratively with Norfolk and Waveney ICB and mental health organisation ‘Together for Mental Wellbeing’ to create a pilot service to provide support and medication to smokers diagnosed with a severe mental illness (SMI). This launched in January 2023. A team of wellbeing mentors will work with this client group for up to 6 months.

The team are also working with NHS England and the Royal College of Psychiatrists on a national project involving mental health hospitals across England, called QuITT Collaborative. They meet regularly and report on the findings of the service in relation to the local data set agreed by Norfolk and Waveney ICB.

ME/CFS

ECCH is continuing to run seven ME/CFS clinics across Norfolk and Suffolk in Kings Lynn, Norwich, Great Yarmouth, Aylsham, Lowestoft, Reydon and Stowmarket. We are now offering appointments at Norwich Community Hospital and Long Stratton GP surgery.

The service will also continue to offer telephone appointments, video consultations and home visits, as necessary and appropriate to each patient. We are also offering input for patients referred to us from the Norfolk Long COVID Service. We are also currently commissioned to provide a service to Long COVID patients in Suffolk who are offered either a group session or individual appointment, as appropriate.

“The clinician went above and beyond to support on every aspect of my illness. I can’t thank her enough for her empathy and kindness, I could not have been treated better and am sincerely thankful. This is a much-needed outstanding service.”

FEEDBACK FOR ME/CFS

Estates and Facilities

The Estates and Facilities Team have been working hard with other departments to ensure ECCH plays its part in helping the NHS become the first ever net-zero national health service, thereby helping to improve and support the health of staff, patients and the planet.

The NHS recognises that the climate emergency is a health emergency, directly linked to killer conditions like heart disease, stroke and lung cancer, contributing to around 36,000 deaths annually. Action to tackle climate change reduces the burden of disease from air pollution, obesity, and poor diet whilst directly addressing health inequalities experienced across the country.

The Health and Care Act 2022 underscores the importance of the NHS's robust response to climate change, placing new duties on NHS England, and all Trusts, Foundation Trusts, and Integrated Care Boards to contribute towards statutory emissions and environmental targets. The Act requires commissioners and providers of NHS services specifically to address:

- The UK net zero emissions target
- The environmental targets within the Environment Act 2021, and;
- To adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act

ECCH's Green Plan is a three year strategy which aims to promote innovation and new ways of working to support our long-term objectives. It outlines our plans to reduce our carbon emissions and address issues such as energy usage, business travel and estates management.

There are three core areas of our sustainable development.

Economic sustainability

Where possible, we will purchase equipment that can be maintained and repaired and not use single-use items.

Social sustainability

We will ensure that our working practices, and the models of care that we employ are all inclusive so that we are able to meet the needs of our staff and our client groups. We will help to support local communities by recruiting locally and offering training and apprenticeship opportunities to young people living in the local area.

Environmental sustainability

By pursuing carbon emission reductions and a reduced carbon footprint, and through continual review of our Green Plan, policies and working practices for waste, energy, travel and procurement, we aim to protect the health of this and future generations in Great Yarmouth and Waveney.



As pandemic restrictions eased, more staff began to work from our offices again, with some services adopting hybrid working. This is reflected in our energy usage across the ECCH estate.

Hamilton House and Beccles Hospital switched from a gas heating system to an air conditioning system which is reflective of the downward use in gas in the year 21/22 accounts.

Data on Energy Consumption for ECCH

Aggregate of Energy Consumption in the Year (kWh)	1 st Oct 2020 – 30 th Sept 2021	1 st Oct 2021 – 30 th Sept 2022
Fuel consumed for transport (1Gallon = 40 KWH)	1,306,960	911,410
Gas purchased	1,018,953	5593
Electricity purchased	1,116,213	1,301,812
Total	3,442,126	2,218,815

Emissions of CO2 Equivalent (Metric Tonnes)	1 st Oct 2020 – 30 th Sept 2021	1 st Oct 2021– 30 th Sept 2022
Scope 1 - direct emissions fuel consumed own transport	204.6	246.6
Scope 2 - indirect emissions electricity purchased	234.6	245.97
Scope 2 - indirect emissions gas purchased	186.3	50.48
Total Gross Emissions	625.5	543.05
Intensity ratio tonnes CO2e per full-time employee	0.81	0.87



The hybrid model of working has also impacted mileage travelled by staff from home to base.

We estimate that, based on an assumption of staff working from home two days a week, this type of mileage has reduced by 100,583 miles a year.

Emissions for Transport

Car use	239.66
Vehicle fuel	767.14
Bus and rail	1.47
Total Tonnes of CO2	1,292.30

Environmental Conference

ECCH organised an environmental conference in partnership with Community Action Suffolk to encourage other local businesses to be greener in the workplace.

Delegates from more than 15 organisations attended 'Thinking Green: Action for the VCSE Sector and Beyond' at Hamilton House in Lowestoft in December 2022.

Speakers included representatives from Ormiston Families – the charitable trust devoted to helping children and families in need, East Suffolk Council who discussed the development of a food network which helps to prevent food waste by working with supermarkets, Anglian Water and Groundwork - the federation of charities working with communities to take action on the environment.



Estates Strategy

To help us with service delivery and our environmental impact, we have been working with senior management to develop an Estates Strategy. This will help to achieve efficiencies in estate requirement which will also lead to saving on rent and utilities costs, as well as allowing us to develop an improved estate. The team has undertaken work to improve space for equipment storage on two sites, creating clean and dirty secure storage.

We have been involved in the refurbishment of the Rayner Green Centre in Halesworth, which opened its doors in April 2022, and is now home to one of our PCH teams and some of our clinical teams. ECCH has also been involved in the selection of the approved supplier for the new Shrublands site with GP partners and the ICB.

At Kirkley Mill Health Centre, NHS Property Services undertook some refurbishment to the site, which has allowed all ECCH services to be located on the ground floor for the first time.

We have welcomed Suffolk County Council's 'Home First' team into Hamilton House. This has been achieved as a result of ECCH adopting hybrid working at Hamilton House and reducing the footprint required for our own services.

A dedicated area at Beccles Hospital has been identified for staff from St Elizabeth Hospice. The area allows for counselling services, as well as a base for staff who work and support palliative care patients on Minsmere Ward.

Estates and Facilities Team

Despite the gradual shift away from 'COVID- secure' arrangements across the organisation, we have maintained touch point cleans and enhanced cleans where required. Our central store of PPE has remained in place, with weekly deliveries and distribution to sites.

Our multiskilled technicians have also painted a large amount of our estate, bringing a fresh look to high use areas, as well as helping with numerous moves as services start to return to 'business as usual' again.

Improvements at Beccles Hospital

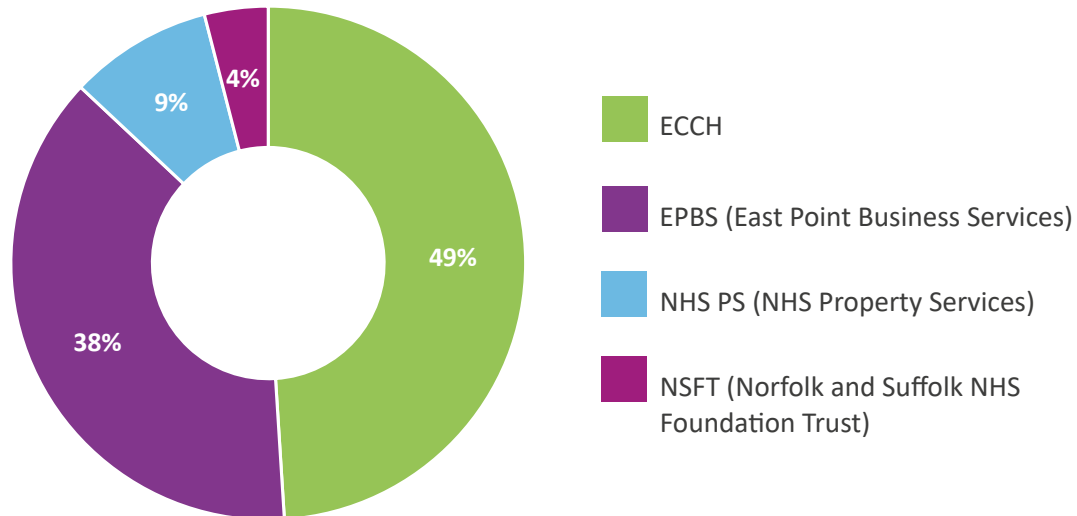
We have seen significant improvements in maintenance response times and compliance issues, and a reduction in the number of call-outs for pump breakdowns since ECCH appointed East Point Business Services to provide building management services at Beccles Hospital.

The introduction of Jordan Environmental as the water management specialist has also improved our management of the water systems, offering enhanced assurance.

Helpdesk

Over the last year the helpdesk has received 738 requests across the estate for a wide range of jobs, such as installation of shelving, repairs to leaking taps or boilers and lighting issues.

Helpdesk Requests by Organisation



Patient & Service User Experience

Friends and Family Test

The Friends and Family Test (FFT) is a survey which asks patients about their experience of services across the NHS nationwide. ECCH consistently gains an excellent score. This year results showed 97% of our patients found the experience of using ECCH services either good or very good.

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

FFT Results

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
% Positive Responses - All Services	95%	96%	98%	96%	96%	100%	98%	94%	98%	97%	98%	98%



Patient Advice and Liaison Service

In addition to the Friends and Family Test 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, responding in a fair, open and honest manner and to resolving issues as quickly as possible.

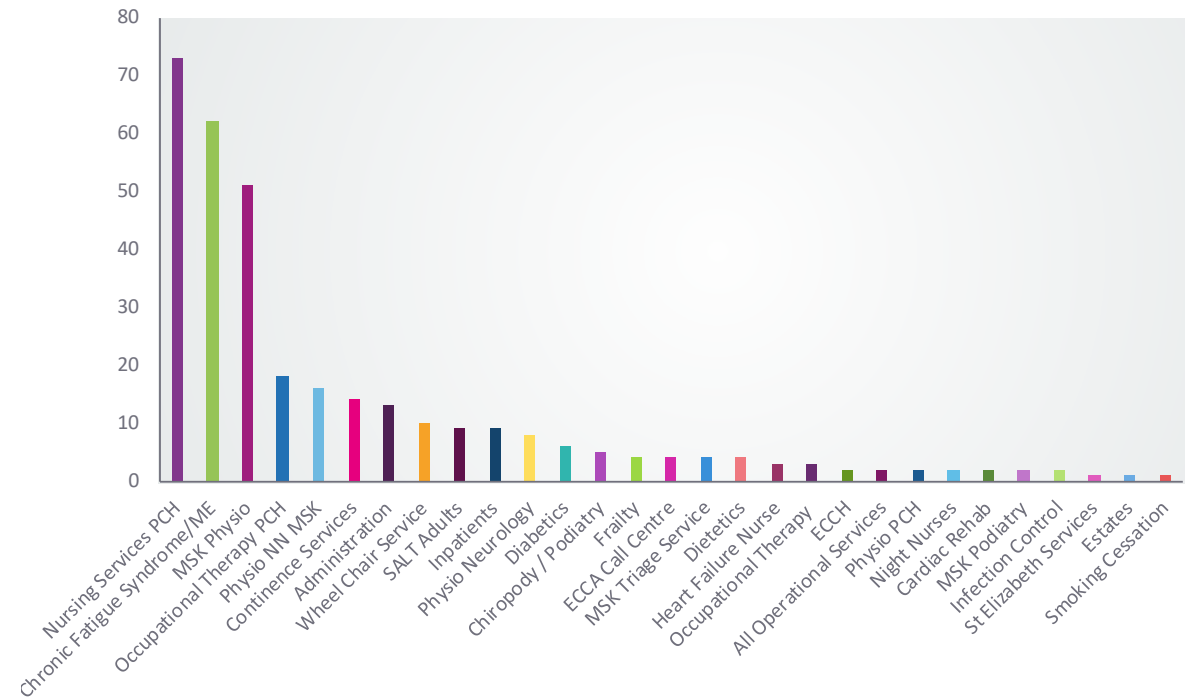


Learning From Complaints and PALS Concerns

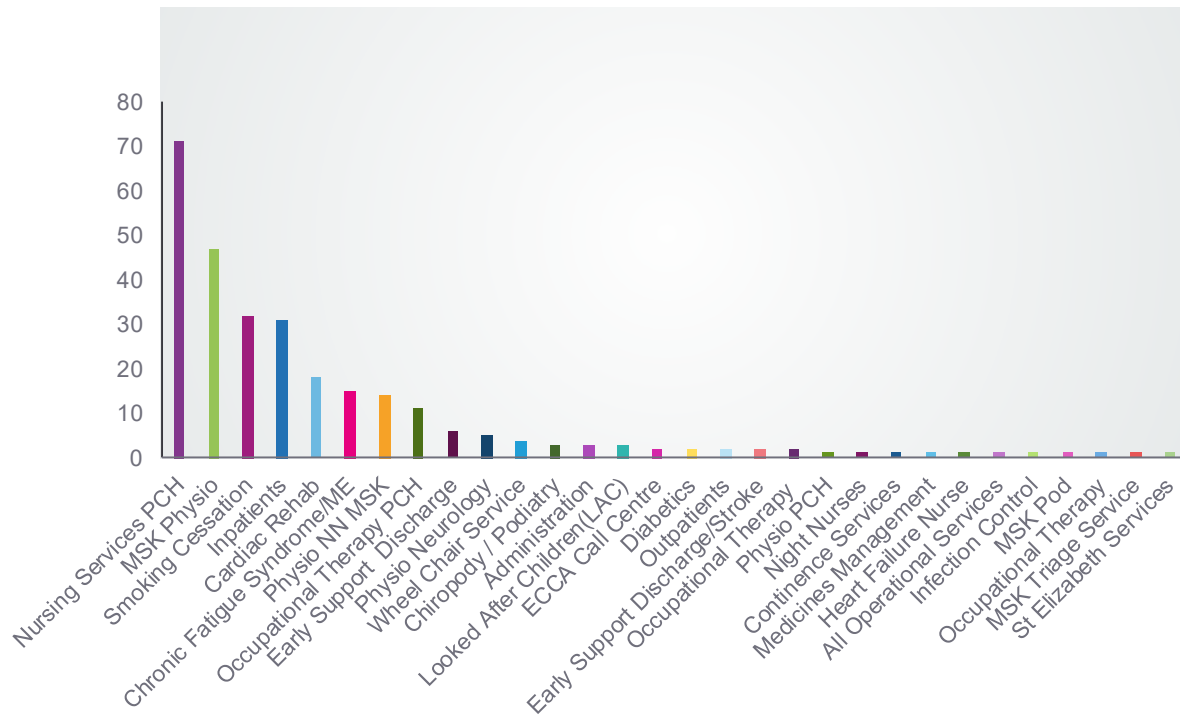
As a learning organisation, complaints are a vital source of information shared across our services to inform and improve what we do. Whenever potential service improvements are identified, complainants are informed by letter that any resulting action plans have been completed. Monthly results are uploaded on ECCH's website (www.ecch.org).

The graphs below provide details of the complaints received during the year 1 April 2022 to 31 March 2023. Initially we try to resolve all complaints quickly and informally, if possible, and only follow the full formal complaints process if a resolution could not be agreed with the patient.

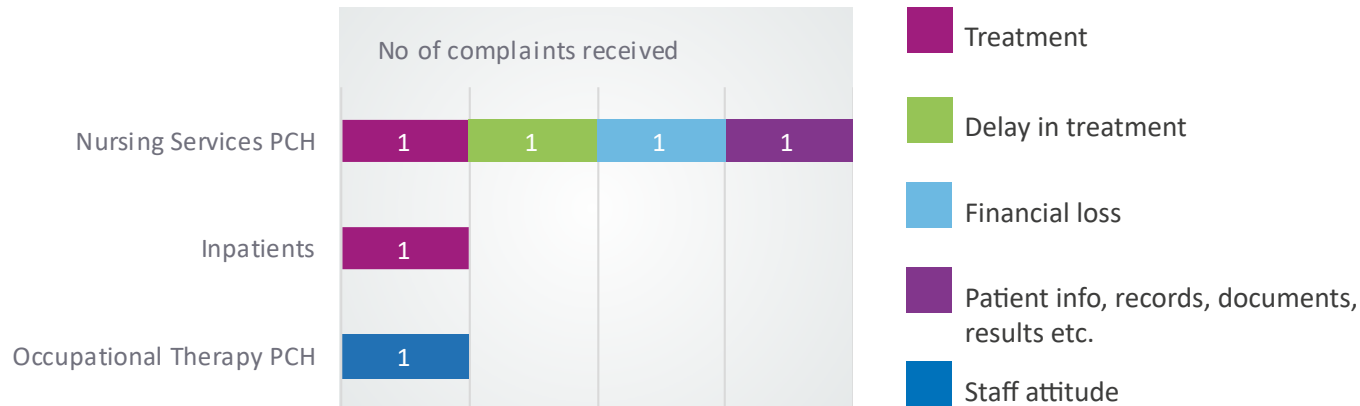
PALS Issues and Enquiries Received by Service: April 2022 – March 2023



PALS Compliments Received by Service: April 2022 – March 2023



All Complaints Received April 2022 – March 2023 by Service and Type (Total 6)



Occupational Therapy PCH

"The two nurses who came to assess my and my wife's needs were both efficient and went about their business with efficacy. Our equipment came after a few days. A brilliant service."

Beccles Intermediate Care Unit

"Thank you for making what was a desperately hard time for us all into something quite precious to cherish in the years ahead. Thank you for helping mum to be comfortable and clean, for giving her joy in her days, for your love and tenderness to each one of us and for being God's hands and heart towards us as a family. We are forever grateful."

Chronic Fatigue Syndrome/ME

"Thank you for all the help and support you have given me since being diagnosed. I hate to think how I and others would be without all the work you do."

Cardiac Rehab

"The team were very reassuring in all the information I was given before and during my assessment and I left the appointment feeling better a person in body and mind."

Patient Feedback

Early Support Discharge/Stroke

"The assistant is a credit to your staff, a lovely pleasant young lady, very professional and supportive, full of advice and very helpful."

Smoking Cessation

"The advisor was supportive and amazing - couldn't have done it without her!"

Great Yarmouth & Northern Villages PCH

"The service is brilliant. They are very good at their job and know what they are doing. They are good at trying to get it better. From start to finish it is very good. I was first seen at my usual surgery (Caister) and they referred me here."

MSK Physio - North Norfolk

"Happy with service from MSK physio services North Norfolk. Felt important to give positive feedback."

Health & Safety, Security & Resilience

Health and Safety

ECCH is committed to providing support and opportunities for colleagues to maintain their health, wellbeing and safety. ECCH has a duty to take reasonable care of health and safety at work for all its employees and to ensure compliance with health and safety requirements. Our accountable Executive Director for Health and Safety is the Executive Director of Quality.

We employ a Health and Safety Advisor who is responsible for promoting and ensuring safety in the workplace, by keeping up-to-date with the latest guidance and legislation and ensuring this is implemented within our organisation.

The Health and Safety Advisor works closely with our Estates, Occupational Health, Medical Devices, Infection Control, Emergency Preparedness and Resilience and Risk Management teams, who meet frequently to proactively deal with any Health and Safety matters.

Within 2022-23, we introduced Health and Safety Representatives and started a Health and Safety Forum which feeds into our Health and Safety Management Meetings to ensure increased engagement with staff in the context of both formal and informal health and safety consultations.

The assurance and governance for health and safety functions is managed through the ECCH Health and Safety Management Meeting and the Integrated Governance Committee. During 2022-23, ECCH has remained compliant with statutory health and safety standards.

Emergency Preparedness

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

In addition to our collaborative involvement with local partners, all ECCH key services possess Business Continuity Plans, which are reviewed and updated regularly to ensure continuity of service in incidents, and wellbeing for our staff and patients.



Workforce Quality

In 2022/23 ECCH's average number of staff employed was 766, compared to the previous period when the average headcount was 784. The turnover rate during 2022/23 was 17.22%, which is slightly higher than 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.

Staff Voice

In October 2022 70% of ECCH staff completed the annual NHS Staff Survey, compared to 57% in Community Trusts nationally. 57% of scores have improved on last year and 53% scored higher than the national average. The Health Service Journal ran a report which showed that ECCH ranked 7th out of 22 Community Trusts nationally for recommending their organisation as a place to work.

Some very positive themes were evident from the results, particularly colleagues' pride in the organisation and the sense that they have a voice.

Satisfaction with Team and Purpose of Job

Question	ECCH	Nat. Av.	ECCH 2021	RAG
Feel valued by my team	74.1%	72.8%	70%	↑
Opportunities to show initiative frequently in my role	79.3%	74.1%	75%	↑
Feel my role makes a difference to patients/service users	88.2%	83.6%	80%	↑
Would recommend organisation as a place to work	68.9%	62.9%	63%	↑

Incident reporting was highlighted as an area for attention after the 2021 staff survey and this year shows an improved response in this area.

Reporting Incidents

Question	ECCH	Nat. Av.	ECCH 2021	RAG
Would feel secure raising concerns about unsafe clinical practice	81.6%	73.9%	80%	↑
Feel safe to speak up about anything that concerns me in this organisation	74.9%	68.7%	71%	↑
Feel confident the organisation would address any concerns I raised	62.3%	57.5%	55%	↑



Less positive was evidence that the COVID-19 pandemic continues to impact staff resilience.

Work Pressures

Question	ECCH	Nat. Av.	ECCH 2021	RAG
Able to meet conflicting demands on my time	42.7%	47.5%	40%	↑
Have realistic time pressures	23.6%	29.4%	25%	↓
Never/rarely feel burn out because of work	31.1%	36.3%	31%	↔
Never/rarely exhausted by the thought of another day/shift at work	40.2%	44%	40%	↔

Staff also continue to seek more recognition for their work, a theme that was identified last year. The results have improved but the score remains below the national average for community health providers.

Not Feeling Valued

Question	ECCH	Nat. Av.	ECCH 2021	RAG
Satisfied with recognition for good work	54%	58%	53%	↑
Satisfied with extent the organisation values my work	41%	49%	25%	↑
Appraisal left me feeling organisation values my work	25%	32%	24%	↑

Our focus this year on empowering staff to become more involved in decision-making and inputting ideas has resulted in improved scores. Our engagement/empowerment score has increased to 7.2, up from 6.9 in the 2021 survey and 7 in the July 2022 'People Pulse' NHS survey.

Engagement/Empowerment

Question	ECCH 2022	Nat. Av.	ECCH 2021	RAG
Opportunities to show initiative frequently in my role	79.3%	74.1%	75%	↑
Able to make suggestions to improve the work of my team/department	76.2%	74.7%	76%	↔
Have a choice in how I do my work	65.3%	62.6%	62%	↑

Having previously responded to surveys with an organisational action plan, this year we decided to also tackle issues 'at their roots'.

Following analysis of the results at directorate and team level, action plans have been drawn up within teams to address any themes specific to those areas.

These will be revisited regularly at team meetings and embedded into monthly review meetings between managers and HR business partners.



Shareholder Council



ECCH is a staff-owned organisation, with 75% of colleagues choosing to own a share in the company and have a say in how ECCH is run.

We have two Staff Directors who are voting members of the Board. They chair our Shareholder Council which is a sub-committee of the Board. The Shareholder Council is consulted on issues, opportunities and challenges which affect the organisation and impact employees. Its core members are assigned to teams across ECCH to allow open channels of communication and give shareholders an opportunity to feed into meetings.

During the period covered by this report, Staff Directors Amy Vallis and Roxy King focused on developing the role of core members and promoting the purpose of the Shareholder Council with staff. The council was involved in a range of activities including:

- **Senior management recruitment** including Commercial Director, Director of Quality and three new Non-Executive Directors
- Working with consultants to generate a record of ECCH's **social value impact**
- **Organising outside lighting** at Shrublands Health Centre to assist our domestic teams
- Revamping and choosing the recipients of our **Star of the Month** recognition scheme

In addition, the Shareholder Council is responsible for choosing local charities and good causes to benefit from up to £1,000 per quarter from the East Coast Support Fund. Colleagues nominate potential projects and the Shareholder Council decides which will receive funding.

In 2022 some of those who benefitted were:



Waveney Girls Football Club
received **£600** to buy new kit



Little Lifts (the charity which supports people with breast cancer in the East of England) received **£500**



1st Gunton Brownies
received **£500** to help with running costs



ECCH volunteer David George
received **£1,000** to boost his fundraising 100 mile RideLondon Essex cycle in aid of Adoption UK

Staff Absence and Wellbeing

We have seen multiple challenges across the system in terms of staff health and wellbeing. At ECCH, these have mostly presented through sickness absence but have potentially also affected the organisation through presenteeism which then impacts on performance and turnover metrics.

We have worked hard to reduce the impact of these challenges through collaborative working, with our Human Resources (HR) team developing a new dashboard for managers, which tracks their team's absence, training and appraisal compliance. HR is working closely with Occupational Health to ensure that those who are longer-term absences are managed back to work and that the expected impact of high short-term absence is mitigated. We now have low levels of sickness absence - currently 5.78% - which is a significant reduction on the 7.4% reported last year.

Between April 2022 and March 2023 we have analysed the patterns of ill health and our wellbeing challenges throughout the pandemic. We are now ready to move forward with some innovative work based on this data, which will help ECCH to develop in this area and also provide colleagues with increased evidence of progress with our Employee Wellbeing Strategy.

In March 2023 we began our Wellbeing Matters training sessions. This is part of our People Matters suite of training programmes and allows us to introduce a new management support model with supervision. It forms part of our drive to put wellbeing at the centre of our system.

Our Occupational Health Physiotherapist continues to make a significant contribution to the musculoskeletal health of our workforce. We also have a dedicated Cognitive Behavioural Therapist who supports staff experiencing emotional challenges, and our Employee Assistance Programme remains strong.

Clinical Education

Our Practice Education team continues to support the development and career progression of clinical employees through the provision of internal training, access to continuing professional development and apprenticeships. In 2022 they redesigned the Preceptorship Programme to exceed the expectations of the new National Preceptorship Framework for Nursing.

They also work closely with local training and education providers. Between June and September 2022, the team began a pilot to support five students from East Norfolk Sixth Form College and East Coast College who were undertaking a T Level qualification as part of a government initiative to support young people into education and employment. Whilst with ECCH, the students were supported to complete the Care Certificate and undertake clinical placements within our Primary Care Home teams and on Minsmere Ward.

ECCH also supported eight work experience students within the organisation in 2022. Our Health Ambassadors attended seven career events in local schools, providing support with mock interviews, career conversations and CV writing.

We currently have 21 employees following clinical apprenticeship programmes and we have supported a further 25 apprentices (Trainee Nurse Apprentice; Nursing Degree Apprentice; Occupational Therapy Apprentice) on clinical placements from local practice partners.

In total, during the past year, ECCH clinical services have provided clinical placements for 95 students following Nursing; Occupational Therapy; Physiotherapy; and Speech and Language courses at the University of East Anglia and University of Suffolk. At least five newly qualified nurses who have been on placement within ECCH have been recruited into our clinical services.

Training and Development

We believe in investing in the development of our staff to ensure the continued deliverance of high-quality services. Much of our mandatory training is now online which makes it more accessible to staff, negating the need to travel and freeing up more time for them to spend with patients. Most additional training is also online, where appropriate. Our many and varied 'virtual learning' sessions include Difficult Conversations, Assertiveness & Confidence Building, and Active Listening.

For all employees who have line management and supervisor responsibilities, there are opportunities to achieve qualifications such as Institute of Leadership and Management (ILM) or Chartered Management Institute (CMI) Levels 3 or 5 in Leadership and Management, and CMI Level 7 in Strategic Management and Leadership. We promote the NHS Leadership Academy programmes and those of other providers such as the University of East Anglia and The King's Fund, recognising that strong leadership is key to successful organisations.

We have also developed a new leadership study day – 'Empowerment through Leadership'. We believe this will unlock potential in our staff and help us to create a more dynamic and innovative organisation. Removing obstacles to effective delegation, giving managers the confidence to lead and giving our staff the information and permission to make decisions at the appropriate level, will create an organisation that attracts and retains talent from across the system.

Recognising that managers are also key to creating a working environment that is inclusive and supportive of all, we have introduced Face Value Training and Bullying & Harassment Workshops. Both will support managers to be more inclusive. Action Learning Sets have been introduced to peer groups and these have proved to be successful in dynamic learning and problem-solving.

We have also introduced Basic Life Support Training to our non-clinical workforce. This means they can support anyone attending a cardiac arrest event, whether at work or in our community.

Activities Project

In 2022 we introduced an initiative to raise the morale following the pressures of working during the pandemic, and to enable teams to enjoy some time together outside of the work environment.

Colleagues were invited to suggest ideas for activities that could be organised during the summer. These were shortlisted by the Shareholder Council and then voted on by staff. The Communications Team organised the top five choices which were free to attend:

- A summer barbecue
- A boat trip on the Broads
- Alpaca walking trips
- High ropes activities in Thetford Forest
- Pilates classes

Staff feedback from the events was very positive and another series of activities is being organised in spring/summer 2023.



Celebrating our Staff

We held our first Staff Awards event since the pandemic in October 2022, which celebrates the talent and dedication of all our staff while singling out a few for special recognition.

Our Infection Prevention and Control Team were named Team of the Year. They had swabbed over 7,000 care home residents, seven boat crews and 1,000 factory workers between early 2020 and autumn 2022. The team of four nurses and two administrative staff, with support from some agency staff, also swabbed ECCH staff and fitted them for FFP3 masks, as well as offering the service to local GP and dental staff. They carried out blood tests on more than 900 NHS and care home staff to check for immunity and gave 4,000 hours of time to support the running of vaccination programmes at the Norfolk and Norwich Hospital, James Paget University Hospital and the Old Law Courts vaccination centre in Lowestoft.

The Non-Clinical Team of the Year award went to the Domestic and Catering Services team at Beccles Intermediate Care Centre. These staff worked extremely long hours, split into two teams at the height of the pandemic – red for those working on Minsmere in-patient ward and green for those working in the rest of the building. The award recognised the way they conscientiously ensured areas were always safe and clean, moved beds and equipment in order to ensure patients could be efficiently admitted and discharged and always had a smile and a friendly word to boost the morale of nursing colleagues and patients. The team donated the £100 voucher they won to a local food bank charity.

The award for Delivering Exceptional Care was given to Senior Clinical Pharmacist Hannah Lambert, for her compassion and dedication in a role which is integral to the care and safety of patients on Minsmere Ward, including ensuring they have safe discharges from hospital.

The award for Innovation was shared between Head of Corporate Governance and Risk Management Hannah Sewell for her work to develop a new Record Keeping Training project, and Great Yarmouth and Waveney Musculoskeletal Physiotherapy Team for their recent service review which has resulted in patients being able to book appointments within three days and has more than doubled the number of classes on offer to patients.

Communications and Engagement Officer Rosie Dunn won the Emerging Talent award for her design work on ECCH publications and Tissue Viability Nurse Specialist Jayne Jode was awarded the title of Inspirational Leader in recognition of her passion for improving patient care and her ability to bring out the best in her colleagues.

Rehabilitation Support Worker Corey Sturman received the Making a Difference award for his positive outlook and willingness to support colleagues on Minsmere Ward. The Unsung Hero award went to Acting Financial Accountant Tina Atkinson who supported two elderly and frail neighbours with daily welfare visits and housekeeping help throughout the pandemic and to this day.

The Star of the Year Award was won by Occupational Therapist Olivia Brown for her work within the Integrated Community Neurology Team, and the Chair's award was presented by ECCH Chairman Tony Osmani to Senior ICT Engineer Richard Fitzgerald for his work on a range of projects carried out for the organisation.



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 Responses
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.
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 support 2 local colleges with clinical placements for T-level students studying Health and Social Care and provide the opportunity to complete the Care Certificate. • We continue to attend career fairs at the job centre, colleges and schools.
Challenge and support every NHS employer and contractor to implement a development programme for all support staff that is over and above annual appraisals and training.	<ul style="list-style-type: none"> • We have rolled out the Care Certificate as part of our induction programme and have been supporting in-post staff to achieve the Care Certificate within their roles/service areas. • We continue to provide opportunities for our workforce to undertake an Apprenticeship pathway to support development in their current role.
All new healthcare support staff to achieve the new Care Certificate, which will be introduced in March 2015 and, for those who want it, a universally recognised Higher Care Certificate .	<ul style="list-style-type: none"> • We have recruited three Occupational Therapy Degree Apprentices, one of which is now qualified. We continue to receive ongoing interest and plan for the Nursing Degree Apprenticeship. We currently have 10 Nursing Degree Apprentices. The Occupational Therapy Degree Apprenticeship has been paused at present.
Double the numbers of Health Education England funded or supported apprenticeships by March 2026 and establish an NHS Apprenticeship Scheme to rival the best in the country .	<ul style="list-style-type: none"> • We have recruited 15 to the Trainee Nursing Associate Apprenticeships of which 3 withdrew and 10 who have qualified. This Apprenticeship allows staff to gain a registered position and become registered with the NMC.

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.

- We seek to provide 'step on' Apprenticeships for those who would like to develop into professional healthcare roles aligned to our workforce plans.
- We are part of a 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.



Audits & Care Quality Commission Inspections

Audits

Infection Prevention & Control audits are carried out annually for clinical areas and every 18 months for non-clinical areas. Over the period of this report, the IP&C team carried out 26 audits. The majority of the accompanying action plans were completed and returned within the appropriate 6-week time frame.

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.

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 General Data Protection Regulation (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 system Information Governance arena and ensures the organisation remains GDPR compliant. ECCH completes the Annual Data Security & Protection Toolkit submission.



Appendix 1: Services Provided in 2022/23

From April 2022 to March 2023, ECCH provided and/or sub-contracted the following services for the NHS, public health and social care:

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

Appendix 2: Letters from Stakeholders

Louise Notley, Director of Quality
East Coast Community Healthcare CIC
Hamilton House
Batterly Green Road
Lowestoft
NR32 1DE



Karen Watts, Director of Nursing & Quality
NHS Norfolk and Waveney ICB
Floor 8, County Hall
Martineau Lane
Norwich
NR1 2DH
karen.watts9@nhs.net

29 June 2023

Dear Louise

Norfolk and Waveney Integrated Care Board (ICB) acknowledges the receipt of the draft 2022/2023 Quality Account from East Coast Community Healthcare CIC (ECCH) and welcomes the opportunity to provide this statement.

The draft Quality Account has been shared with the Executive Director of Nursing and the ICB Nursing & Quality Team. Our statement has been based on the information and data available within this draft to meet the publication date. NHS Norfolk and Waveney ICB supports ECCH in the publication of its Quality Account for 2022-23. Having reviewed the report we are satisfied that it incorporates the mandated elements required, based on the information available.

The ICB recognises the challenges experienced by ECCH over the last contractual year and the significant pressures the workforce has faced in recovery phase post COVID-19 pandemic. The ICB thanks ECCH for its continued delivery of services, and staff for their sustained commitment in caring for those using your services.

The organisation has worked in collaboration with system partners as part of the Integrated Care System (ICS) to strengthen and enhance integrated working practice, focussing resources where our patients need them most.

The ICB acknowledges the organisation's strategy which focuses on being at the forefront of delivering community-based care in partnership with local people and system partners through continuous improvement. Growing, diversifying, and partnering to increase the value that can be reinvested in our communities, and building an organisation where staff feel valued, empowered, and proud. We welcome your focus on the wellbeing of staff and the initiatives you have launched to deliver this.

The ICB acknowledges and supports your priorities for Improvement 2023/2024; patient experience, clinical effectiveness, and patient safety.

The ICB supports your focus on ensuring patients have positive experiences, are engaged in your services, and empowered to hold your organisation to account. This demonstrates an open transparent and learning culture.

We support your approach to clinical effectiveness and welcome the focus on staff's wellbeing.

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The ICB acknowledges the organisation's clear focus and commitment to the patient safety agenda with the overall aim of improving the safety culture in your organisation. This is an integral part of working collaboratively with other healthcare providers and the wider ICS to improve safety and quality across the community. The ICB acknowledges the organisation's willingness to work alongside Patient Safety Partners to empower patients and carers.

The ICB recognises the hard work undertaken to achieve the priorities for improvement you set yourselves for 2022/2023 and acknowledges the work remaining to be embedded in this year's plan.

The ICB recognises the challenges ahead and values the commitment from all staff within the organisation. The ICB believes that the draft Quality Account captures key elements of safety, clinical effectiveness, and patient experience and well led. The draft provides an opportunity to share with patients, families, carers, and staff the extensive work of the organisation is undertaking and demonstrates its commitment to continuous improvement and quality.

On behalf of NHS Norfolk and Waveney ICB, I would like to thank you and the individuals involved in developing and producing this draft and look forward to building on our joint working relationship to ensure safe, effective care for our patients and local population during 2023/2024.

Yours sincerely

A handwritten signature in black ink that reads "K. Watts".

Karen Watts
Director of Nursing and Quality
NHS Norfolk and Waveney ICB

cc. Patricia D'Orsi, Executive Director of Nursing, NHS Norfolk and Waveney ICB

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Healthwatch Norfolk Statement – ECCH Quality Account 2022/23

Healthwatch Norfolk appreciates the opportunity to make comments on this ECCH Quality Report.

Name of provider	Comments
Readability	
Is there an executive summary/CEO statement?	Yes, from the CEO. We welcome the importance ECCH is attaching to innovation, both through the introduction of the introduction of the Carer Support Nurse and the Memory Impairment Nurse to support some of the most vulnerable people in the community. We also welcome the focus on the wellbeing of staff in these difficult times.
Is the document well laid out, easy to read?	Yes in the main. Some of the material imported from other sources, particularly the charts on pages 6 and 7, is difficult to read.
Is there a glossary?	Yes.
Is the document available in different formats? e.g., electronic, hard copy, Braille, other languages?	Yes, but the statement that the document is available in additional formats is on the last page. The inclusion of an audio cassette is a good idea.
Are priorities for the past year clearly identified?	Yes. The sections include Estates and Facilities, and Health and Safety as well as the standard list.
Have the priorities been achieved?	Four are rated green and nine amber. For those priorities rated amber the further steps that are being or need to be taken are clearly set out.
Are the priorities for the forthcoming year clearly identified?	Yes. The new objectives are clear and focused. We are pleased to see that the recognition that the expansion of digital feedback is in addition to more traditional face-to-face methods. We welcome the emphasis on patient safety through the emphasis on both arrangements for staff supervision and engagement with patients and carers.

Are the following areas included	
Patient safety?	Yes. Includes Duty of Candour, Whistleblowing and Mortality Review as separate sections.
Clinical quality and effectiveness?	Yes. An extensive account of the wide range of services including primary care at home, innovations such as the Memory Impairment and Carer Support Nurses, and collaborations across the system including Urgent Community Response. They also include services across the county such as Smokefree Norfolk and ME/CFS There is a full list of services in an appendix. The section also includes clinical research.
Patient experience inc family & friends test?	Yes. 97% of patients found ECCH's performance good or very good.
Incident reporting & never events?	Yes. No never events were reported for the period and only four met the Serious Incident Requiring Investigation criteria. We welcome ECCH's honesty about the problem with pressure ulcers. This includes Duty of Candour incidents, Whistleblowing and Mortality Review.
Complaints?	Yes. Three services received significantly more PALS issues and enquiries than the rest: nursing services PCH (primary care home); chronic fatigue syndrome / ME; and MSK physio., which had 50 or more each. All other services had 20 or below. However, the majority of issues raised in relations to nursing services PCH and MSK physio were compliments. Six complaints were received in all.
Workforce?	Yes. Staff wellbeing was a priority for quality improvement last year and has been achieved. 70% of staff completed the NHS staff survey and there have been

	<p>improvements in 57% of scores and most are above the national average. Scores on work pressures have improved but are still below national average. The emphasis on empowering staff during the year has seen significant improvements.</p> <p>There are extensive training programmes for staff and traineeships for people from outside ECCH.</p>
Audits including participation in national audits?	Yes
Data quality?	Yes. There is an extensive programme to review critical metrics and the data that underpins them, resulting in increasing levels of confidence in core data quality.
Feedback from CQC?	Yes, but the last inspection was in 2017 – some 6 years ago.
New services?	Yes, under appropriate categories, particularly clinical effectiveness.
CQUIN?	Yes. All targets were met except for the vaccination of frontline staff against flu. This was down on last year to 78.7% but was significantly above the national average of 48.9%.
PLACE results?	No reference found.
18 week target (where applicable)?	The only 18 week target is for Adult Speech and Language Therapy. Performance against this has improved from 58.8% to 83%.
IG Toolkit compliance?	No reference found.

Note:

The report contains two additional sections: Estates and Facilities (about their approach to environmental impact and climate change) and Health & Safety, Security and Resilience

Any other comments/observations

The Quality Account presents a complete picture of how ECCH has developed over the last year, both in its own right as an organisation and as a partner in the wider care system. In addition to news of its services it reports on the increased use of technology for interactions with patients, while recognising that these are in addition to face to face contacts. It also reports on their approach to environmental impact and climate change within a section on estates and facilities.

Partnership working is a theme throughout the health and care system is growing steadily, ranging from the multi-disciplinary Primary Care Health teams of nurses and therapists who work alongside social care staff to support GP practices, to an urgent community response team working with patients who have dialled 999 to see if they can find alternative solutions thus reducing pressure on emergency departments and the ambulance service. But they also work on a smaller scale testing the fit of specialist infection control masks for dental, GP and care home staff as well as their own. ECCH now delivers some services such as Smokefree Norfolk and ME/CF3 (chronic fatigue) clinics across the county.

The Quality Account describes how individual services have progressed during the year, but also innovative solutions to specific problems such as the introduction of a Memory Impairment Nurse to work with adult patients experiencing problems with their memory but who do not have a diagnosis of dementia. The Carer Support Nurse pilot which boosts carers' their skills and gives them confidence to care is part of a UEA study. A specialist physiotherapy role has been introduced in palliative care.

ECCH has recognised the importance of supporting staff through wellbeing initiatives and a range of activities following the challenges of Covid. They have performed well against their quality improvement plan for 2022-23 and this is borne out by improvements in the results of the NHS Staff Survey although work pressures remain a problem.

Alex Stewart
Chief Executive Officer
 July 2023

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
ICB	Integrated Care Board
ICS	Integrated Care System
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 multidisciplinary 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)
UEA	University of East Anglia





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:

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If you would like this leaflet in large print, audio cassette,
Braille or in a different language, please contact
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