

Quality Account

2021 / 22





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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 2022 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 NHS Norfolk and Waveney Clinical Commissioning Group, Healthwatch Norfolk and Healthwatch Suffolk for their review and comments. The responses we received are printed at the back of this document.



Part 1 - Statement on Quality

Welcome to the 2021/22 Quality Account for East Coast Community Healthcare CIC. It is ten years since ECCH launched as a staff-owned social enterprise and we take great pride in the high quality of community-based NHS care we have delivered over that time.

This has been another year in which my colleagues have demonstrated their resilience and dedication in the face of the COVID-19 pandemic. It is thanks to their unwavering commitment that we have achieved the successes highlighted in this report and, in overcoming challenges, have discovered our strengths.

This year we launched ECCH's new strategy, which focuses on working with partners to address the social inequalities behind poor health and thereby build healthier communities. 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

We look forward to being a valued partner in the new Integrated Care System (ICS), working hand-in-hand with our acute and primary care colleagues to provide care at the right time, in the right place and with patients only needing to tell their story once.

As we work on reinstating the services that were disrupted during the pandemic, we are using the lessons we have learned over the past two years to make the restored provision even better than before. Thanks to our investment in digitisation, we have improved referral routes into some services, updated record keeping on Minsmere Ward and enabled real time exchange of patient information by sharing technology with our acute and primary care colleagues. We will continue to offer video appointments where it is more convenient for patients, as well as reintroducing face-to-face appointments.

We are building on the success of our Primary Care Home (PCH) model by standardising processes and best practice across our four teams and working more closely than ever with our acute colleagues to smooth patient flow through the hospital, reduce unnecessary stays and better provide the best possible care closer to home.

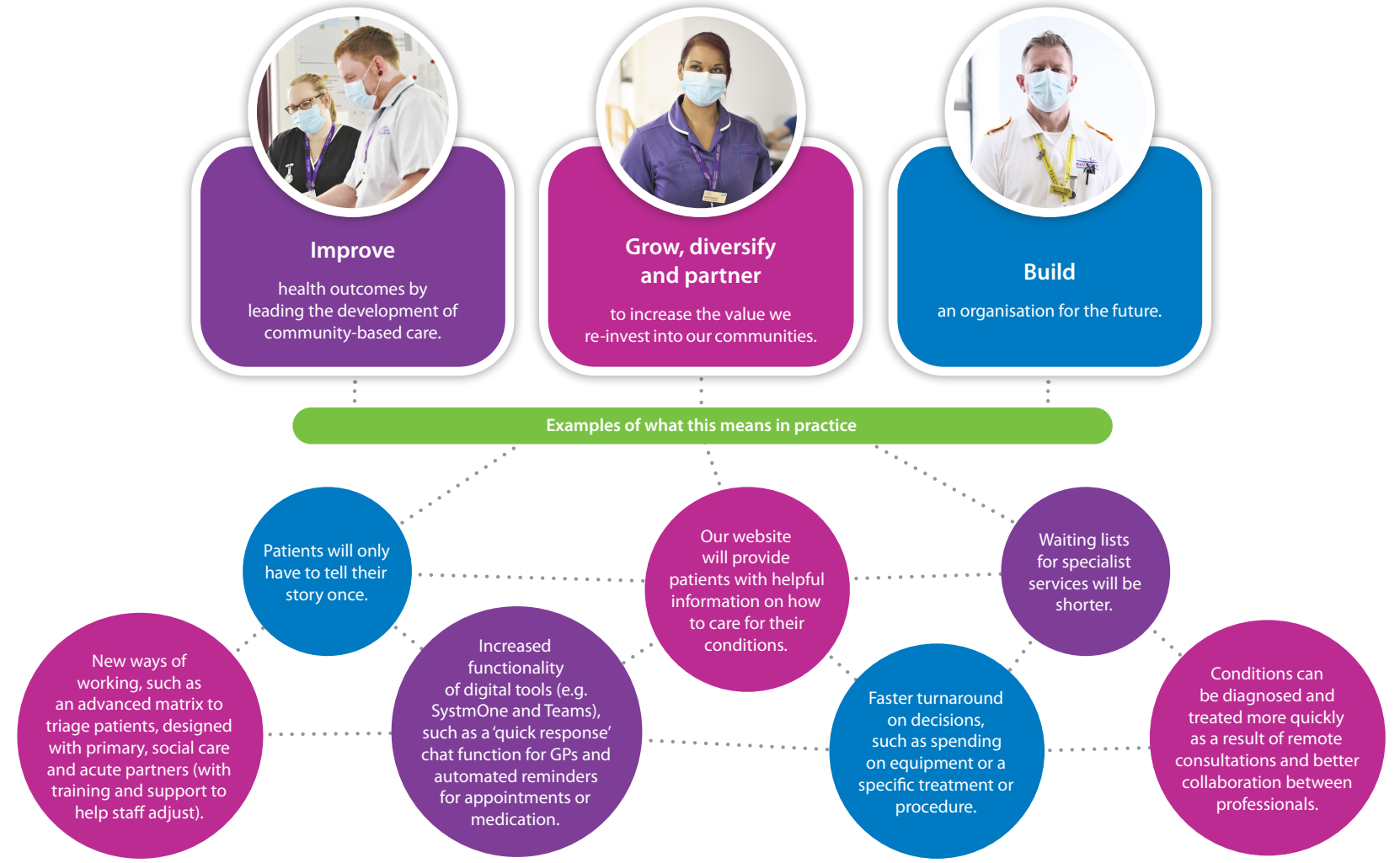
I would like to thank all our staff for their efforts and continued goodwill as we take the legacies and learning from our pandemic experiences and turn our vision for healthier communities into a set of practical steps that we can deliver for the people of Norfolk and Waveney in the year ahead.



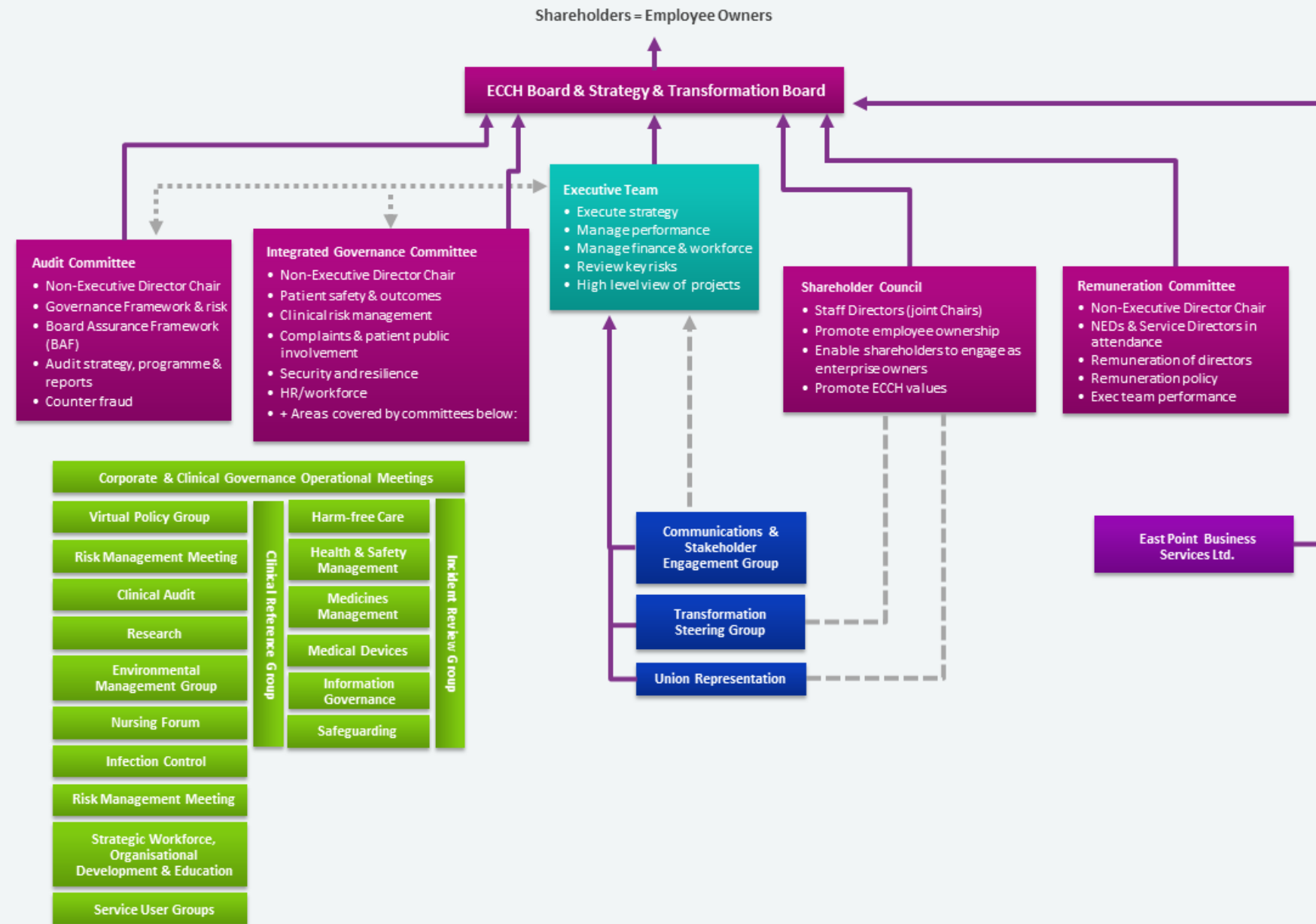
Ian Hutchison
Ian Hutchison
ECCH Chief Executive

ECCH Strategy

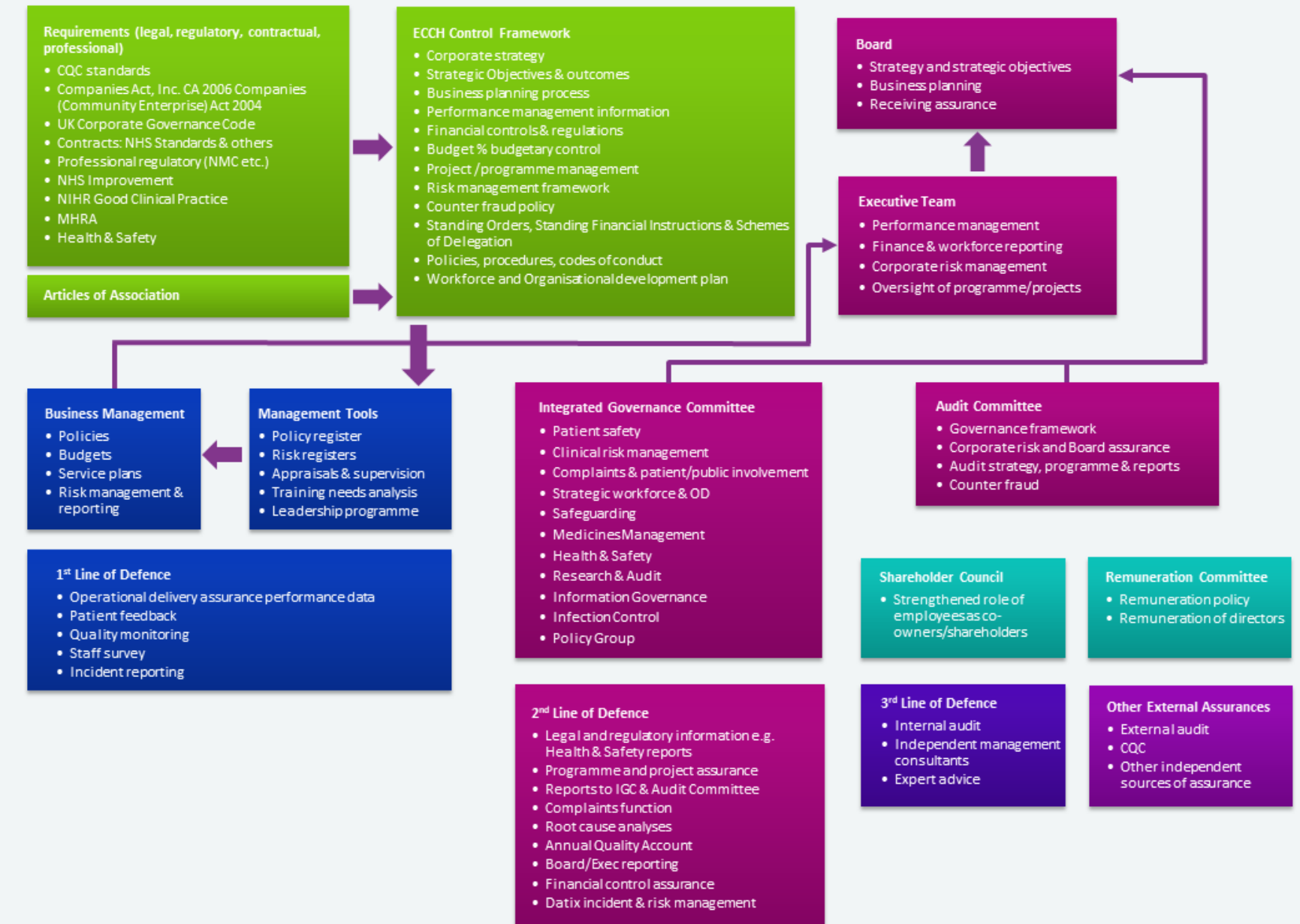
Our Vision:
To build healthier communities and deliver outstanding healthcare, as a provider, partner and employer of choice.



Our Governance Structure



Our Assurance Framework



Part 2 - Priorities for Improvement 2022/2023

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

Area for improvement	Details/Action
Patient Engagement (Face-to-Face)	Gather face-to-face feedback from patients whilst receiving care in a variety of methods, utilising the feedback to inform change.
Patient Engagement - Establish Patient Participation Groups (PPGs)	Establish PPGs across our services working alongside the CCG to raise their profile.

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
Staff Wellbeing	Continue to enhance staff wellbeing, considering both the impact of COVID and general workplace factors.
Policies and Procedures	Simplify our policies and procedures, ensuring they are easy to navigate whilst being in line with local and national guidance and legislation.
Business Intelligence Dashboards	Amalgamate the data from across all our electronic systems into the Business Intelligence Dashboard to ensure we are more responsive and better able to measure patient outcomes.

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
Liberty Protection Safeguards (LPS)	Continue to prepare for the implementation of Liberty Protection Safeguards (LPS) by consolidating and increasing understanding of Mental Capacity Assessments (MCA) across the workforce, ensuring appropriate training and resources are in place.
Patient Safety Strategy	Implementation and embedding of the new NHS Patient Safety Strategy, with a focus on the identification and sharing of lessons learned.



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 2021/22, what we have achieved and what work remains ongoing.

Area	Update	Status
Equality and health inequalities	ECCH recognises that health inequalities exist across the populations we serve and that some of our patient groups are particularly vulnerable to poorer health outcomes (for example, those with learning disabilities and those living in socio-economic deprivation). We have introduced a new post – Associate Director of Population Health – which is a role focused on working with partners, including those in the third sector, to address issues of inequality in health. We are currently leading on a Place-based project looking at making a difference to pre-diabetic patients in Great Yarmouth.	
Specialist Palliative Care	Processes for better identification and transfer of patients into the inpatient unit have been embedded. We have launched two Community Care Units at Martham Medical Centre and Sole Bay Health Centre which provide outpatient therapy and support services. Governance meetings with St Elizabeth Hospice provide positive results and enable us to build on lessons learned.	
COVID Restart	<p>Throughout the pandemic, services have been delivering much of their activity virtually, either by telephone or video conferencing, and the effectiveness of this approach has been taken into consideration when restoring services. Services such as ME/CFS have retained many of their virtual consultations as these proved very popular for their patient group, whilst others have returned to mainly face-to-face models. We will continue to evaluate patient feedback to ensure the best approach for our patients is taken.</p> <p>We have introduced a Manager of the Day structure to enhance clinical leadership across our Primary Care Home (PCH) services over the 7-day week. This means we have a more senior operational support model at weekends reinforced by the historic 'On-call' manager role to support clinical teams further with decision making and work allocations.</p>	

	PCH teams have continued to hold daily planning and escalation meetings to ensure efficient use of time and to get the best outcomes by managing pressures as they occur across ECCH and the local system. PCH teams actively support each other with allocation and reallocation of tasks and, where necessary, staff PCH boundaries to meet demand. Work is ongoing to identify better ways of using data to describe and predict our capacity when working as part of the Norfolk and Waveney system.	
Ageing Well	Close working with Ageing Well Lead around clinical safety and quality assurance has become business as usual.	
Decrease the frequency of pressure ulcers (PU) in our patients	<p>The Tissue Viability Nurse (TVN) team was redeployed from January 2022 until 4th April 2022. Assistant Practitioners have recommenced training for care homes on the prevention of pressure ulcers (PUs) and on the PU equipment audit. A meeting was held with our inpatient ward at Beccles Hospital but, owing to the pressures of the pandemic on staff, it was not an appropriate time to change risk assessment tools.</p> <p>TVNs still review the PU check lists and the Business Intelligence data and attend the 'Harm-free Care' meetings. A review of pressure ulcer care plans is in the pipeline with the aim of having two care plans - one for prevention and one for management of pressure ulcers. Staff training continued virtually while COVID restrictions were in place and has now been re-introduced face-to-face. Pressure ulcers and their 'lessons learned' will form part of the Patient Safety Strategy referenced in our 2022-23 Priorities for Improvement.</p>	
SystemOne (S1) functionality within practice	<p>The SystemOne (S1) Group has now been formed to provide a cross-functional forum which will oversee the implementation of change within S1 and the consistent use of the system. The group will work with services and individuals to identify areas where improvements to the system can be made to improve patient safety, data quality and system functionality. The group will then work to implement these changes. They will also ensure a consistent approach to S1 usage by implementing a procedure which will then be monitored by representatives from across ECCH services.</p> <p>The group has already reviewed and updated aspects of S1 including:</p> <ul style="list-style-type: none"> • The generic template • Tasking • Caseloads • Waiting lists • Emailing via S1 <p>The group has also developed a new Standard Operating Procedure (SOP) entitled 'Using SystemOne Effectively for Record Keeping.' ECCH's 'Record Keeping Training & Consent Workbook' has been updated to ensure it aligns with the use of S1.</p>	

	Our Systems team is also updating its training resources and developing a suite of videos to support the use of S1.	
Improvements to foot care for people with diabetes	Our Podiatry service is accepting new referrals, with an amended access criteria and professional referral only. MSK Podiatry now operates in line with MSK services, taking referrals from professionals, self-referral and via the MSK portal. This was launched with a series of webinars, newsletters to GPs and an update to ECCH's website to explain the changes, increase self-help information and link to various relevant additional sites.	
Increased patient engagement	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. 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.	
Syringe pump management	We have been working collaboratively with the CCG in relation to charts, Standard Operating Procedure and policy on syringe pump management.	
Gosport Report	We are looking to develop prescribing audits within SystmOne and Beccles Hospital's electronic prescribing and medicines administration (EPMA).	
Specialist Palliative Care Services	Joint education opportunities relating to medication and prescribing have been embedded for all locality palliative care partners.	
Dementia Care	Two Dementia Nurses have been recruited to a Proof of Concept pilot to identify patients within the current housebound caseload of Great Yarmouth and the Northern Villages PCH, who do not have a confirmed diagnosis of dementia, but are experiencing cognitive impairment and other associated symptoms. The nurses will conduct screening tests and assessments and refer patients with no dementia diagnosis to the Memory Assessment and Treatment service. This is aimed at improving the dementia diagnosis rate and subsequent treatment and support. We have been and continue to work with NCH&C to ensure the same approach across the system.	

Diabetes	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). 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.	
Staff Wellbeing	Throughout the pandemic, Occupational Health and Human Resources worked closely with managers and employees to maintain a network of support for staff, including a 'physio at home' service, mental health support and evidence-based risk assessment and protection from COVID-19. During this 'recovery' phase of the pandemic, we are refocusing our work to support employees with their health and wellbeing. A small strategic delivery team, with Non-Executive Director involvement, has been set up and will report to the Health and Safety Committee. We are discussing our plans with managers and will be rolling out a suite of actions aimed at having a positive impact on the mental and emotional health of staff.	



Commissioning for Quality & Innovation (CQUIN) Results

CQUIN

On instruction from NHS England, the 2021/22 CQUIN scheme has been suspended during the COVID-19 pandemic.

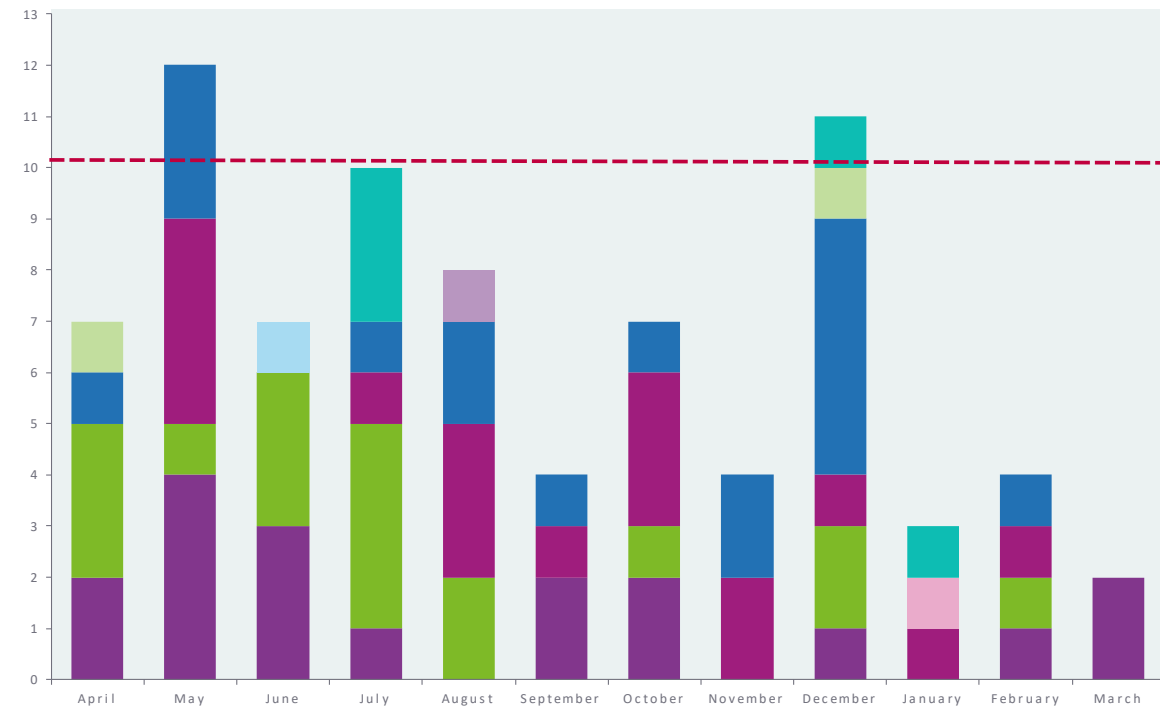
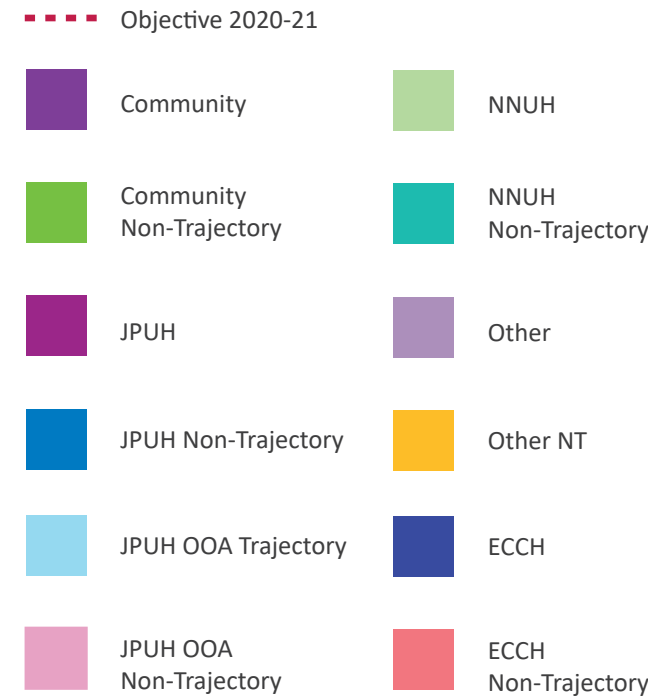
Patient Safety

Infection Control

In 2021/22 there were no set ceilings for cases of C. diff (Clostridium Difficile) cases. The red line below on the chart is based on the objective for 2020/21 for comparison purposes only.

The actual number of cases for the whole Great Yarmouth & Waveney (GYW) health system was 79. Of those, 40 demonstrated best practice and were adjudicated as non-trajectory. No cases were attributed to ECCH, although some community cases did have ECCH staff involvement.

C. diff Figures 2021-2022



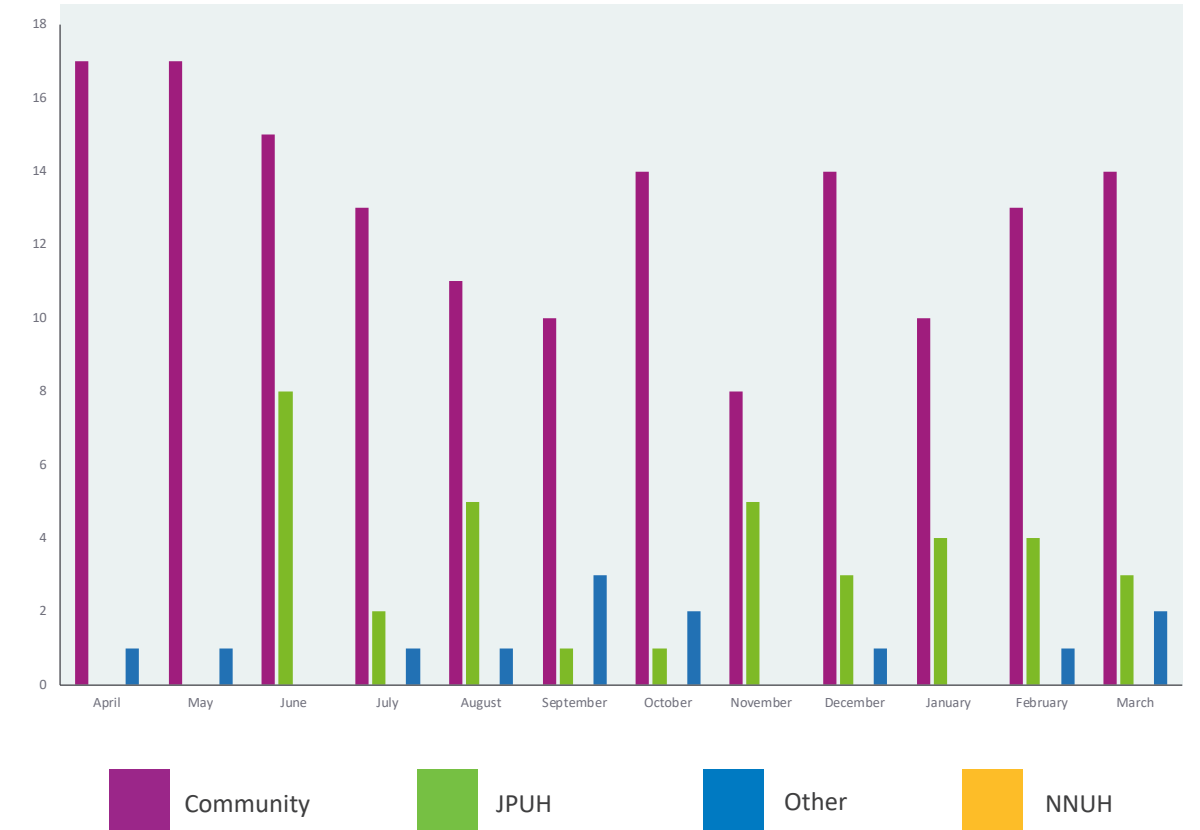
There were 2 cases of blood borne Methicillin-Resistant Staphylococcus (bMRSA). Following Root Cause Analysis (RCA), both cases were considered to have been unavoidable with best practice met. There were no cases of blood borne Methicillin-sensitive Staphylococcus Aureus (bMSSA) or E.coli bacteraemia attributable to ECCH.

The ECCH Infection Prevention & Control (IP&C) team carries out the chair and administrative functions for C. diff RCA meetings and completes all non-acute RCAs. The team also completes RCAs for E. coli bacteraemia in the community and analyses the data to detect any patterns in this area for the number of cases occurring.

ECCH's Deputy Director of Infection Prevention and Control, Teresa Lewis, wrote the plan for GYW and the IP&C team have undertaken a considerable amount of work around urinary tract infections, as many cases of E. coli bacteraemia have a urinary source of infection. The plan has now become the Norfolk and Waveney plan under the ownership of Norfolk & Waveney CCG.

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 2021/22, there were no flu outbreaks in care homes but there were multiple COVID outbreaks. The team continue to track and offer ongoing support to these homes.

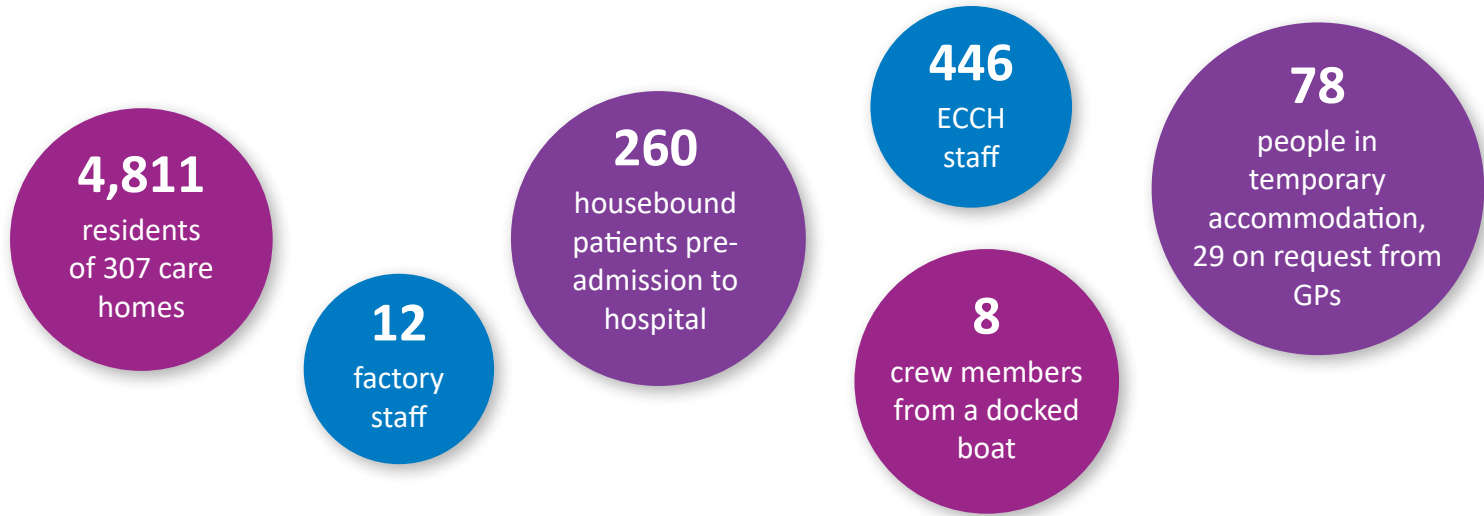
E. coli Bacteraemia Cases 2021-22



COVID- SARS-CoV2

This has been the major IP&C team's major focus as they continue to swab care homes, NHS staff and housebound patients.

Throughout 2021/2022 they swabbed:



The nurses in the team are all experienced immunisers and worked at the mass vaccination site in the Old Court Buildings to support the COVID immunisation programme. The nursing staff provided a total of 3,036 hours and the team's administrators worked 826 hours alongside the vaccinators. Many pieces of documentation were published and updated requiring constant interpretation and advice to clinical and care staff.

The team invested in a PCR laboratory standard testing machine and trained ward staff to use it. Results are available in 20 minutes, and it tests for flu A&B, as well as SARS-CoV2. A TSI PortaCount 8040 machine was also bought in order that the team could 'fit test' FFP masks for clinicians performing aerosol generating procedures. To date, the team - with the assistance of others - have tested almost 1000 clinicians including dental, GP and care home staff, as well as ECCH colleagues.



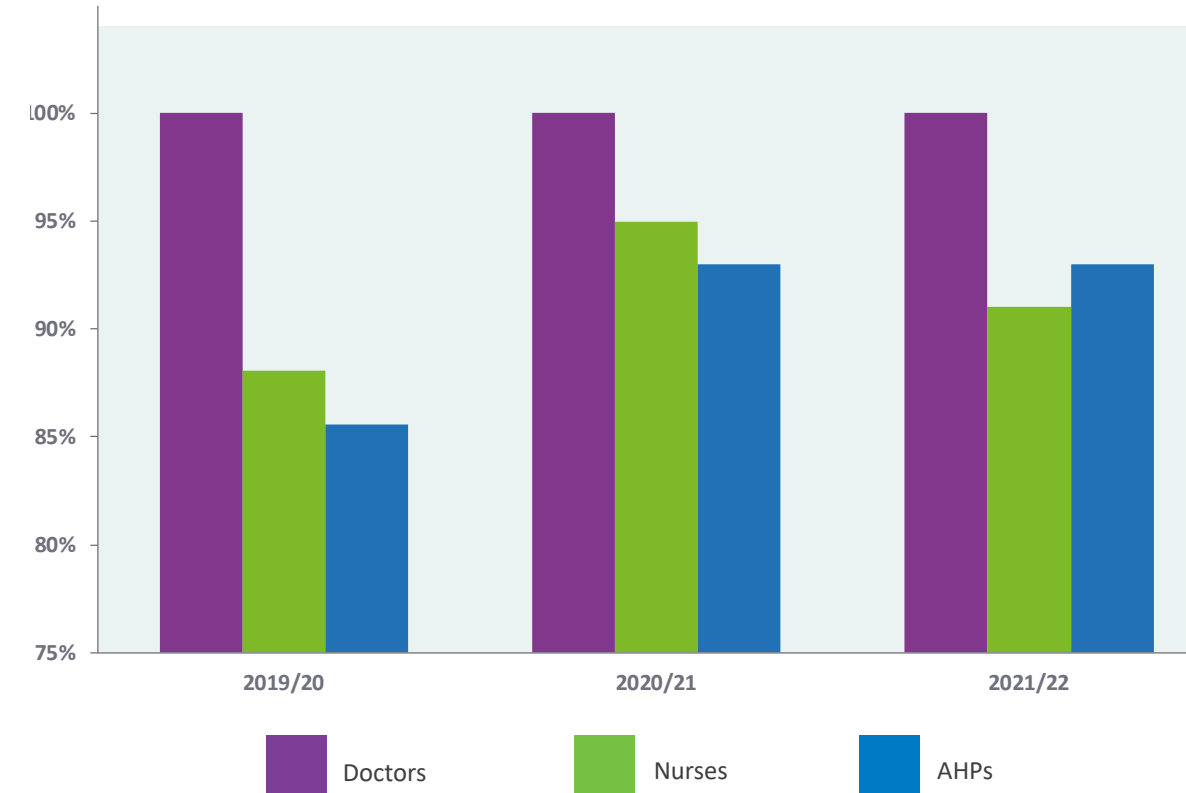
Staff Seasonal Flu Programme's Continued Success

For the fourth year in succession, ECCH was among the highest performing community-based healthcare organisations in the eastern region for staff influenza vaccinations.

A total of 84.5% of our frontline staff were vaccinated during our annual in-house immunisation programme, including 91% of nurses.

All staff were offered the immunisation, with the aim of vaccinating at least 90%. In this way we protect ourselves, our patients and our families from the potentially deadly virus. The national average was 70.9%.

Comparison Chart for Flu Uptake



ECCH seasonal influenza immunisation

Year	Uptake of frontline ECCH clinical staff
2021/22	84.5% (national average 70.9%)
2020/21	94% (national average 76.8%)
2019/20	83.8%
2018/19	84.1%



Incidents

As a learning organisation, we encourage incident reporting at all levels and commend our staff for their reporting of incidents, as this enables greater understanding and practice change to occur. An incident means any accident, event or circumstance, including a near miss, resulting in no harm, minor to severe harm, loss or damage to personal belongings or property. Incidents can be raised concerning patients, staff, visitors, ECCH and other providers.

The incidents that are reported range from poor discharge information, medication incidents, treatment issues, missed visits, abuse of staff and estates issues. The highest category of incidents raised is pressure ulcers of all 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. Action plans and learning are shared with staff at team meetings, and any trends are highlighted in order to review practice and implement improved systems.

The incidents reported can also relate to issues affecting patients that may have occurred outside of ECCH care such as acute trusts, GPs, other healthcare organisations, care agencies, residential homes etc. These incidents are raised with those providers to ensure learning across all organisations and an improvement in patient care.

The total number of patient incidents for the year 2021/22 was 2,385 which equates to an average of 199 per month.

We make every effort to enable staff to report any issues as easily and quickly as possible. This includes having a direct link to the Datix incident reporting system on all staff laptops and computers. All clinicians working in the community have mobile working equipment, which means they can access ECCH reporting systems wherever they are located as long as they have a mobile signal.

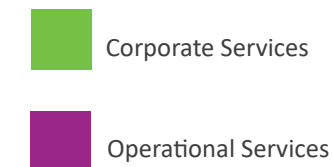
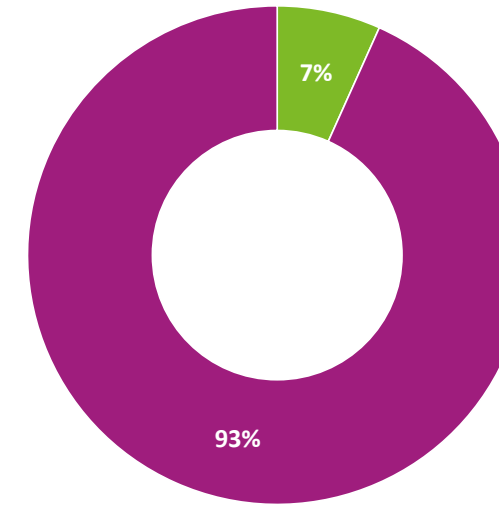
Serious Incidents

A serious incident 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 service provision is threatened. 13 serious incidents were reported in 2021/22.

Pressure Ulcers

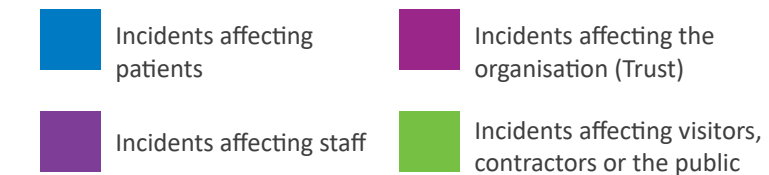
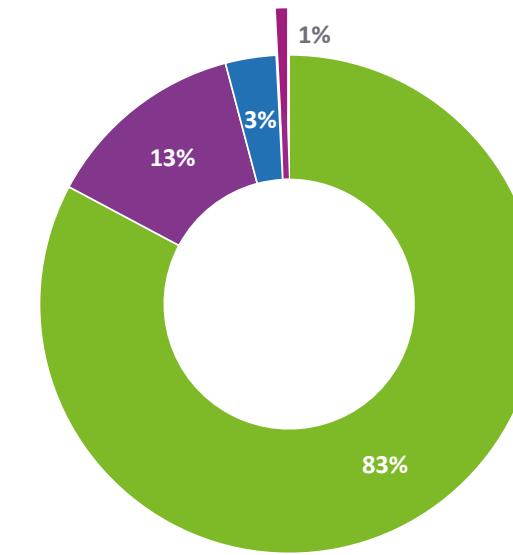
In 2021/22 ECCH treated 613 patients for pressure ulcer-related wound care which developed after admission to ECCH. Of the 613 pressure ulcers, 59 pressure ulcers of Category 3 or above were reported, and 10 cases were reported as a serious incident and investigated fully.

Patient Incidents by Business Unit



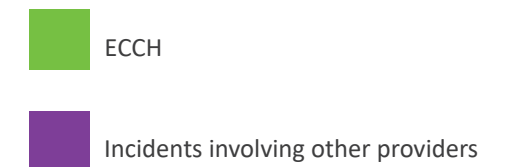
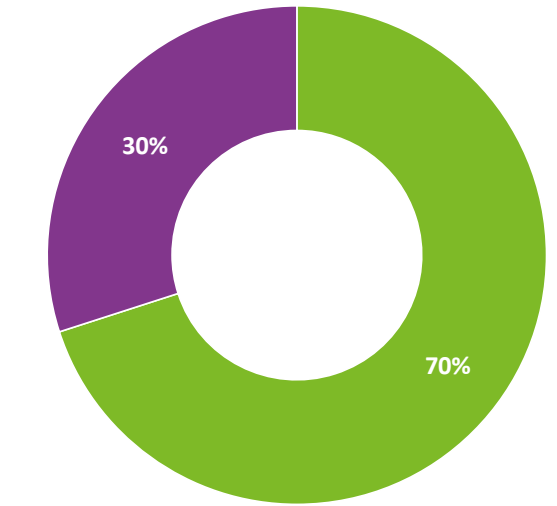
Corporate Services	160
Operational Services	2225
Grand Total	2385

All Incidents by Type



Incidents affecting patients	2397
Incidents affecting staff	379
Incidents affecting the organisation (Trust)	95
Incidents affecting visitors, contractors or the public	24
Grand Total	2895

Incidents Involving Other Providers



ECCH	1670
Incidents involving other providers	715
Grand Total	2385

Duty of Candour

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

We notify all patients verbally and in writing of any moderate harm or above caused to them by any ECCH staff. A senior clinician is allocated to undertake a thorough investigation of the event. The patient/patient's advocate or carer will receive a copy of the investigation.

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

Duty of Candour

	Number of patient incidents reported	Number of incidents that triggered a DOC	%	% of those informed
Apr 21	279	2	0.71%	100%
May 21	204	3	1.47%	100%
Jun 21	203	4	1.97%	100%
Jul 21	216	6	2.77%	100%
Sep 21	194	10	5.15%	100%
Aug 21	205	10	4.87%	100%
Oct 21	173	8	4.62%	100%
Nov 21	195	3	1.53%	100%
Dec 21	169	4	2.36%	100%
Jan 22	192	3	1.56%	100%
Feb 22	179	11	6.14%	100%
Mar 22	176	4	2.27%	100%



Whistleblowing

ECCH has a robust Freedom to Speak Up policy to enable staff to report any concerns over quality of care, patient safety or bullying and harassment within the organisation. All ECCH employees are encouraged to use this process, as are agency workers, students, volunteers and stakeholders.

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

Two of ECCH's Board members are trained Freedom to Speak Up Guardians. We also have three Freedom to Speak Up Champions who play an important role in supporting the work of the Guardians by increasing the availability and reach of the Freedom to Speak Up network across the organisation.

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

Mortality Review

48 case record reviews have taken place for inpatients, of which one has been investigated in the Serious Incident Framework.

ECCH's multidisciplinary Mortality Surveillance Group is chaired by the Executive Director of Quality. Feedback from the case reviews is shared for learning purposes and for reviewing and updating our processes. This group forms part of our governance structure and reports to our Integrated Governance Committee.

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 should be noted via pink star or free text

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 were introduced for all staff in the community and on Minsmere Ward at Beccles Hospital to hand out to bereaved families. 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.

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. This feedback is fully evaluated in order that we can further develop our approach.

Clinical Effectiveness

Redeployment of Staff in Response to the Pandemic

We have continued to step up and step down staff from services such as Neurology, Continence and Tissue Viability to meet the challenges brought by new COVID variants and increasing pressures in the health and social care system over the last 12 months. These staff have, in the most part, supported our PCH and community hospital teams with a combination of registered and non-registered staff. In addition, we trained and provided staff to help with the COVID vaccination programme.

Hospital Discharge Team

Throughout the pandemic we have supported, and continue to support, the acute hospital system through the introduction of a Hospital Discharge team at the James Paget University Hospital, as described in the national guidance issued by the Department of Health.

We have embedded our model to ensure transfer of care from community beds and community capacity is given equal priority, maximising our resources to deliver the best outcomes for patients. Technology has played a critical role in this process with the introduction of a 'virtual room', enabling shielding and home workers to be equally effective in supporting the process.



Greater Integration for Primary Care Home Teams

Our four Primary Care Home (PCH) teams – Lowestoft, South Waveney, Gorleston and Great Yarmouth and the Northern Villages - have continued to work with partners supporting the safe discharge of patients from hospitals to home, as well as reducing admissions and keeping people safe at home during the pandemic.

The revised leadership structure put in place last year to bolster ECCH's resilience, particularly at weekends, has continued with the operational 'Manager of the Day' role, providing support to clinical teams 7 days a week. The use of video conferencing as a standard tool for team and organisational communication has grown to become a part of normal working practice for meetings, both internal to ECCH and with external partners.

To build on the success of our PCH model, we have begun planning a programme to streamline and standardise the four teams' ways of working to increase their capacity, reduce waiting times and thereby improve patient experience.

ECCH supported General Practice across Great Yarmouth and the Northern Villages during the winter flu vaccination campaign again this year, delivering vaccinations to a number of GP practices' housebound patients.

During a visit to Beccles Hospital in November 2021, Waveney MP Peter Aldous met staff from South Waveney PCH and said he was particularly impressed with the way ECCH's teams work in partnership with primary care, acute trusts, social care and the voluntary sector, remarking that ECCH is "breaking down the silos in healthcare" to deliver high quality patient care for our communities.



"Angels without wings, doing their best to offer the utmost care, taking time for a little chat, relaxing me and tending to my needs come what may."

"The practitioner was very encouraging and made me focus on the positives in my life. He was always happy and made me laugh at times when I was feeling down. He always had good advice and wisdom which had a positive impact on me."

Digitisation of Minsmere Ward at Beccles ICU

Minsmere Ward at Beccles Intermediate Care Unit provides in-patient rehabilitation and reablement care, as well as housing six palliative care beds with specialist consultant support from St Elizabeth Hospice. Throughout 2021/22 we provided extra beds on Minsmere Ward in response to pandemic pressures, escalating and de-escalating as required by the needs of the James Paget University Hospital.

Minsmere became one of the first in the area to use a pioneering digital monitoring system instead of paper charts and files. Observations are now recorded using tablet devices, which helps to alert staff when patients are deteriorating and links directly to patients' GPs.

The app, which is fully integrated with SystemOne, means staff can schedule, record, view and escalate a wide range of patient observations. It puts key information and functionality at clinicians' fingertips to help them better understand their workload and the needs of their patients. It means ward staff can update a patient's electronic record, which includes their clinical history, treatment plans and daily progress notes, and make all the information instantly accessible to all clinicians looking after the patient, regardless of whether they are on site or working elsewhere. This integrated approach results in improved care plans for patients, produced in a more timely manner.

This year we have recruited two international nurses who are due to join the team on Minsmere Ward from June.



"In the worst circumstances I fell and broke my hip. Being transferred here to recover among your kindly staff, I realise how fortunate I was. That week my luck turned around. I shall never forget it."

"Thank you to all the wonderful staff who looked after me these last few weeks. You all do a wonderful job with little thanks sometimes. I will miss you all running around after me, keeping me safe."

Estates and Facilities Team

In January 2021, we made changes in the way the Estates and Facilities team works, which will mean that each site will have a designated, dedicated Estates and Facilities Operational Manager.

This will ensure that each Operational Manager can develop an in-depth knowledge of all the services we provide to our sites and offer some resilience within the team whilst making the best use of our resources. This new way of working will also mean our internal and external customers have greater clarity about the key contacts for each site.

The Facilities service at Beccles Hospital continues to be split into two teams – Red and Green which denote the areas on site in which they work. The Red team is based on Minsmere Ward while the Green team works across the rest of the site.

Roles within the Estates and Facilities team include:

Catering: The team works hard to put patients' needs first in meeting the diverse age range and dietary requirements on the ward.

Housekeeping: Huge quantities of clean and dirty laundry are moved around the site, to ensure that patients always have clean towels, sheets, blankets and nightwear.

Domestic: Cleaning demands across all sites increased as staff were identified as COVID-positive. Every identified case triggered an enhanced cleaning of the work area.

Porters: These staff are responsible for moving furniture, supplies, equipment and clinical and household waste around the hospital site, as well as cleaning floors. Furniture moves increased according to the escalation and de-escalation of beds, with associated enhanced cleans.

Team Leaders: Our team leaders work alongside their teams ensuring appropriate orders of food, cleaning supplies, consumable items, bin bags and much more are on site at all times.



COVID-Secure

Midday touch point cleans, introduced in 2020, were maintained to ensure COVID-secure arrangements across our sites, and the demands on the domestic teams continued to be high as enhanced cleans were required within the work areas of staff who had identified as COVID-positive.

One way systems were in operation and face masks were mandatory for patients arriving on our sites. Portable hand hygiene sinks remain in place on sites, mainly at entrances, to ensure patients and staff have access to adequate hand washing facilities.

The Facilities team co-ordinated the central PPE store at Hamilton House, ordering and distributing PPE across sites, as well as maintaining the central store for Lateral Flow Tests.

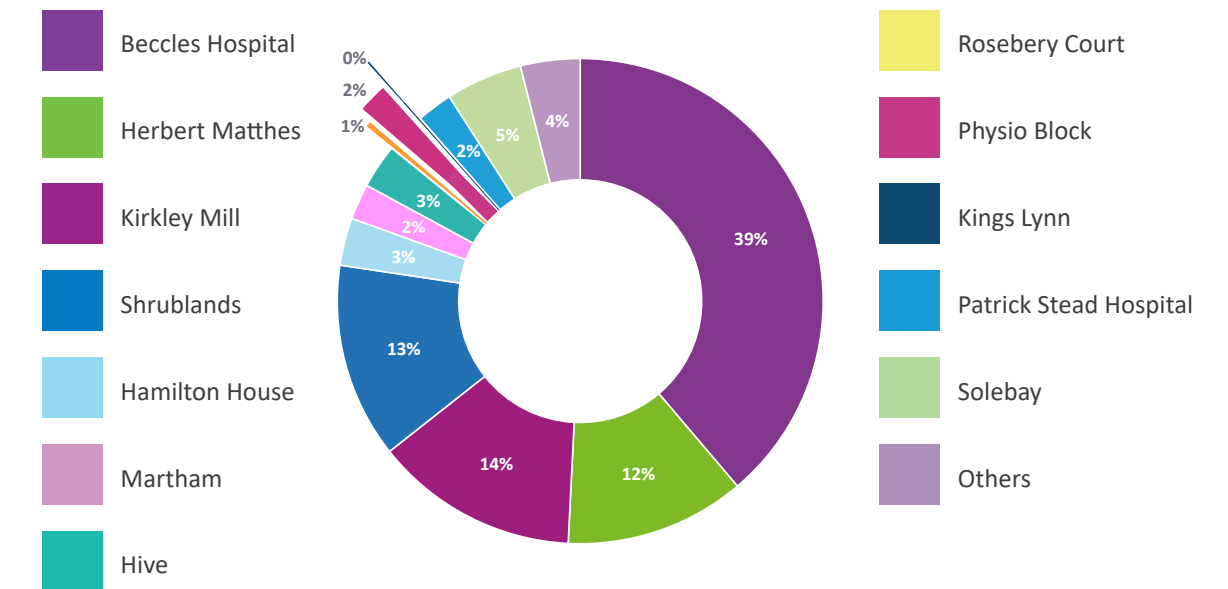
A second Fit test machine was ordered to increase availability for staff of fit testing for FFP3 masks. The Estates and Facilities team based at Hamilton House all received training to allow them to complete this task.

The Estates Multiskilled Technicians carried out a painting programme across the estate. Meanwhile, the helpdesk has remained busy, mainly due to Beccles Hospital's response to the pandemic.

Estates and Facilities Helpdesk

The helpdesk has remained busy, with Beccles Hospital making the most requests, mainly due to the response to the pandemic. Owing to the various landlords and contractual relationships on our sites, the response to these requests is split between a number of providers. However, all job requests are filtered and, wherever possible, our ECCH Multiskilled Estates and Facilities Technicians complete the job to ensure efficiencies within the system.

Jobs on sites



Jobs by Contractors	Number of Jobs Per Contractor Apr 21 - Mar 22
ECCH	458
EPBS	213
NSFT	46
NHSPS	160
Total	877

PLACE Audit

Due to the COVID-19 pandemic, Beccles Hospital was unable to undergo its annual Patient-Led Assessment of Care Environment (PLACE) audit for the second year.

High Intensity User Service

The High Intensity User Service is a small team providing a unique service in the Great Yarmouth and Waveney area. The team continues to work 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 their 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.

Physiotherapy Services in North Norfolk

Despite further redeployment of staff due to COVID-19, the North Norfolk MSK Service continues to offer patients an initial telephone assessment appointment with a qualified physiotherapist within two weeks of referral. The service aims to meet the needs of patients in North Norfolk by offering both face-to-face and remote assessments and treatments.


In the past year, the North Norfolk MSK Service has developed a range of exercise classes delivered by qualified therapists, supported by exercise therapists in community settings. These classes have been of particular benefit to patients who have been isolated and/or have become de-conditioned due to COVID restrictions.

They are also beneficial for patients who are waiting for orthopaedic procedures. The classes aim to educate, inform and empower patients to self-manage their MSK conditions. Classes for patients include a 'Lower Back Class', a 'Shoulder Class' and a 'Hip & Knee Class'.

The service is also building relationships with other healthcare providers in North Norfolk including the Wellbeing Service and Broadly Active. By collaborating with other services, our aim is to provide holistic care in the community for patients in North Norfolk.



"I was thrilled with the exercises. I have improved my mobility which is enormously encouraging. Thank you so much to all that made this possible."



"The physiotherapist is truly outstanding. Highly knowledgeable and competent in her area of practice, calm and clear. I cannot thank her enough in the way she has helped me rehabilitate."

Heart Failure Service and Cardiac Rehabilitation Service

The Heart Failure Service works collaboratively with other health professionals in Primary, Secondary and Tertiary Care providing support, advice and guidance with a clear management plan. Clinics, home visits and telephone reviews are offered.

The service's aims are to:

- Slow disease progression
- Prevent hospital admissions/readmission
- Ensure patients are on evidence-based medications for their heart failure
- Improve patient symptoms and quality of life

A successful pilot providing a rehabilitation programme to heart failure patients working in partnership with BOC has resulted in the programme continuing permanently. This is the first time patients in Great Yarmouth and Waveney have had access to a rehabilitation programme specifically for heart failure.

Self-management and monitoring of heart failure is promoted; a heart failure pack for patients has been developed containing a 'Heart Failure Passport', service leaflet, traffic light tool and booklets related to heart failure.


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 or cardiac surgery. Their aim is to reduce the chances of further heart problems.

They offer face-to-face cardiac nurse clinics and individual exercise assessment, home exercise programmes and discharge exercise assessments.

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



"I was so impressed with my nurse, she really knows her job, and made me feel special, and that she cared about me as a person. A great set up and I am so thankful to have been able to use it."



"Can I please thank you so much for caring, making a difference and providing me with so much comfort that I don't think you realise how much this meant. You really did make a difference and for this, I am very grateful indeed. Thank you so much for all you did."

ME/CFS Initiatives

ECCH is continuing to run four ME/CFS clinics across Norfolk in Kings Lynn, Norwich, Great Yarmouth and Aylsham. We are moving back to more face-to-face appointments, including a new clinic at Norwich Community Hospital. The service will also continue to offer telephone appointments, video consultations and home visits as necessary and appropriate to each patient.

“Waiting over twenty years for a diagnosis on my condition, imagine my delight at finding the support. From the first contact, I now have the tools to help with the pain. A lifeline!”

“My experience of the ME/CFS service has been excellent, providing me with much needed kindness, support and guidance whilst trying to make the necessary changes to help manage the illness more effectively. I am learning and implementing strategies that can really make a difference and I am beginning to find a new way forward which might not have been possible without the support I have received.”

Community Care Units Launched for Specialist Palliative Care

In partnership with St Elizabeth Hospice, our Specialist Palliative Care (SPC) Service launched two Community Care Units at Martham Medical Centre and Sole Bay Health Centre. These provide a relaxing and welcoming atmosphere for our multi-disciplinary team to offer patients and their families support, including physiotherapy, occupational therapy, support groups and rehabilitation programmes. It means patients' wellbeing and social needs can be met, while also enabling all necessary healthcare appointments to be organised and completed in one location, on the same day.

The SPC service provides six consultant-led beds at Beccles Hospital, a 24-hour advice line – OneCall, and the hospice's emotional, wellbeing and bereavement support service, LivingGrief.

We are also developing our Compassionate Communities work, engaging local communities in coming together to support each other.

“As a family we would like to express our deep thanks, gratitude and love to everyone on Minsmere Ward who looked after B during his stay there. He loved you all - you are all very special.”

“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.”



Understanding our services...



Smoking Cessation Service



ECCH Smokefree Norfolk provides support to Norfolk citizens who smoke and are motivated to make a quit attempt. Since the beginning of the pandemic, all cessation support has been remote and mainly delivered via telephone and video consultations.

Smokefree Norfolk has supported over 51% of service users to quit smoking which is above the national average. The package of support includes behavioural support, education around the addiction, the range of stop smoking medications available and how they work. The support package is for 12 weeks and the stop smoking medications are requested on prescription.

During the period covered by this report, we have continued to triage all referrals into the service. Over 60% of clients had a long-term health condition and/or mental health condition. We also continued to support pregnant clients and their partners to stop smoking; the majority of these referrals are generated by midwifery teams. Smokefree continues to provide support and training to the midwifery students at the University of East Anglia's (UEA) School of Nursing Sciences, where we have delivered Midwifery Masterclass training to 138 Year 1 and 44 Year 3 student midwives.

In January 2022 Smokefree Norfolk implemented online webinars to gauge the appetite for group virtual sessions. The webinar is a

group session based on our initial consultation which talks through all that is involved with our support package. Since January, there have been seven webinars, with approximately 70% attendance rates for each.

Community Practitioner (CP) Level 2 Training continued to be delivered virtually. We trained 43 health professionals in pharmacy and GP practice, as well as delivering refresher training to 32 current CPs. Very brief advice (VBA) was delivered to 250 people, 180 of whom were in secondary school.

The end of January saw the completion of the Vape Pilot which had been running since December 2019. The service engaged with 668 participants with the following results:

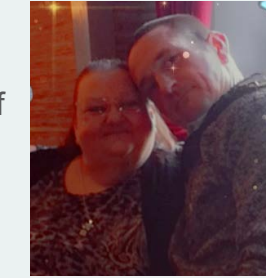


The pilot included a starter pack which consisted of a vape device and one juice/liquid to the value of £25. We did encounter some difficulty maintaining engagement with the client once they obtained the starter kit. It has been assumed that, if there were top-up vouchers for more juices, client engagement would improve.

From February 2022, Smokefree and Norfolk County Council Public Health have developed a 12-week Vape Scheme which includes two providers, rather than the one provider which was used for the pilot. The scheme provides a starter kit (vape device and liquids) and top-up vouchers to obtain more juices during their 12 weeks of support with our service. We will be closely monitoring whether this impacts quit outcomes.

Success Story - Anita Snelling

When COVID struck, Anita found herself smoking to cope with the pressures of lockdown. Realising that her health was starting to suffer, Anita asked her GP to refer her to the service.



Speaking about her experience, Anita said: *"My breathing has improved, my depression has been a lot better, I've lost weight and I feel good again. I am saving around £100 a week, so I am treating myself to some new home improvements and clothes!"*

We are working with an animation company to create educational videos to explain smoking addiction and how nicotine affects the brain.

Smokefree has been working collaboratively with the UEA Research Department on their Cessation of Smoking Trial in Hospital Emergency Departments (CoSTED). The intervention will be testing whether brief advice and the offer of an e-cigarette starter kit for smokers attending the emergency department (ED) are effective in promoting smoking cessation. We have supported this by providing community practitioner training to nursing teams in the ED department at the Norfolk and Norwich University Hospital and other hospitals in the UK; 21 staff members have been trained.

Our focus for 2022/23 is to develop more digital offerings by building and testing a smoking cessation app. We're also aiming to create a Smokefree Homes educational programme for schools, colleges and workplaces to explain the risks of secondhand and thirdhand smoking and how families can support each other with a quit attempt.



"Helpful, polite, non-judgemental and informative."



"My advisor was incredibly kind and understanding, and clearly very knowledgeable on not just the methods to use, but their potential effectiveness as they pertained to me as an individual - even on our first call."

VIP Visits

Patricia Hewitt - November 2021



We have welcomed a number of visitors to our services over the period of this report with Patricia Hewitt, Independent Chair of the STP and Chair-designate of the ICS joining us for the day in November 2021 as part of a tour of Beccles Health Campus.

She met with staff from ECCH's Primary Care Home (PCH) team at Shrublands Health Centre in Gorleston and listened to their perspectives on the current challenges facing the healthcare system in light of COVID-19, praising staff for their invaluable hard work throughout the pandemic.

She also visited ECCH's teams at Minsmere Ward on the Beccles Health Campus and said she was particularly impressed with the ward's use of technology to enhance patient care.

She praised ECCH's flexibility and willingness to solve problems, commenting "Having an organisation that thinks differently is important within the healthcare system. It leads others to consider innovation and ensures things keep moving forwards."

Geraldine Rodgers OBE & Debbie Whittaker - January 2022



In January 2022 we welcomed Geraldine Rodgers OBE, Director of Nursing, Leadership & Quality for NHS England & Improvement (EoE) and Debbie Whittaker, Regional Lead Nurse for Discharge and Quality, to our Beccles Hospital and Hamilton House sites.

They were keen to learn about our frailty care. They were given a tour of Minsmere Ward and met with the Falls Prevention team, discussing how it works with other ECCH services, including supporting the ward during redeployment.

They met South Waveney PCH team and gained an insight into the Virtual Discharge process, long-term condition management and the role of the Frailty team. They also joined Lowestoft PCH for their afternoon 'huddle' and chatted with senior management from the Quality Directorate.

Charlotte Sumnall & Sifiso Mguni - March 2022



In March two Nurse Fellows working with NHSE/I East of England, Charlotte Sumnall and Sifiso Mguni, from the Professional and System Leadership Nursing Directorate, visited ECCH to gather information from community nurses to help with the development of the National Community Nursing Plan 2021-2026.

They spent the day with staff from across our PCH teams, meeting some of our Queen's Nurses as well as speaking to some of our specialist nurses.

Clinical Research



The past twelve months has seen significant growth and development within the clinical research function. We have focused on developing a community studies portfolio and engaging in research which has a greater potential positive impact on the delivery and development of ECCH services. We have also continued to work within primary care to support and deliver research studies.

Some examples of primary care research we have been involved in delivering are:

Virus Watch: Understanding community incidence, symptom profiles and transmission of COVID-19 in relation to population movement and behaviour. Sites we were working with were among the highest recruiters for this study in the Eastern region.

BASIL: Aims to test whether a brief remotely delivered psychological intervention is effective at preventing or mitigating depression and loneliness in older people with long-term conditions who are socially isolated in relation to COVID-19.

GLoW (Glucose Lowering through Weight Management): We participated in this study prior to COVID-19 and have continued to

recruit at a new site in the past year. Participants were randomised and offered either an online weight management tool and free Weight Watchers membership, or usual care. We were very successful with recruitment to this study.

Some examples of community-based research studies we have been delivering over the past twelve months include:

SNAP District Nursing Study: The Support Needs Approach for Patients (SNAP) tool is an assessment tool which helps people consider where they need more support and discuss these needs with a healthcare professional. We are currently trialling this tool with staff and patients in the Gorleston Primary Care Network team.

VenUS 6: A randomised controlled trial of compression therapies for the treatment of venous leg ulcers. Our Tissue Viability team are leading this study and recruiting patients from different leg ulcer clinics across ECCH sites.

C-SIGHT: This is a feasibility study comprising of a double-blind, randomised controlled trial with two arms, trialling a new intervention for patients with stroke and spatial neglect, and also a basic science study collecting data using neuropsychological assessments from stroke survivors without spatial neglect. We are currently recruiting patients under the care of the Early Supported Discharge and Community Neurology teams.

Our aim for the coming year is to continue our research awareness work within ECCH and to further increase research engagement and participation. We also have the opportunity to work with new primary care sites, NHS organisations and third sector organisations to support the delivery of research and innovation projects across Great Yarmouth and Waveney.

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.

The very different circumstances under which services have been delivered during the pandemic have necessitated a change in how this safeguarding support is delivered. While the Safeguarding Champions network has been suspended (with a reintroduction planned for later this year), a greater use of technology has enabled a more flexible approach.

All safeguarding training has been delivered remotely, with participants learning via a combination of workbook and group video sessions to allow discussion, reflection and questions. Feedback has been positive and it is intended that this will continue even as restrictions are lifted.

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 and replaces the current Deprivation of Liberty Safeguards (DoLS). LPS was due to be implemented in April 2022 but has been delayed until later in the year. There will be continued preparation work to ensure ECCH teams are ready for the new framework.

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 a neighbouring community NHS Trust, developing and, at times, co-delivering safeguarding training. The collaboration

also includes weekly meetings, co-delivery of Mental Capacity Act assessment workshops and mutual support/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.

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/young person. Health assessments have recommenced face-to-face following the pandemic, when assessments were completed via a virtual platform.

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 nurses undertake age-appropriate health promotion advice and act as a resource providing health advice to children, carers and professionals.

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

"The same nurse has carried out the annual assessment for many years. It is helpful to the child to have continuity of care. She has a calm, gentle and professional approach and produces a very helpful report."

Patient & Service User Experience

Friends and Family Test

The Friends and Family Test (FFT) is a national mandatory initiative by NHS England, asking patients if they would recommend a NHS service to their friends and family. We consistently gain an excellent score across the organisation. The results for 2021/22 were impacted by the decision at national level to pause the survey at the height of the pandemic. Nevertheless, results from the remaining months showed that 96% of patients would recommend East Coast Community Healthcare (ECCH) to their friends and family.

Crucially, when we receive negative feedback, we look into the issues raised to identify any failures or shortcomings and we address 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 reaccreditation or revalidation of professional registration.

Friends and Family Test Results

	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Average % Positive	96%	94%	96%	97%	97%	94%	92%	96%	96%	96%	97%	96%



Patient Advice and Liaison (PALS) 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, offering to visit complainants when necessary, to resolving issues as quickly as possible and to respond in a fair, open and honest manner.

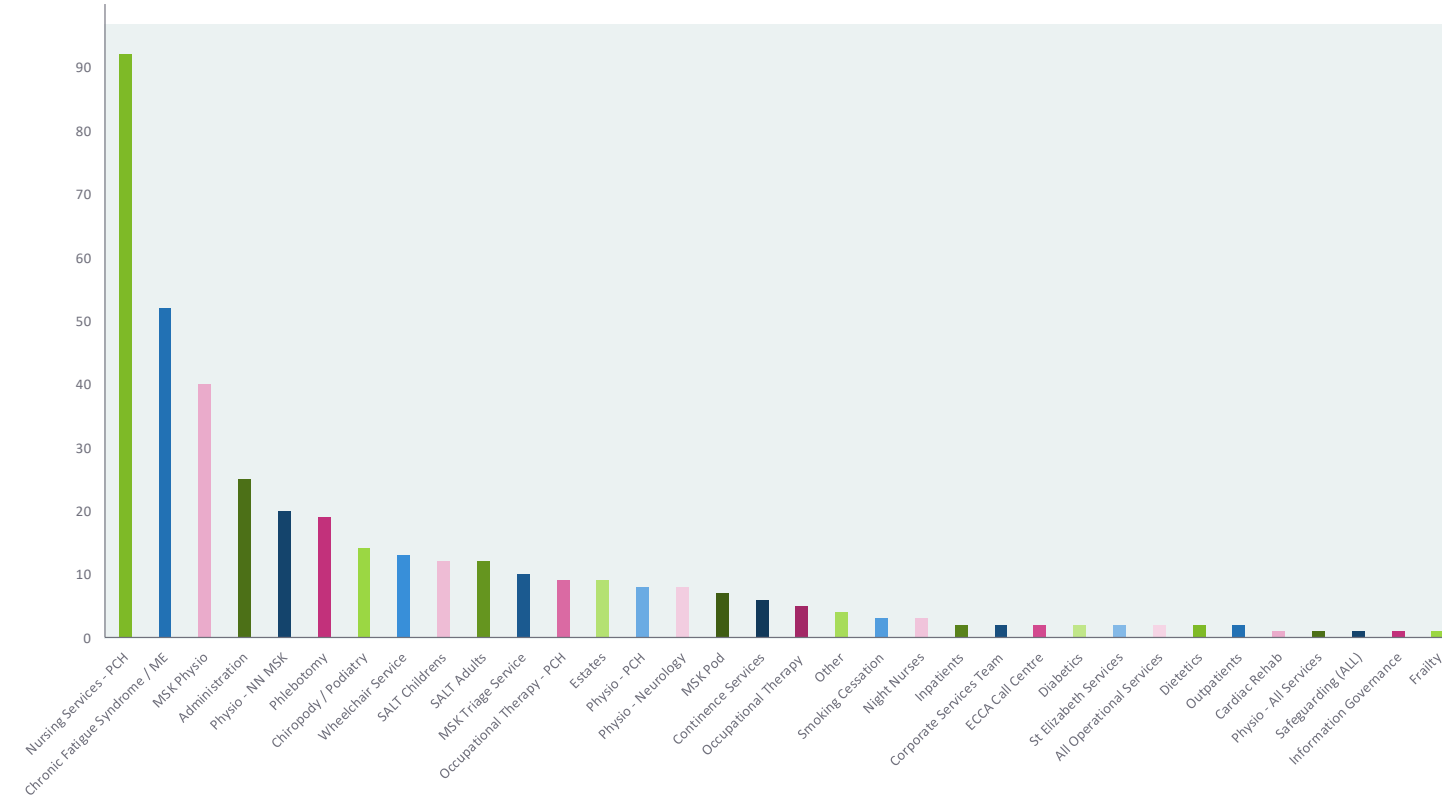


Learning from Complaints and PALS Concerns

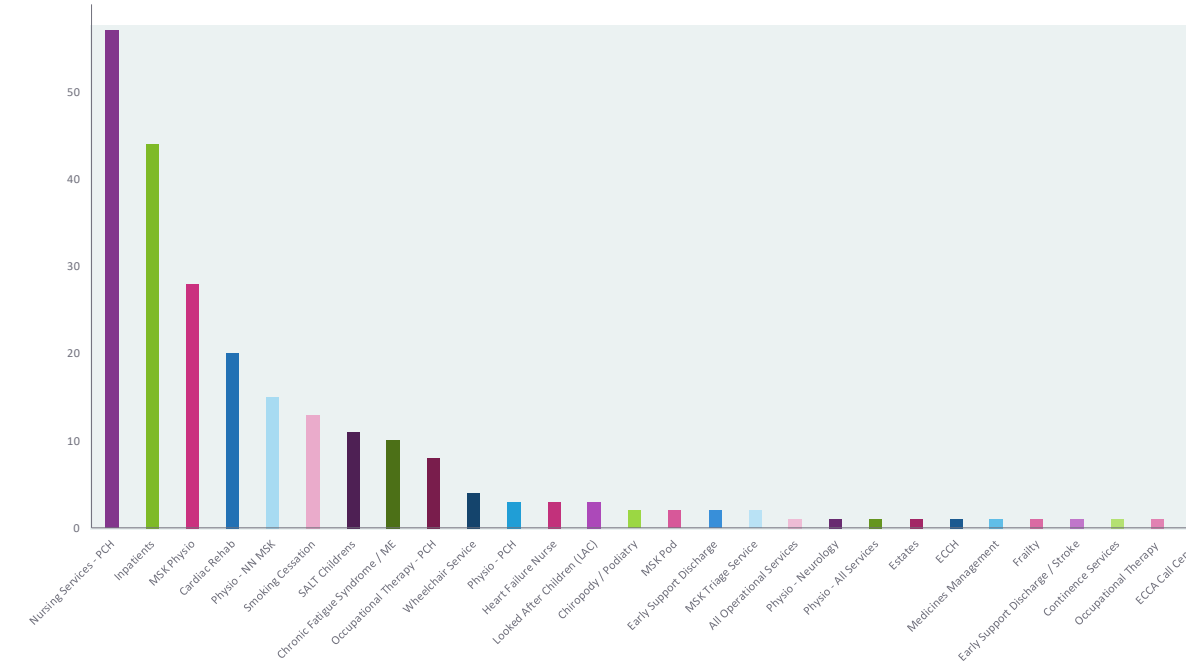
As a learning organisation, complaints are a vital source of information shared across our services to inform and improve what we do. Whenever potential service improvements are identified, complainants are informed by letter that any resulting action plans have been completed. Monthly results are uploaded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

The following graphs provide details of the complaints received during the year 1 April 2021 to 31 March 2022. During the COVID-19 pandemic we resolved all complaints informally, if possible, and only followed the full formal complaints process if a resolution could not be agreed with the patient.

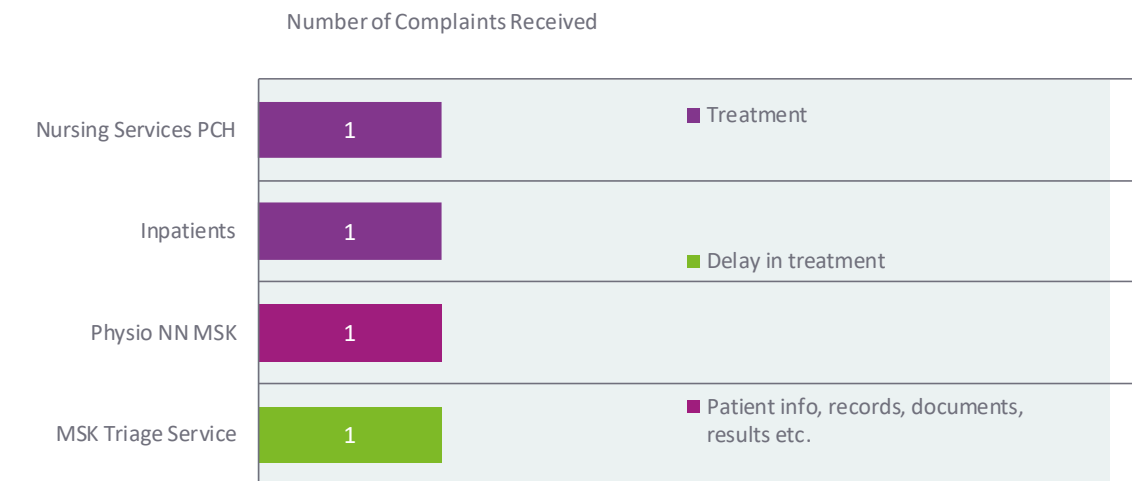
PALS Issues and Enquiries Received by Service: April 2021 - March 2022

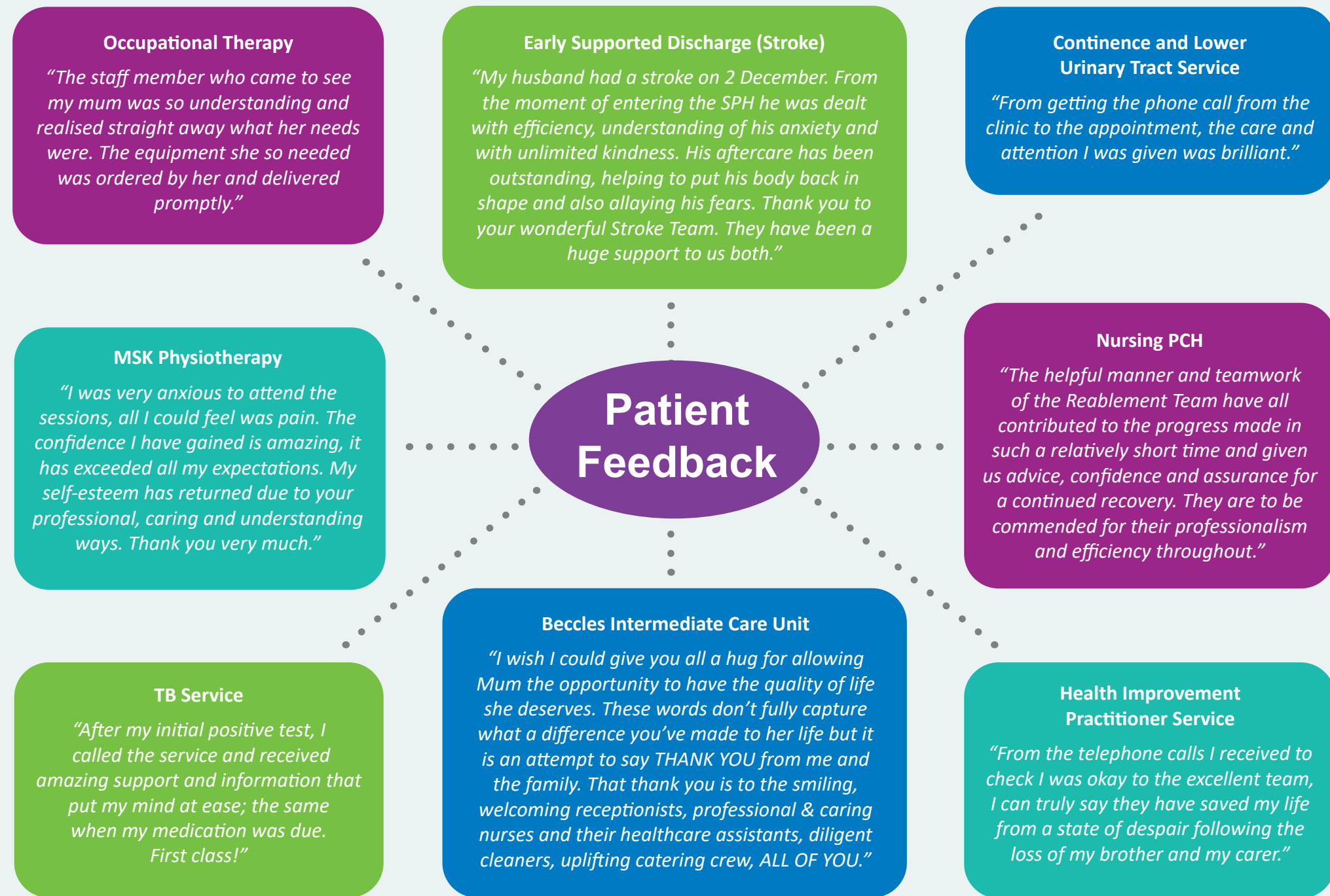


Compliments Received by Service: April 2021 - March 2022



All Complaints Received by Service and Type: April 2021 - March 2022





Health & Safety, Security & Resilience

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

Health and Safety

During 2021-22, ECCH has remained compliant with statutory health and safety standards. Our accountable Executive Director for Health and Safety is the Executive Director of Quality. Within 2021-22, during the COVID-19 pandemic, ECCH increased the frequency of Health and Safety Committee meetings to monthly and streamlined its reporting. This increased its engagement with staff in the context of both formal and informal health and safety consultations.

Emergency Preparedness

Under the Civil Contingencies Act, ECCH remains committed to its duties as an active partner within the local health sector resilience arena, working collaboratively with our health and social care partners, NHS England and local authorities to ensure cohesive healthcare support in the event of an emergency or major incident affecting our community. All Business Continuity Plans have been reviewed and are updated regularly to incorporate changes to, and the suspension of, some services due to COVID-19.

Resilience and Response

Under its NHS contract, ECCH is required to maintain a security management provision in line with NHS security management standards. ECCH adopted a collaborative approach until the new Accredited Local Security Management Specialist (ALSMS) was appointed, who now works with all personnel within ECCH.



Workforce Quality

In 2021/22, ECCH's average number of staff employed was 766, compared to the previous period when the average headcount was 784. The turnover rate during 2021/22 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

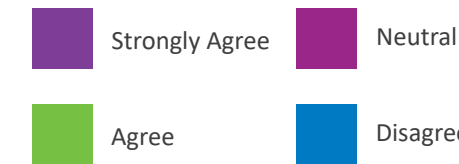
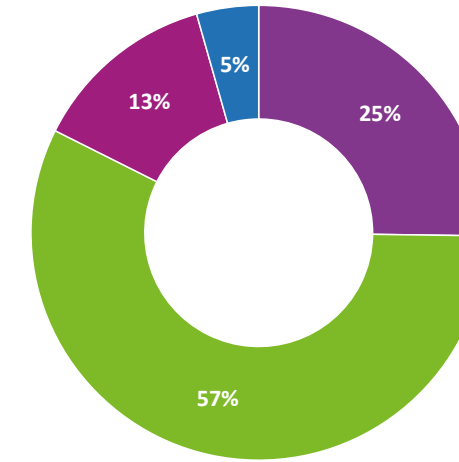
In October 2021 ECCH took part in the NHS Staff Survey, having only carried out staff wellbeing surveys during the pandemic. It was completed by 45% of ECCH staff and therefore is not as indicative of staff opinion as we would have liked. However, some very positive themes were evident from the results, particularly around staff satisfaction with team working and line management:

- 85%** - I enjoy working with the colleagues in my team. (strongly agree/agree)
- 91%** - I am trusted to do my job. (strongly agree/agree)
- 76%** - My immediate manager values my work. (strongly agree/agree)
- 83%** - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (strongly agree/agree)

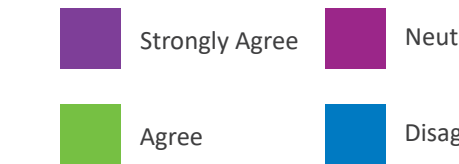
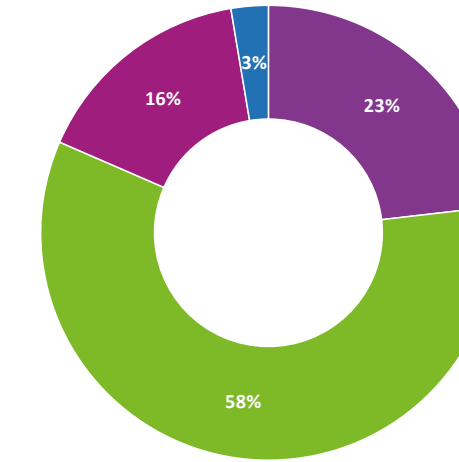
Although there were clear messages about staff fatigue and pressure of work relating to the pandemic, the survey compared favourably with matching elements of the last full staff survey we carried out in 2019:

- 83%** - of staff said they would be happy with the standard of care provided by ECCH if a friend or relative needed treatment compared to 80% in 2019
- 82%** - said care of patients and service users is their organisation's top priority compared to 63% in 2019
- 81%** - said their organisation acts on concerns raised by patients/service users compared to 59% in 2019

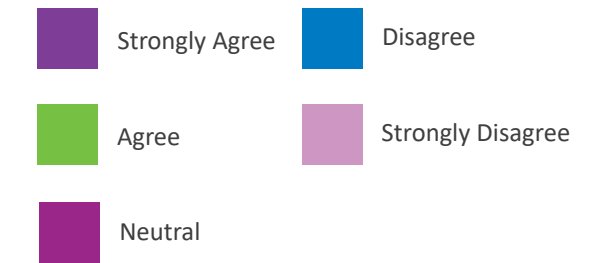
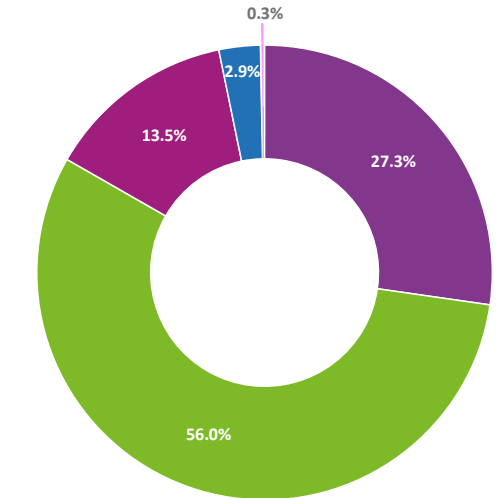
“Care of patients/service users is my organisation’s top priority.”



“My organisation acts on concerns raised by patients/service users.”



“If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.”



Following analysis of the results, measures to address recruitment were identified for special focus and, as a result, ECCH's bank processes have been reviewed and improved, and 'Golden Hellos' have been introduced for repeatedly hard to recruit roles along with other measures. The need to empower staff to become more involved in decision making was also identified for attention which will result in more round table discussions between senior management and teams, more involvement of staff in ideas for transformation activities and more informal visits from the Board and senior management to teams across our sites.

The Shareholder Council was involved in drawing up an Action Plan which will be owned collectively by the Leadership Team, regularly reviewed by the Shareholder Council and progress reports presented to staff.

From July 2022 ECCH will also be taking part in the quarterly NHS People Pulse surveys to help us measure and understand staff experience and wellbeing.

Shareholder Council

ECCH is a staff-owned organisation, with 76% 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 20 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 of three new Non-Executive Directors
- Involvement in work to develop and embed ECCH's strategy
- Highlighting the need to improve workplace understanding of menopause and guidance around miscarriage
- Taking a leading role in evidencing ECCH's social value

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

In 2021 we gave £1,000 to the Warren School in Lowestoft, which caters for children with complex needs and learning difficulties. The school wants to transform its main playground into an accessible sensory learning environment for pupils. We also donated £240 to Diabetes UK and gave £400 to Gorleston Football Club to pay for their junior team's new kit.

Cultural Development

We embarked on a review and refresh of our values and signature behaviours in 2021, having come to the end of our initial three year Evolve cultural development programme, which was supported by Pulse UK culture change specialists.

The programme had enabled us to embed a series of signature behaviours across the organisation which have become part of our working life, and given staff a sense of connection and collective achievement of our goals.

Following workshops involving staff and Shareholder Council members, we have chosen the word 'CARE' to represent everything we do and everything we stand for. For us, its letters stand for:

Compassion, Action, Respect, Everyone

Our values and behaviours are embedded across ECCH from the way we role model leadership and communications, through to policies and processes, including development and appraisal. They help us to build an intentional culture that will empower staff to build community relationships, use their judgement to deliver exceptional patient care and be the best they can be.



Staff Absence and Wellbeing

ECCH's Occupational Health and Human Resources teams have worked closely with managers and employees to ensure colleagues feel supported throughout the pandemic. Our cumulative absence rate for the period of this report was 7.40%. This is a small increase on last year's figure of 5.01%. However, it is important to note that this figure includes all COVID-19 related absences.

Occupational Health/Human Resources have been key contributors to both the organisational Incident Management Team (IMT) and key drivers in managing outbreaks and individual IMTs. Our peer support network has operated well to support staff. We also have an Employee Assistance Programme offering advice and information for problems at work and home including anxiety, stress and depression. We have a Cognitive Behavioural Therapy service, a robust 'physio at home' service, and evidence-based risk assessment and protection from COVID-19.

In 2021 we introduced the role of Wellbeing Guardian with a remit to oversee our commitment to staff wellbeing. Non-Executive Director Ian Hacon has taken on this role, which is reinforced by our peer support network. Staff also have access to Vivup – an online portal which provides health and wellbeing advice and 24-hour telephone support, as well as an app offering exercises to reduce stress levels and encourage positive thinking.

In April 2021 we held three days of online health and wellbeing workshops for staff. This included mindfulness sessions, the introduction of a new Management Support Matrix, and facilitated discussions to help participants understand the experiences of colleagues across the organisation and the complexity of the challenges we have all faced.



We have continued with our regular staff webinar hosted by the Chief Executive, which has given staff the opportunity to ask questions of the leadership team, as well as stay up-to-date with important organisational updates. In addition, we have a weekly wellbeing newsletter, Take 5, which provides advice and links to additional support options.

Throughout the summer of 2022, we are holding a series of events suggested and voted on by staff to boost morale and reintroduce an element of fun to the workplace, following the pressures of the past two years. These include a summer picnic, boat trips on the Broads and a range of team building activities.

Clinical Education

Apprenticeships

Our first two cohorts of Trainee Nurse Associate Apprentices (TNAs) have completed their courses, and we are delighted to report that all three of them are now Registered Nurse Associates (RNAs). In addition, we currently have 7 further TNAs across 2 cohorts (Feb 20 & 21). Across the organisation we now have 5 RNAs, two of whom were recruited externally following successful placements with ECCH as apprentices. This reflects well on the level of support that our clinical teams offer our own apprentices, as well as those from external partners.



ECCH enrolled our first apprentice onto the Occupational Therapy Degree programme in 2020 and two more Occupational Therapy Apprentices have commenced their studies in February 2022. In addition to this apprenticeship, four apprentices started ECCH's first Nursing Degree Apprenticeship in October 2021. Recruitment for the next cohort will commence at the end of March 2022.

Three Senior Healthcare Apprentices completed their programme in 2021 and three more commenced their studies in January 2022. In addition to these, we currently have non-clinical apprentices in programmes ranging from Coaching to Chartered Management & Business Administration. All our apprentices are invited to Peer Support sessions, either virtually or face-to-face when possible.

The team encourages and welcomes feedback from those students

who have had a placement with ECCH. This shows a 94% overall placement satisfaction, an increase from 90% last year.

88% of our learners have also expressed the desire to work with us when they qualify.

This high level of satisfaction and engagement with our potential workforce reflects the hard work our clinical teams put into supporting them whilst on placement. This is particularly remarkable, given the challenges of the last 12 months.

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

Our Preceptorship Programme remains well established, and our Newly Qualified Professionals (NQPs) continue to engage with the programme. Health Education England (East of England) commissioned the University of East Anglia to produce and develop a standardised Preceptorship Programme for our STP in 2016. Since the Practice Education team has been delivering this programme to our NQPs, the theoretical side of this has remained unchanged and continues to be delivered as intended.

However, some of the practical elements have been amended and adapted to become more relevant to the challenges, experiences and requirements of a NQP working for ECCH over the last 12 months. The feedback from participants remains very encouraging.

In addition to this, ECCH services in the past 12 months have invested in our future workforce by employing 10 NQPs, six of whom have previously been students with ECCH and two who were ECCH Clinical Apprentices.

Throughout the past 12 months, relationships with external practice partners, the ICS & our local higher education institutions have continued to grow, develop and in some ways, improve. Through regular communication, information sharing and openness, we have been able to ensure that our own apprentices and visiting students have been extremely well supported and offered professional and pastoral support and advice throughout their time with us, which has been an incredibly challenging time for all concerned.

In September 2021 the Practice Education team launched the ECCH-Ademy with the primary purpose being to support learners from all areas, at all levels. This includes work experience, clinical and non-clinical apprenticeships through to post-registration development. We have developed bespoke career pathways and also offer additional courses such as Functional Skills (English, Maths, IT etc.) aimed at supporting colleagues to either begin or continue their careers with ECCH through academic or vocational routes.



ECCH hosts first KickStart trainees

Eight young people from the local area successfully completed our first Kickstart scheme, with one trainee being given a further contract with ECCH.

The scheme was designed for 16–24 year olds in receipt of Universal Credit, matching them to paid work experience placements so they can gain skills, boost confidence and gain the tools needed to enter employment.

ECCH's teams have supported trainees through a six-month programme, with half of the cohort taking on clinical roles as Rehabilitation Support Workers, and others gaining experience in non-clinical placements within HR, Administration and IT.

All the young people who undertook a clinical placement obtained a Care Certificate, whilst those in non-clinical roles have completed a range of training courses to support future employment. One trainee has a Band 2 contract with our HR team until September.

Two trainees who started the programme later are still on our programme – one in a clinical role and the other in the domestics team.

Training and Development

We believe in investing in the development of our staff to ensure the continued deliverance of high quality services. Even during the pandemic, when training requirements were temporarily altered across the country, our mandatory training compliance rate continued to exceed the target rate of 90% and is now consistently at 95%. We believe this is because our staff fully understand the importance of maintaining standards.

Much of our mandatory training has remained online, making training so much more accessible to staff, and negating the need to travel. This frees up more time to spend with patients. We have also continued with most additional training being online where it is appropriate. We have a wide range of virtual learning sessions including Coaching Conversations, Emotional Intelligence and Team Motivation.

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 also 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.

Clinical Supervision

We now have three staff who are trained as career coaches and will be providing colleagues with supportive development in their clinical careers. We have a lead nurse who has achieved a Professional Nurse Advocate award and is available to provide professional supervision for our nursing workforce, and another nurse in training for this master's level qualification.

Our managers are taking the opportunity to join facilitated action learning sets to provide peer supervision in a psychologically safe space and our team huddles, mortality reviews and harm-free care meetings all have identified lessons learned sections which support group supervision.

We have 5 staff progressing their coaching courses and our Preceptorship Programme is being developed to provide newly qualified staff with a supported and reflective environment to consolidate learning and establish strong foundations in their clinical development.

Staff Awards

We decided not to hold our Staff Awards event in 2021 because of pandemic restrictions and the difficulty singling out individuals when the collective staff response to the pandemic was so inspirational. We hope to reinstate these in 2022 and, in the meantime, we have continued to recognise staff achievements through our 'Star of the Month' initiative in which staff nominate colleagues who have 'gone the extra mile'. Our Shareholder Council decides who should receive a commendation in the staff newsletter and a small shopping voucher prize.



Talent for Care

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

Talent for Care Strategic Intention	ECCH Response
Broaden the ways into training and employment in the NHS, especially to attract more young people and improve diversity within the workforce.	<ul style="list-style-type: none"> We continue to provide the opportunity to place bands 1-4 on Apprenticeship Standards for their role. We work with local schools and education providers to develop a work experience programme for young people to gain an understanding of the diverse career opportunities within the health and social care sector. This is implemented with a rotational work experience programme which includes a range of observations in all healthcare services ECCH provides (clinical and non-clinical).
Increase the chances for people to try new experiences of working in the NHS .	<ul style="list-style-type: none"> We continue to identify and expand the number of health ambassadors within our organisation, including apprentices. We support The Prince's Trust Programme yearly, providing clinical placements and an opportunity to complete the Care Certificate and have supported additional pre-employment programmes such as Kickstart.
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 continue to identify and expand the number of health ambassadors within our organisation, including apprentices. We support The Prince's Trust Programme yearly, providing clinical placements and an opportunity to complete the Care Certificate and have supported additional pre-employment programmes such as Kickstart.
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 and, for those who want it, a universally recognised Higher Care Certificate .	<ul style="list-style-type: none"> We have recruited one Occupational Therapy Degree Apprentice, and continue to receive ongoing interest and plan for the Nursing Degree Apprenticeship and next cohort for the Occupational Therapy Degree Apprenticeship.
Double the numbers of Health Education England funded or supported apprenticeships by March 2016 and establish an NHS Apprenticeship Scheme to rival the best in the country .	<ul style="list-style-type: none"> We have recruited to 10 Nursing Associate Apprenticeships and continue to support this; three have now qualified and have been successful in gaining a position with ECCH as Registered Nursing Associates. This Apprenticeship allows staff to gain a registered position and become registered with the the Nursing and Midwifery Council (NMC).

Talent for Care Strategic Intention	ECCH Response
<p>Simplify career progression for those who want it with innovative new roles and pathways to promotion, including more part-time higher education as a route into nursing and other registered professions.</p>	<ul style="list-style-type: none"> • We have had 3 members of staff qualified as registered nurses through the work-based learning route who have moved into registered nursing posts. • We seek to provide 'step on' apprenticeships for those who would like to develop into professional healthcare roles aligned to our workforce plans.
<p>Agree with employers and education providers a universal acceptance of prior learning, vocational training and qualifications.</p>	<ul style="list-style-type: none"> • We are part of a working party with the local Workforce Partnership to develop transferability of the Care Certificate as part of a system-wide agreement.
<p>Support talent development that identifies and nurtures people with the potential to go further, especially for those wanting to move into professional and registered roles.</p>	<ul style="list-style-type: none"> • A range of strategies such as integrated care skills have been implemented to support, develop, identify and nurture existing talent to support progression and succession planning.



Audits & Care Quality Commission Inspections

In 2021/22, ECCH audits were put on hold due to COVID-19.

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 STP Information Governance arena and ensures the organisation remains GDPR compliant. ECCH completes the Annual Data Security and Protection Toolkit submission.



Appendix 1 – Services Provided in 2021/22

From April 2021 to March 2022, ECCH provided and/or sub-contracted the below services for the NHS, public health and social care:

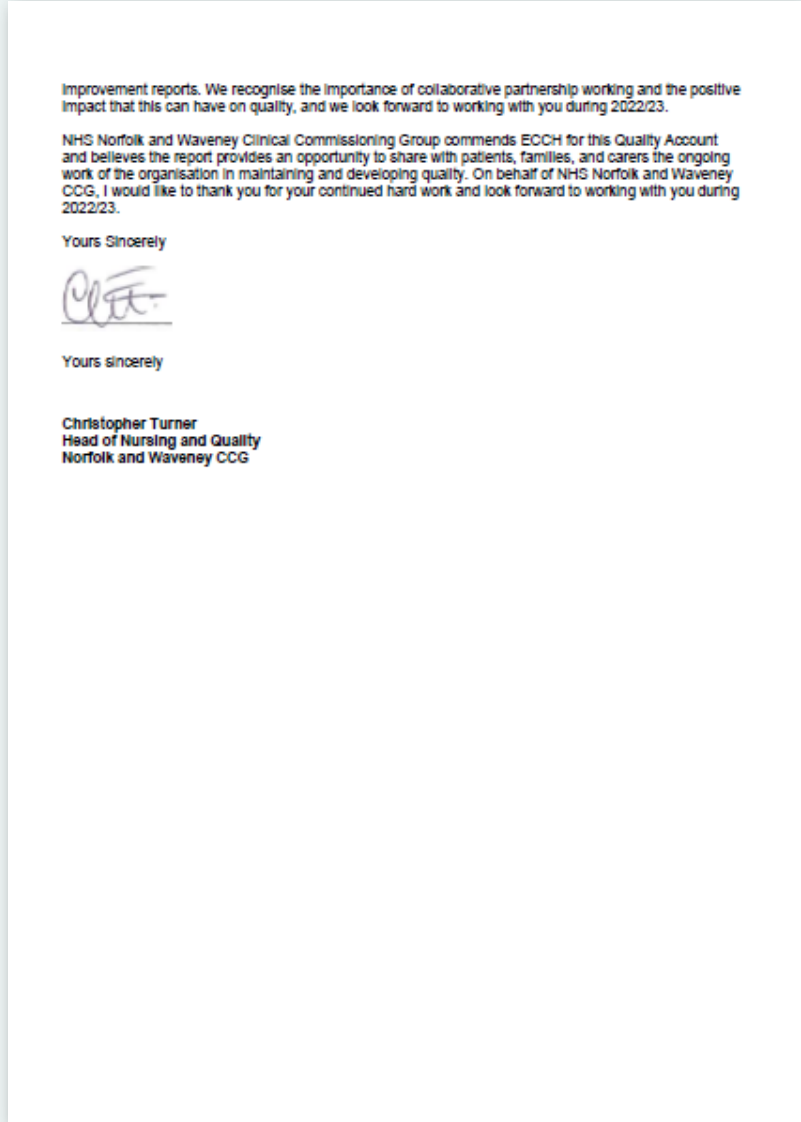
Adult Services	Children and Family Services	Health Improvement Services
Community Nursing	Safeguarding Adults and Children	Smoking Cessation (Smokefree Norfolk)
Community Matrons – Intensive Case Management	Looked After Children	TB Control Team
Occupational Therapy		
Infection Prevention and Control		
Falls Prevention Service		
Inpatient Services		
Specialist Palliative Care (with St Elizabeth Hospice)		
Diabetes		
Dietetics		
Early Supported Discharge (Stroke)		
Physiotherapy		
Adult Speech and Language Therapy		
Continence and Lower Urinary Tract Service		



Pharmacy and Medicines Management
Neurological Specialist Nursing
Podiatry
ME/Chronic Fatigue Syndrome Service (Norfolk and Suffolk)
Four Primary Care Home Teams: Gorleston, Great Yarmouth and the Northern Villages, Lowestoft and South Waveney
Heart Failure and Cardiac Rehabilitation
Wheelchair Services
Stoma Care



Appendix 2 – Letters from Stakeholders



Healthwatch Norfolk
Review of 2021/22 Quality Account ECCH

Healthwatch Norfolk (HWN) welcomes the opportunity to review the draft East Coast Community Healthcare (ECCH) Quality Account for 2021/2022 and to comment on the quality of the services commissioned locally to meet the needs of residents in the Norfolk area.

	Comments
Readability	Good and clear, mainly in plain English.
Is there an executive summary/CEO statement?	Yes. It looks forward to working in partnership to build healthier communities.
Is the document well laid out, easy to read?	It is generally well laid out but the text on the charts and tables that have been imported from other documents is small and difficult to read. Spaces at the bottom of each row in tables would make the text less dense. We understand that the draft we viewed is not the final version and that it is intended these will be larger.
Is there a glossary?	Yes but it is not complete. If an abbreviation is used in several different places in the text it really should be included in the glossary.
Is the document available in different formats? e.g. electronic, hard copy, Braille, other languages	Yes. The information is on the back page but should be in larger print given the audience.
Are priorities for the past year clearly identified?	Part 3 sets out last year's priorities.
Have the priorities been achieved?	Under the RAG system about two thirds of the priorities were classified as green and the rest amber.

Are the priorities for the forthcoming year clearly identified?	Part 2 identifies the priorities for the coming year. A few of these, assessed as both green and amber, are continuing from last year, but the focus has moved from individual services to putting in place a framework for future working.
Are the following areas included	
Patient safety?	Reporting of infections has continued despite ceilings not being set and performance has been good. Work on urinary tract infections has been adopted as a plan by Norfolk and Waveney.
Clinical quality and effectiveness?	The transfer of staff to respond to the Pandemic has continued. A hospital discharge team has been embedded in line with national guidelines. The development of the Primary Care Home team has continued and partnership working with other parts of the health and care sectors has increased. Clinical research has expanded significantly covering both primary and community-based care.
Patient experience inc. family & friends test?	The national Friends and Family Test was paused early in the year but PALS and ECCH staff have continued to collect comments. The results have been used throughout this document.
Incident reporting & never events?	There were 2,397 incidents affecting patients of which 13 were reported but several did not meet the incident reporting criteria. Of the 613 patients treated for pressure ulcers, 10 were reported as serious incidents. This was a priority for 2021/22.
Complaints?	Five complaints were received in 2021/22. The issues and enquiries and the compliments were spread across the full range of services

Workforce?	The NHS staff survey was carried out in 2021 with some significant improvements: 82% of staff said care of patients and service users is my organisation's top priority compared with 63% in 2019 and 81% said my organisation acts on concerns raised by patients / service users compared to 59% in 2019. The need to empower staff to become more involved in decision making was identified. The cumulative staff absence rate is up slightly from 5.01% to 7.40% but this includes Covid-related absences. The apprenticeship programme is continuing and now includes nursing degrees as well as occupational therapy degrees and nurse associates.
Audits including participation in national audits?	Audits were put on hold due to Covid-19.
Data quality?	ECCH is GDPR compliant. It has continued to review critical metrics and the data that underpins them thus increasing confidence in care data quality.
Feedback from CQC?	This was last done in 2017 when ECCH was rated 'good'.
New services?	The North Norfolk MSK service has developed exercise classes in community settings. A rehabilitation pilot for heart failure patients has become permanent and a heart failure pack has been developed. This is the first time such treatment has been available in Great Yarmouth and Waveney.

	Two community care units for specialist palliative care have been launched in partnership with St Elizabeth Hospice.
CQUIN?	Suspended during the Pandemic.
PLACE results?	There was no PLACE assessment this year.
18 week target (where applicable)?	Not applicable.
IG Toolkit compliance?	Completed annually.

Any other comments/observations

There is a consistent theme of working in partnership with a wide range of organisations across the health, social care and voluntary sectors. This is well ahead of the creation of the ICS. There is also a consistent theme of working in communities.

It is interesting that patient feedback and the staff survey are part of the first line of ECCH's assurance framework alongside incident reporting. The use of patient comments as supporting evidence of ECCH's achievements within the document is effective.

ECCH has introduced a new word, CARE – Compassion, Action, Respect, Everyone – to represent everything it does and everything it stands for.

Alex Stewart
Chief Executive Officer
June 2022

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
NWCCG	Norfolk and Waveney Clinical Commissioning Group
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 multi-disciplinary teams who support clusters of GP surgeries by providing integrated healthcare services within patients' homes)
PHE	Public Health England
PPG	Patient Participation Group (groups of volunteers interested in healthcare issues who advise a GP practice or health organisation on the patient perspective)
SPC	Specialist Palliative Care
STP	Sustainability and Transformation Partnership (a group of NHS organisations, local authorities and clinical commissioning groups working together to improve health and wellbeing in a particular geographical area)

Feedback - We Welcome Your Views

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

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



If you would like this leaflet in large print, audio cassette,
Braille or in a different language, please contact
Andrea Dawson on 01502 445297