

Quality Account

2023-2024



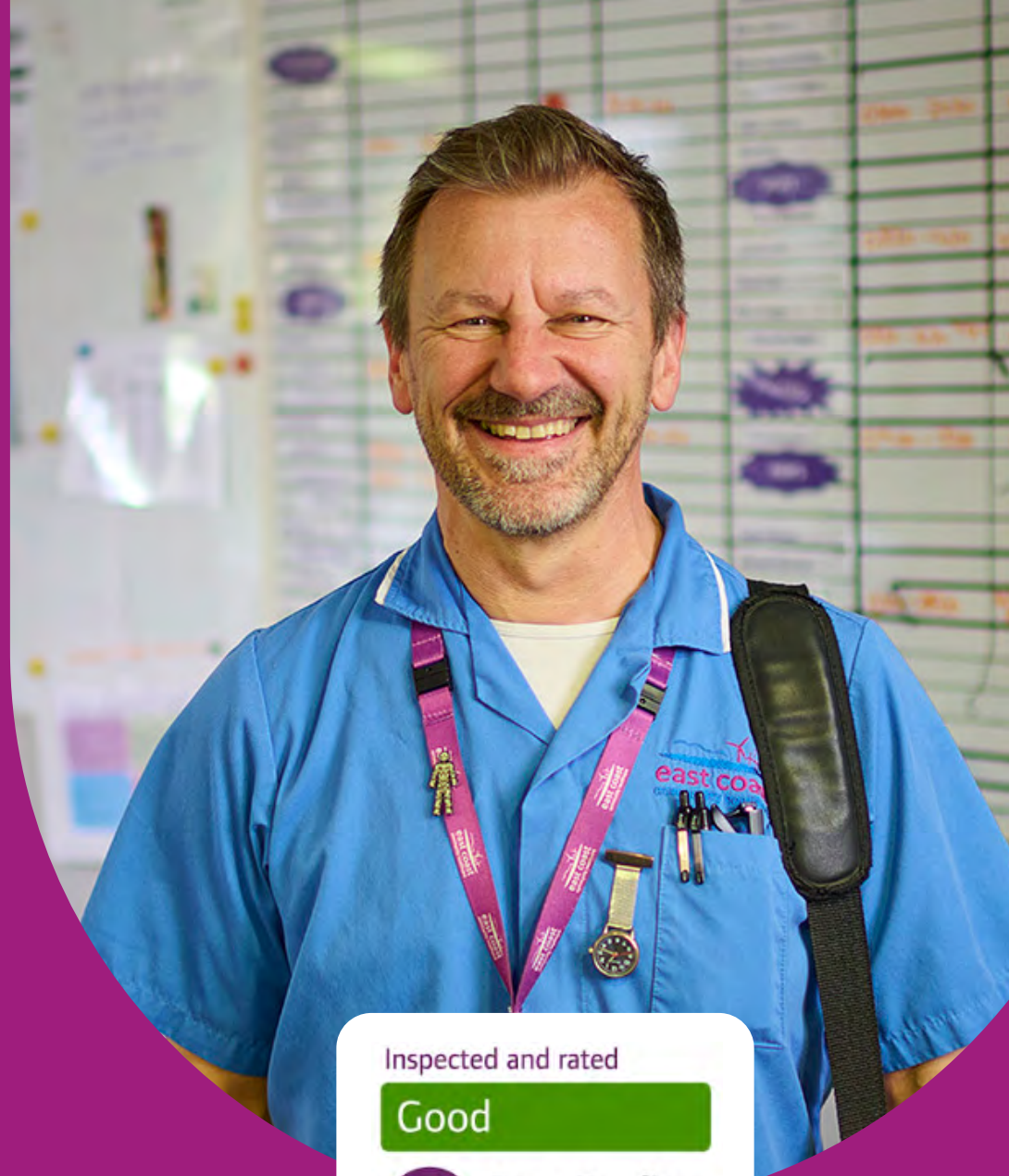
What is a Quality Account?

A Quality Account is an annual report about the standard of healthcare services provided by organisations commissioned by the NHS. It is 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 2024 in terms of the three Quality Domains of Clinical Effectiveness, Patient Safety and Patient Experience as well as our plans to improve our patient care over the next 12 months.

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



Inspected and rated

Good



CQC inspections took place in November 2016 with 'Good' rating awarded in March 2017.

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Statement on Quality

Welcome to East Coast Community Healthcare's Quality Account for 2023/24.



Collaboration and partnership working is key to ECCH's vision and this year we have worked more closely than ever with our system partners to enhance our combined services. For example, in April we launched a single pathway for patients with musculoskeletal (MSK) conditions, which was co-produced with Norfolk Community Health and Care NHS Trust. We have also seen the benefits of an increasingly combined approach to tackling key issues such as reducing long hospital stays and preventing unnecessary admissions. Working alongside our acute colleagues, we have exceeded all our targets for Urgent Community Responses.

We have continued our focus on digitisation to offer patients more choice in how they receive care. We have successfully introduced online appointment booking for MSK patients with plans to extend it to more of our services. We have expanded the number of services available to primary care professionals via e-Referral in order to streamline the referral process. We have also launched a Community Virtual Ward which allows patients with conditions including respiratory disease, frailty, and heart failure to receive digital monitoring and treatment at home instead of in hospital.

Internally, a new InPhase incident and risk management system has been introduced, which we call QUEST. It replaces the former Datix programme and has many more functions, ensuring we are able to

record and access reliable compliance and assurance information effectively.

The Integrated Care Board carried out a comprehensive Community Services Review in 2023, which gave us the opportunity to compare our model of working in the community with that of other organisations, both inside and outside the local system. We were able to demonstrate our innovative approach to building Integrated Neighbourhood Teams, which was singled out as an example of national best practice.

You will find more detail on all these projects throughout this document, which provide some great examples of our willingness to explore new and innovative ways of working. I would like to thank ECCH's staff for their commitment to providing the highest quality services and their energy in doing so. It is down to them that we are able to deliver our vision to build healthier communities for the people of Norfolk and Suffolk.

A handwritten signature in blue ink, which appears to read 'Ian Hutchison'. The signature is stylized and fluid.

Ian Hutchison
ECCH Chief Executive



ECCH Strategy

Our strategy has three main themes:



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



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



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

Our vision

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

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



Improve

health outcomes by leading the development of community-based care



Grow, diversify & partner

to increase the value we reinvest into our communities



Build

an organisation for the future

Examples of what this means in practice

Patients will only have to tell their story **once**.

New ways of working, such as an **advanced matrix** to triage patients, designed with primary, social care and acute partners (with training and support to help staff adjust).

Faster turnaround on decisions, such as spending on equipment or a specific treatment or procedure.

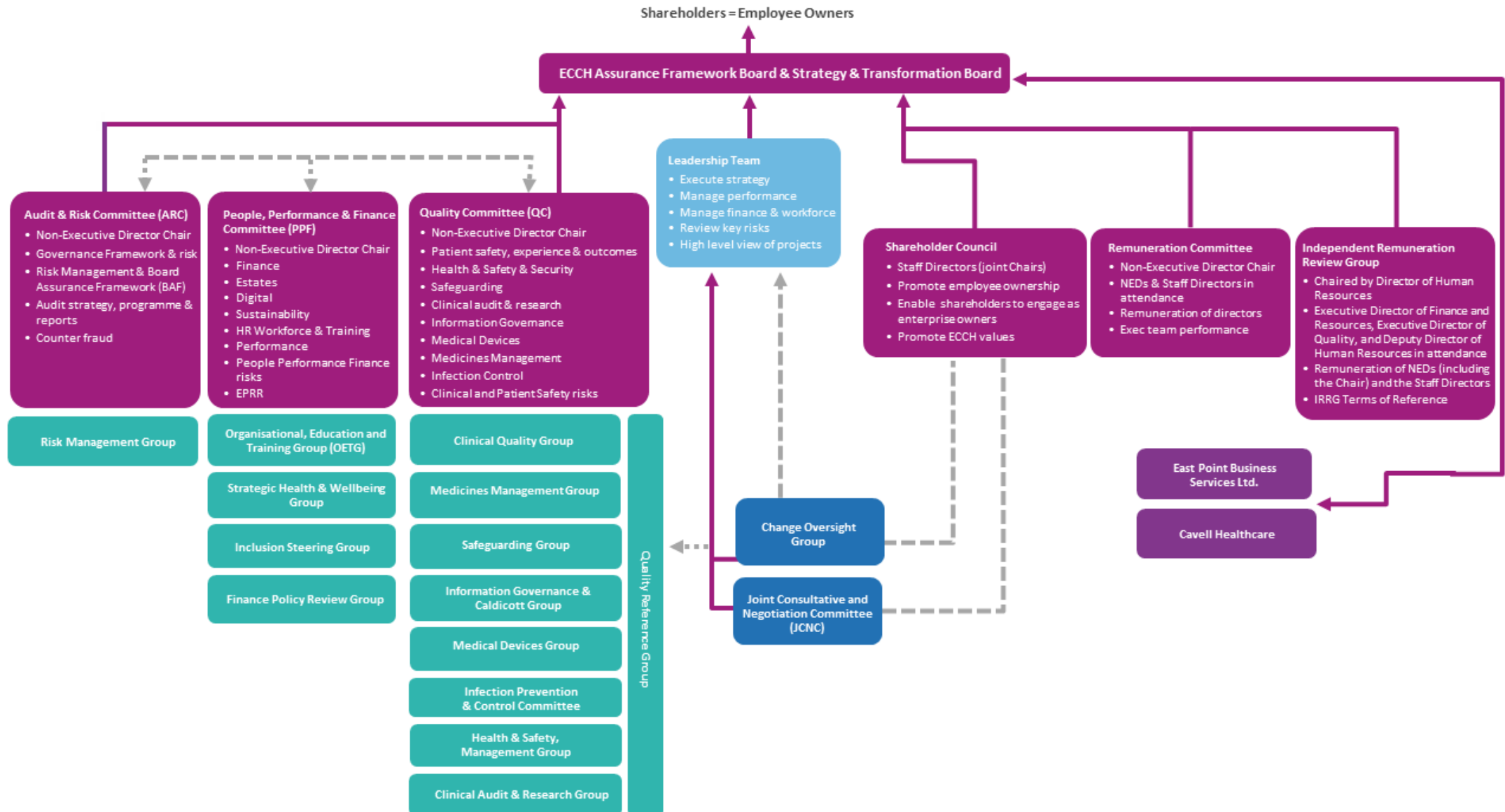
Our website will provide patients with **helpful information** on how to care for their conditions.

Waiting lists for specialist services will be **shorter**.

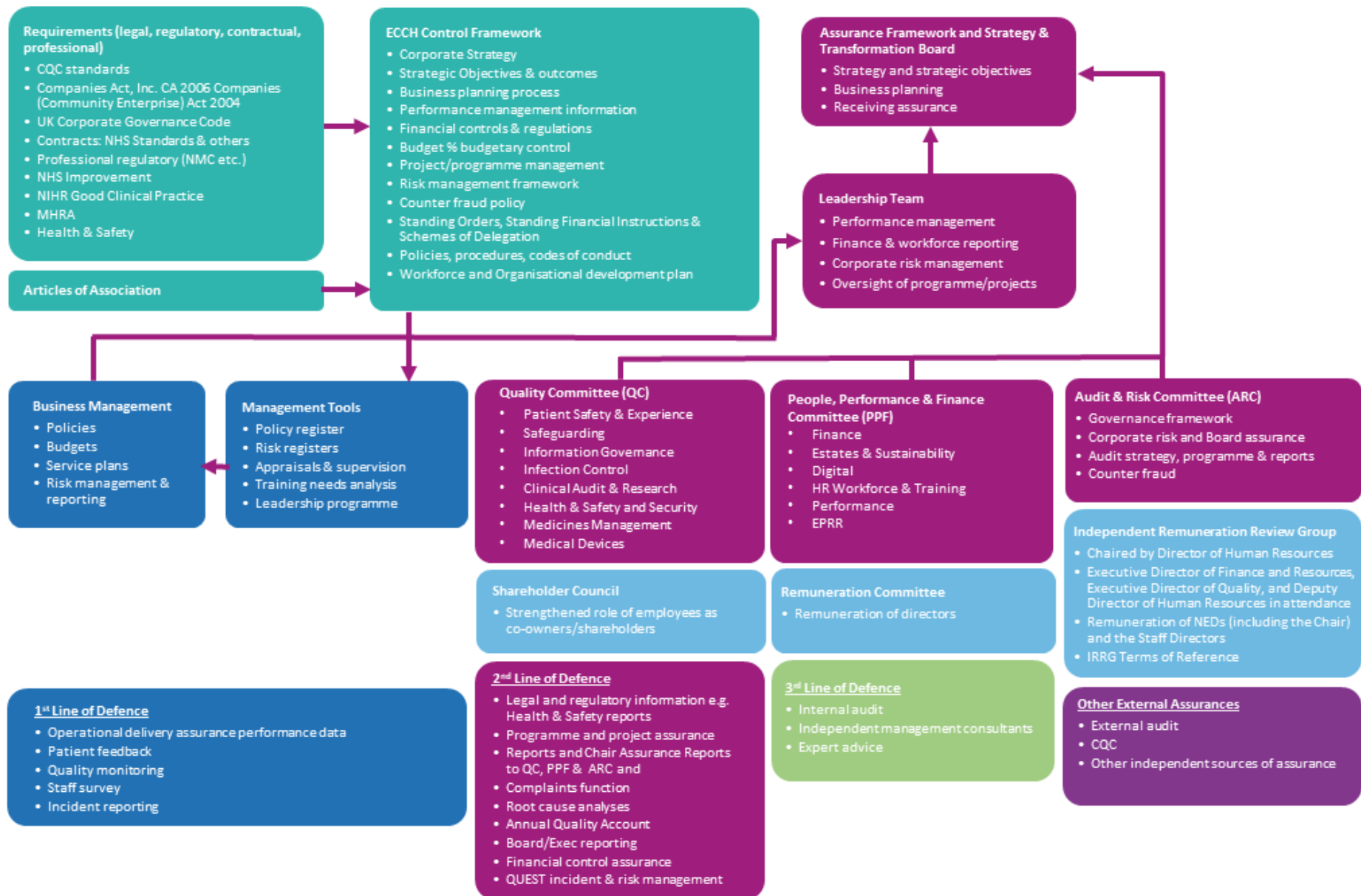
Conditions can be diagnosed and treated more quickly as a result of remote consultations and **better collaboration** between professionals.

Increased functionality of digital tools (e.g. SystmOne and Teams), such as a 'quick response' chat function for GPs and automated reminders for appointments or medication.

Our Governance Structure



Assurance Framework



Priorities for Improvement 2024/2025



Objective 1: Patient Experience

- To ensure that there are clear mechanisms in place for ensuring 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	Action	Measures
Understand how our services are experienced by those using them, areas where our care has been exceptional and ways to improve the care we deliver.	Embed an Organisational Strategy for Patient Engagement & Learning complete with a suite of routine feedback mechanisms which will be rolled out as part of our day-to-day approach to learning from patient experience.	<ul style="list-style-type: none"> • Higher volume of feedback • Increased compliments • 72hr issue call-back to involve patient/carer in resolution • PALS to complaint conversion rate • Patient/carer rates of offers of attendance at after-action reviews.
Increase the accessibility of our services to all our patients.	Develop our understanding of accessibility and acceptability of our services by scoping and analysing our patient demographic data, identifying factors for improvement.	<ul style="list-style-type: none"> • Development of demographic data template for services • Analysis of demographic data • Development of report and implementation of action plan to address issues identified.



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	Action	Measures
Increase ease of completing audits whilst limiting disruption to services to best engage our staff with clinical audit process and to inform overall service and practice improvement.	Work to increase engagement with the new Clinical Audit plan across the organisation and use QUEST, our digital platform, to gather, analyse and present data in a way that is effective for service improvement, to drive improvements.	<ul style="list-style-type: none">• Feedback from staff• Audit return rates• Attendance and contribution at the clinical audit meetings• Improvements made as a result of audits.





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	Action	Measures
Provide safe and robust systems for raising concerns when the normal pathways are not appropriate and ensuring staff awareness of these.	Continue to raise awareness of the Freedom to Speak Up (FTSU) process via a plan of internal communications, embedding the FTSU Champions network and engagement with staff.	<ul style="list-style-type: none">• Positive outcomes of FTSU awareness audit• Positive result in the staff survey• FTSU cases reported• Feedback from the Champions• Staff engagement and training compliance
Create a learning culture where there is a willingness to learn and improve from the organisation and wider system.	Formalise a variety of positive and proactive methods of sharing of learning across the organisation and wider system.	<ul style="list-style-type: none">• Positive feedback obtained via Quality Fundamental Reviews• Following sharing of learning there is a marked decrease of incidents relating to identified areas of concern.• Review of Service minutes to see evidence of sharing of learning.
Provide a safer level of independence to our patients and reduce time spent on medicines to allow for increased capacity to undertake other key patient priorities.	Devise and rollout a robust procedure for the Self Administration of Medicines (SAM) on the inpatient ward, enabling both staff and patients to be safe, effective and confident/empowered with SAM.	<ul style="list-style-type: none">• Positive audit outcomes• Feedback from patients on Minsmere Ward• Reduced medication incidents.

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 previously, what we have achieved and what work remains ongoing.

Action	Update: April 2024	Target Date
Digital Patient Feedback and Engagement Action: Adopt new and further develop our existing use of digital patient feedback methods. This should be in addition to, and support, face-to-face and other methods of obtaining feedback. The potential of digital feedback is recognised by the organisation as an essential source of additional feedback which can offer flexibility and efficiency.	<p>The Family and Friends Test (FFT) is now built on the organisation's quality assurance software. The link for this form is on the external website for patients to use. Posters have been developed for clinics with the QR code which will open the FFT form on the scanning device. Services have been sent the QR code to put on patient communications to enable feedback to be given. This unit of ECCH's Quality Assurance software system is now set up and can be used to produce other patient feedback forms and surveys. Patients can also use traditional written forms, where necessary.</p>	<ul style="list-style-type: none"> • Complete
Patient Safety Partner (PSP) Action: Work alongside, engage with and support our Patient Safety Partners to empower our patients and carers, with the overall aim of improving safety in our organisation. We will provide them with the opportunities to play a key role in the development of a patient safety culture, safety systems and improvement activity.	<p>The organisation's Patient Safety Partner (PSP) has been working with the Quality Team to support ECCH's patient safety strategy, providing advice regarding how the organisation engages with patients and carers.</p> <p>Some recommendations have been made regarding ECCH's public website which our Communications team have implemented and will continue to consider when creating new content.</p> <p>There are regular meetings in place with our PSP who continues to engage with governance groups and project work. All structures and governance are in place to allow the PSP to support us in relation to improving safety and ensuring the patient's voice is heard.</p>	<ul style="list-style-type: none"> • Complete

<p>Syringe Pump Management</p> <p>Action: In collaboration with St Elizabeth Hospice (SEH) we will introduce a system-wide programme to educate all staff within the four Primary Care Networks about syringe pump prescribing and management. St Elizabeth Hospice will be working collaboratively with James Paget University Hospital regarding their annual training programme as well as with Coastal Health - Great Yarmouth and Waveney's General Practice Provider Organisation (GPPO) - to offer training to GPs and Community Nurses on syringe pump prescribing and management.</p>	<p>Together with system partners, we have developed a final draft of the Community Syringe Pump Chart. The ICB is taking the lead on finalizing and exploring a digital solution.</p> <p>The overarching ICS Syringe Pump Policy is with the ICB. ECCH have adopted it and are working and training to it.</p> <p>It was agreed that each organisation would have their own Standard Operating Procedure (SOP).</p> <p>Both NCH&C and ECCH are now exploring the transcription of syringe pump charts in defined situations.</p>	<ul style="list-style-type: none"> • Complete
<p>Clinical Supervision</p> <p>Action: Review the organisation's current clinical supervision model for registered professionals, looking at ways to enhance the use of clinical supervision and the introduction of restorative clinical supervision to increase its efficiency and effectiveness, and support staff's personal and professional development.</p>	<p>Our Clinical Education team is working in partnership with Training colleagues and clinicians to update ECCH's model of clinical supervision for registered professionals. They have been liaising with system partners to understand how they use restorative supervision, the development of the roles of Professional Nurse Advocates and Professional AHP Advocates and the implementation of Just Culture.</p>	<ul style="list-style-type: none"> • May 2024
<p>Just Culture</p> <p>Action: Following the launch of the NHS Patient Safety Strategy – and the Just Culture guide - it is essential that the organisation ensures it supports and further embeds the fair treatment of staff, and a culture of openness and learning, by increasing staff confidence to speak up when things go wrong.</p>	<p>The organisation ran a campaign during August and September 2023 to promote Freedom to Speak Up (FTSU). This resulted in an increase in Freedom to Speak Up contacts, which were acted upon.</p> <p>We then put in place a rolling plan of communications and established a group of FTSU Champions.</p> <p>We continue to raise awareness of Just Culture through regular communications and are finalising a piece of work to align ECCH policies to reflect a Just Culture. A New Cultivating our Culture training programme was rolled out in March 2024.</p>	<ul style="list-style-type: none"> • March 2025

<p>Business Intelligence (BI) Dashboards</p> <p>Action: 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.</p>	<p>The BI team is currently developing our data 'warehouse' and dashboard design. They are working with senior managers to set out more detailed reporting capabilities. Trials are underway which combine data from multiple sources, looking at the following areas as a starting point:</p> <ul style="list-style-type: none"> • Service metrics • Team metrics • Team leader metrics • Data quality <p>The first ten dashboards have been published and are in the process of being refined.</p>	<ul style="list-style-type: none"> • Further functionality to be put in place over the next 6 months
<p>Patient Safety Strategy</p> <p>Action: Implementation and embedding of the new NHS Patient Safety Strategy, with a focus on the identification and sharing of lessons learned.</p>	<p>The Patient Safety Incident Response Plan and Policy were approved by ECCH's Board and Norfolk and Waveney ICB. They are available to staff on our intranet.</p> <p>The governance structure, policies, procedures and Learn from Patient Safety Events (LFPSE) complaint and incident reporting system, which supports the Patient Safety Strategy, have all been implemented. After Action Reviews have started and continue to develop.</p> <p>A programme of communications is in place for sharing learning and ensuring the strategy is fully embedded with staff. The Patient Safety Partner continues to support us to reinforce the system.</p> <p>Our new Quality Assurance System QUEST has launched with the LFPSE compliant incident reporting module.</p> <p>A new Safety and Learning Hub has been developed to review incidents in line with our response plan and policy.</p>	<ul style="list-style-type: none"> • September 2024

<p>Gosport Report</p> <p>Action: We will continue to implement and evaluate our action plan relating to the Gosport Independent Panel Report into the use of opioid analgesics at Gosport War Memorial Hospital. The report concluded that the lives of four hundred and fifty patients were shortened by clinically inappropriate use of opioid analgesics.</p>	<p>Initial work identified that the Beccles Hospital SystmOne unit requires the input of individual drugs as opposed to drug classes. Searches could then potentially miss prescribed drugs.</p> <p>All prescription charts are clinically screened by a pharmacist. Opiate de-prescribing is a priority for the clinical pharmacist on Minsmere Ward and discussed at each multidisciplinary team meeting.</p> <p>Resource is needed to further develop our Electronic Prescribing and Medicines Administration (EPMA).</p>	<ul style="list-style-type: none"> • March 2025
<p>Diabetes</p> <p>Action: We aim to follow and embed NICE guidance in relation to diabetic care, focusing on the nine processes of health management. Through partnership working, we will reduce the preventable damage that a diagnosis of diabetes can produce. This will include population health segmentation to identify at-risk people within our caseload, as well as activation measures and health coaching to support patients to self-manage their condition. We will also make targeted interventions to identify and engage those patients who are currently hard to reach.</p>	<p>The Specialist Diabetes Nursing team has seen dramatic increases in demand since the pandemic and a national shortage of some diabetes drugs is affecting the availability of some treatments.</p> <p>We have developed a webpage on the ECCH public website with information and links to other sites of interest.</p> <p>Education sessions have been held at most GP surgeries to upskill those seeing patients with diabetes, and an advice and guidance service is available for healthcare staff.</p> <p>A business case is under development to engage with a personal trainer to support the service.</p>	<ul style="list-style-type: none"> • March 2025

Commissioning for Quality & Innovation (CQUIN) Results

CQUINs are quality improvement goals that we agree with our commissioners, Norfolk and Waveney Integrated Care Board.

CQUIN Schemes 2023/24

Area	Update	Status
Staff Flu Vaccinations	We encourage all our frontline and patient-facing staff to have the flu vaccination each year. This year we vaccinated 82% of frontline staff. Our target was 80% .	Minimum target met
Malnutrition Screening in the Community	ECCH staff undertake a malnutrition risk assessment of patients who are admitted to Beccles Hospital Inpatient Unit using a tool called the 'Malnutrition Universal Screening Tool' (MUST). Any person who is identified as malnourished or at risk of malnutrition then has a management care plan created which aims to meet their complete nutritional requirements. This year we screened an average of 83.2% of patients against a target of 70% .	Maximum target met
Assessment, Diagnosis & Treatment of Lower Leg Wounds	ECCH continues to ensure patients with lower leg wounds (a wound located between the ankle and knee) are receiving the appropriate assessment, diagnosis and treatment in line with NICE guidelines. We aim to provide a full leg wound assessment to any patient with a lower leg wound within 28 days of referral to the service or, if a patient is already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded. This year we achieved an average of 26.5% against a target of 25% . The Tissue Viability team is working with our clinical teams to improve identification of patients with lower leg wounds, with increased training and competence amongst clinical teams to develop plans of care that incorporate the assessment, diagnosis and treatment guidelines.	Minimum target met
Assessment & Documentation of Pressure Ulcer Risk	All patients admitted to Beccles Hospital Intermediate Care Unit have a pressure ulcer risk assessment that meets NICE guidance within 6 hours of admission. Where a risk is identified, the patient will have an individualised care plan which includes things such as recommendations about pressure relief, mobility, and repositioning scheduling alongside patient preference. This year we achieved 74.8% . Our maximum target was 60% .	Maximum target met

Patient Safety

Infection Prevention and Control

The ECCH Infection Prevention & Control (IP&C) team has the Chair and administrative function for the Clostridium Difficile (C-diff) Root Cause Analysis (RCA) meeting, which is held in collaboration with the James Paget University Hospital (JPUH).

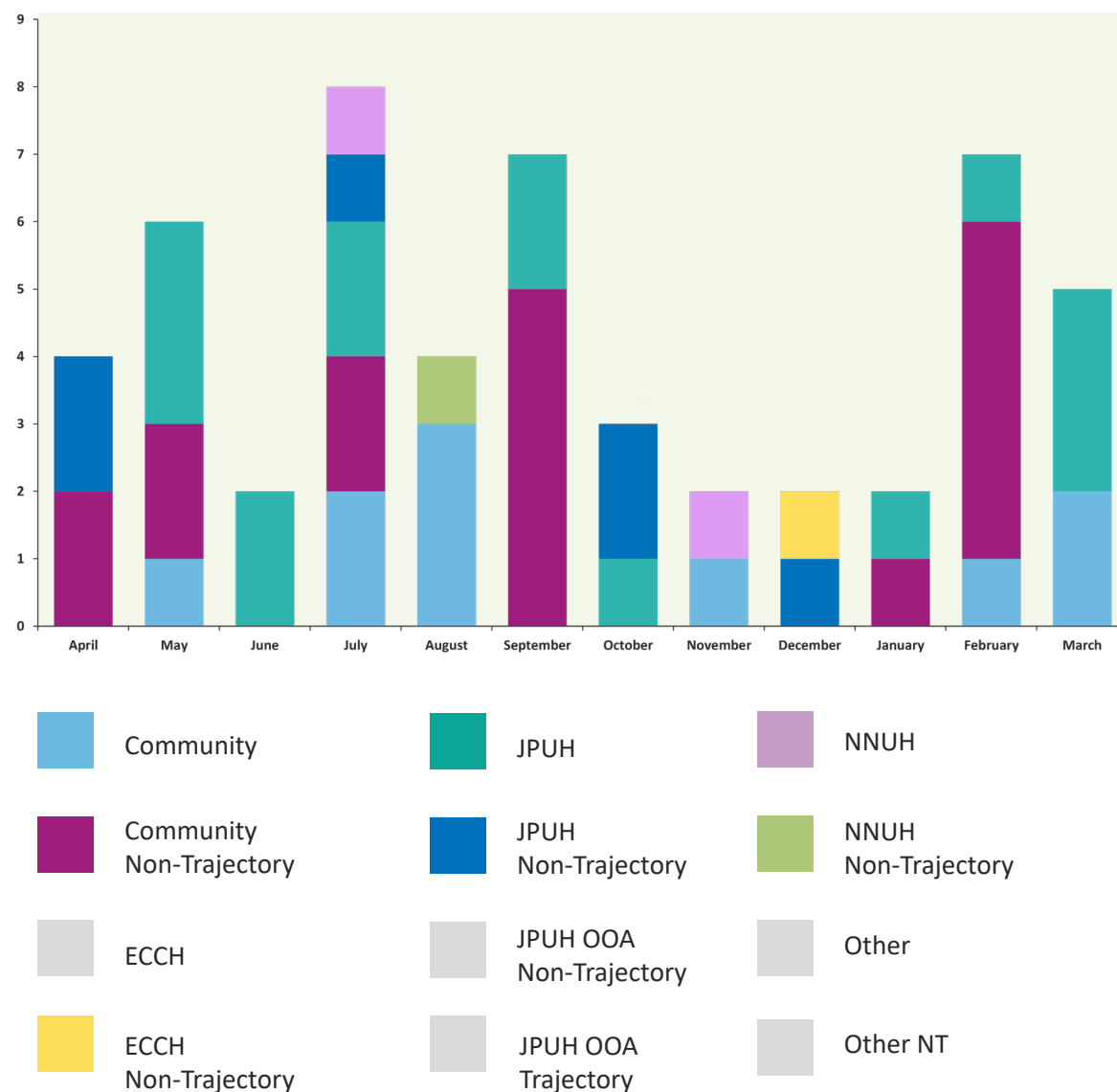
The team completes all non-acute RCAs for C-diff and also for E.coli bacteraemia in the community, and analyses the data in order to detect any themes in this area for the number of cases occurring.

In 2023/24 there were 52 cases of C-diff across Great Yarmouth & Waveney's health system, including community providers, the JPUH, Norfolk and Norwich University Hospital and ECCH. Of those, 27 demonstrated best practice and were adjudicated as 'non-trajectory' (ie. of unattributable cause) and 4 JPUH cases are yet to be adjudicated.

One case was attributed to ECCH, which was non-trajectory, and there were some community cases that had ECCH staff involvement.

There were 2 cases of blood borne Methicillin-Resistant Staphylococcus (bMRSA) and 4 cases of blood borne Methicillin-sensitive Staphylococcus Aureus (bMSSA) in the community but these were non-attributable to ECCH.

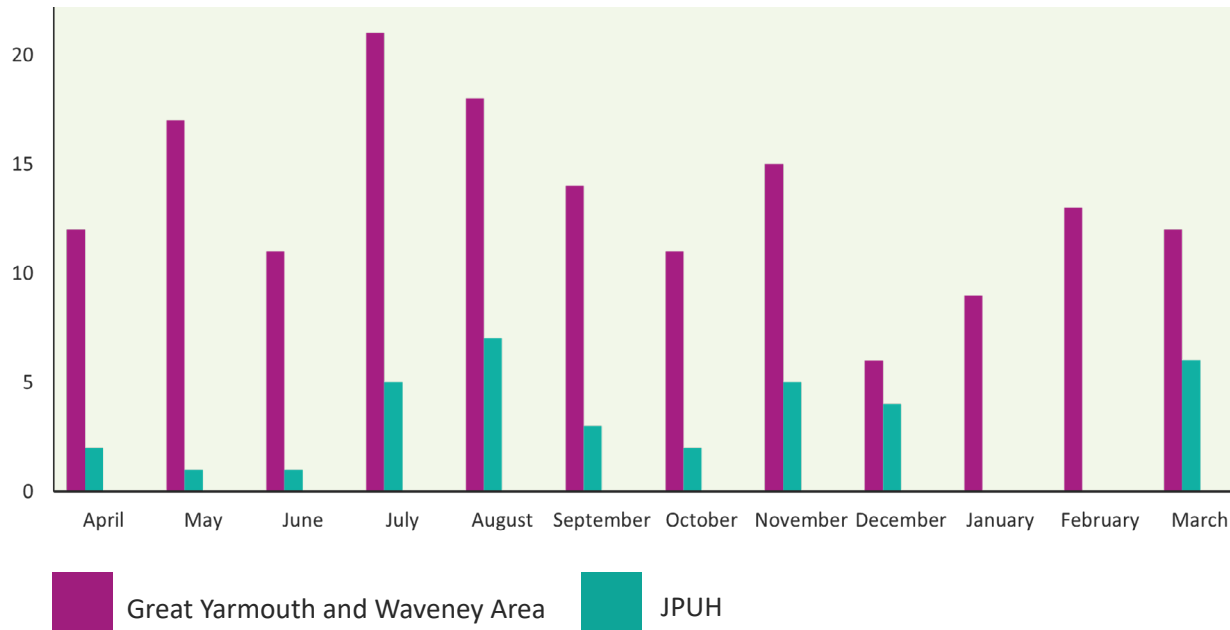
C. diff Figures 2023/24



The IP&C team has the contract to attend to influenza outbreaks in residential care homes across Great Yarmouth and Waveney, administering treatment as advised by the UK Health Security Agency (UKHSA). During winter 2023/24 there were **6** homes attended to swab for flu, with **3** confirmed outbreaks where Tamiflu antiviral medication was administered. The team continues to track and offer ongoing support to homes with flu, diarrhoea and vomiting, and COVID-19 outbreaks.

The team is also commissioned by the ICB to complete root cause analysis for all community cases of E.coli bacteraemia within the Great Yarmouth and Waveney area. The graph below shows the number of community cases throughout the year. There were **no cases** attributed to ECCH.

E. coli Bacteraemia Cases 2023-2024



Staff vaccinations

Hepatitis B & MMR

The IP&C team support our Occupational Health colleagues by identifying and vaccinating those frontline staff who need Hepatitis B and MMR (Measles, Mumps and Rubella) vaccinations or boosters.

Continued Success for Staff Seasonal Flu Programme

In 2023/24, ECCH was the highest performing community-based healthcare organisation in the eastern region for staff influenza vaccinations.

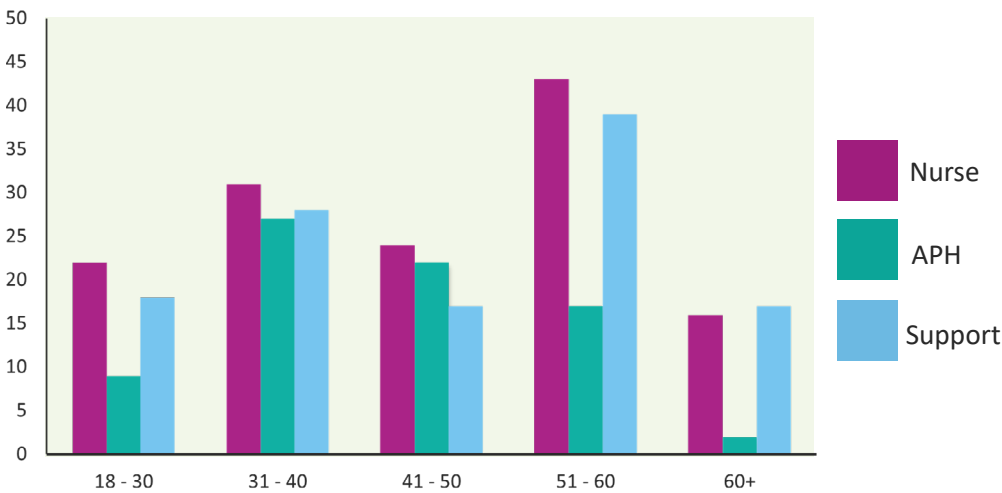
A total of **82%** of frontline staff were vaccinated during our annual in-house immunisation programme, including **90%** of nurses.

All staff were offered the immunisation, with the aim of vaccinating at least 80% and we achieved this target. The national average was 42%. In this way we protect ourselves, our patients and our families from the potentially deadly virus.

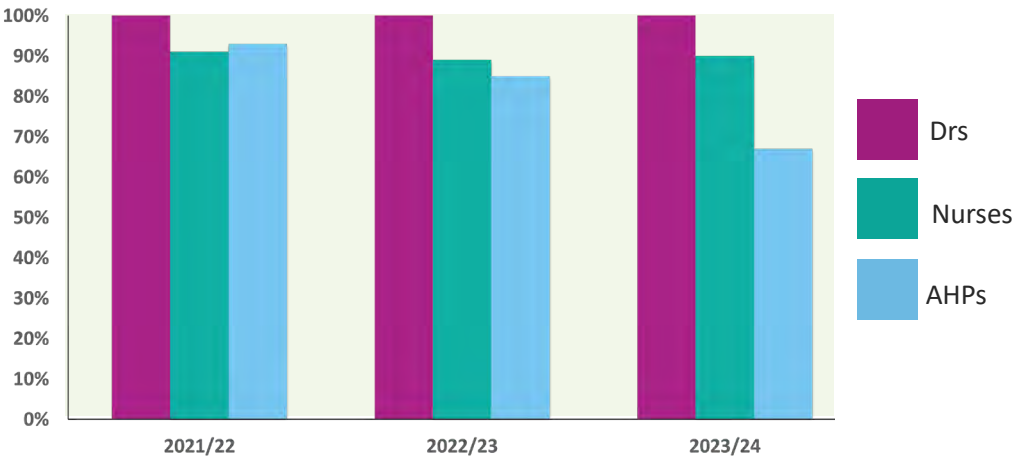
Year	Uptake of Frontline ECCH Clinical Staff
2023/24	82% (national average 42%)
2022/23	78.7% (national average 48.9%)
2021/22	84.5% (national average 70.9%)

The charts on the right break down the flu uptake figures based on clinical groups.

Flu Vaccination Uptake Per Age Range



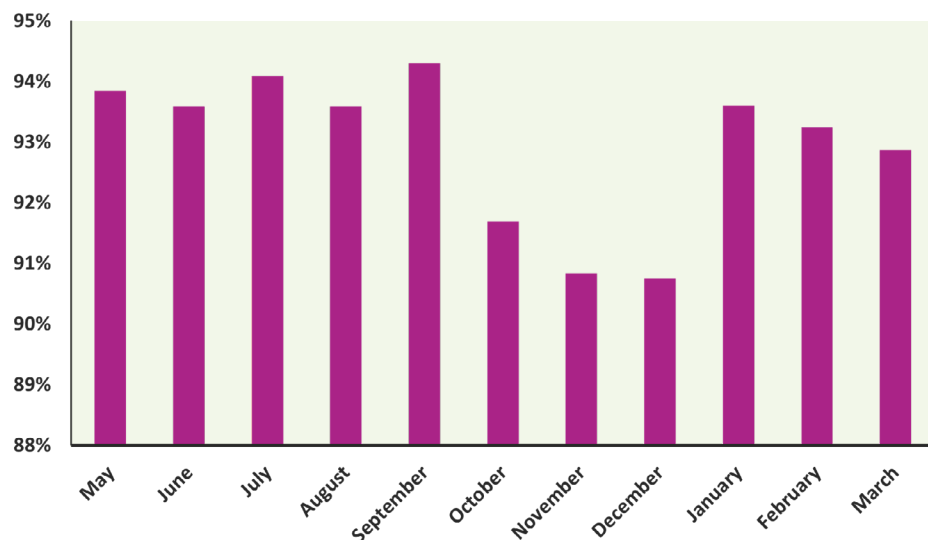
Comparison Chart for Flu Vaccination Uptake



Training

Infection Prevention and Control update training has now recommenced in person for clinical staff, as well as continuing online. This training must be face-to-face once every three years.

IPC Training Uptake 2023/24



Incidents

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

The type of incidents that are reported could include poor discharge information, medication incidents, missed visits or abuse of staff. The highest number of incidents concern pressure ulcers of all categories, in and out of ECCH's care.

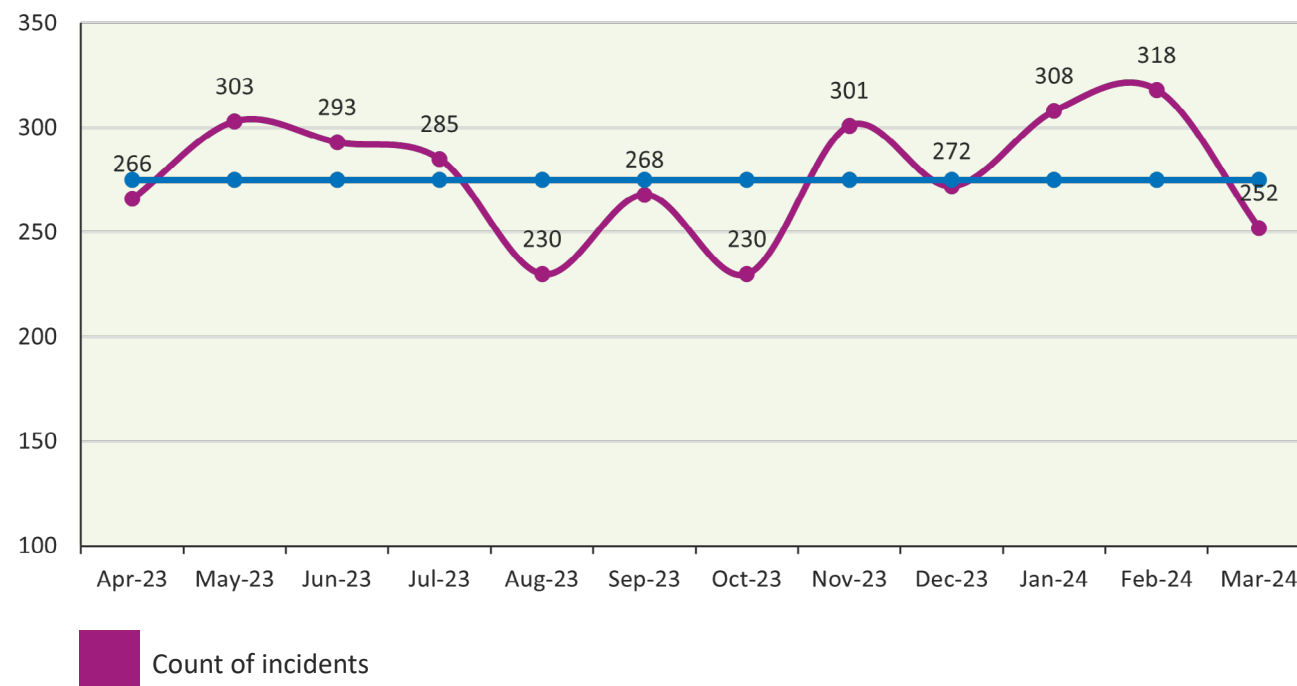
We utilise the InPhase incident and risk management system to manage clinical incidents. The system, which we call QUEST, incorporates a complete risk management and learning cycle through an investigative process, which is managed by team leaders within the services. Team leaders ensure that action plans are instigated to facilitate learning based around the issues that are identified. The action plans and learning are shared with staff at team meetings, and any trends are highlighted in order to review practice and implement improved systems.

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

The total number of incidents for the year 2023/24 was **3,328**. Of these **3,030** were patient incidents which equates to an average of **253** patient incidents per month.

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

Incident Trend



Serious Incidents

A Serious Incident Requiring Investigation (SIRI) is an incident where one or more patients, staff members, visitors or members of the public experience serious or permanent harm or alleged abuse, or where a service provision is threatened. **4** incidents were reported, meeting the national Serious Incident Reporting criteria in 2023/24.

From September 2023 the organisation has implemented the Patient Safety Response Framework. The previous Serious Incident Reporting system has been replaced with a range of learning responses including Patient Safety Incident Investigations and After Action Reviews.

Pressure Ulcers

ECCH treated **1,094** patients for pressure ulcer related wound care. Of these, **666** developed after admission to ECCH and **428** were present on admission. Of the 666 pressure ulcers developed after admission to ECCH, **87** pressure ulcers of Category 3 or above were reported. **2** pressure-related cases were reported as a serious incident and investigated fully.

Pressure ulcer management has been identified as an area of impact for patients accessing our service and this is reflected in the organisation's Patient Safety Incident Response Plan (September 2023). Pressure ulcer incidents are identified as requiring Patient Safety Audits or After Actions Reviews as a learning response, and where required a Patient Safety Incident Investigation is completed. Learning has been incorporated into the organisation's Wound Management Action Plan which is jointly led by senior leads from both our Operational and Quality directorates.

Duty of Candour

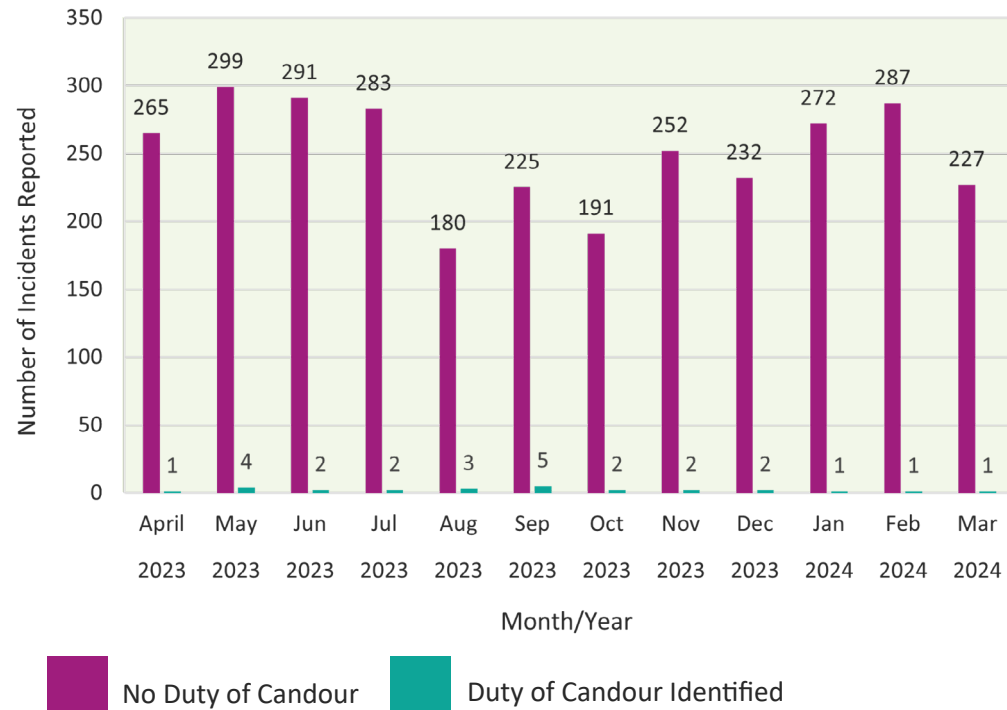
Within ECCH we follow the national Duty of Candour process which means that every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care, or has the potential to cause harm or distress. The patient or, where appropriate, the patient's advocate,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

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

From April 2023 to April 2024 there were a total of **3,030** patient incidents. Of these, **26** triggered the duty of candour process which equates to **0.86%** of incidents.

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

Table of incidents by month versus incidents triggering the formal Duty of Candour process (April 2023 – March 2024)



Freedom to Speak Up

ECCH has an updated 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. The FTSU framework has developed into a robust system with established guardians, a 'Champions' network and regular communications to ensure staff are aware of the route for speaking up.

Mortality Review

Learning from the deaths of people within our care helps to improve the quality of care we provide to patients and families. As an organisation, we are committed to ensuring that robust scrutiny of deaths within our care aligns to a governance process that seeks to identify learning, encourage engagement with staff and families, and ensures accountability and actions to make improvements.

To support this approach ECCH collects and reviews data about patient mortality. This informs our organisational mortality profile and directs us towards areas that may require further enquiry.

The Mortality Review Group is chaired by the Deputy Director of Quality and is a multi-disciplinary group that includes staff from our partners in the Specialist Palliative Care service - St Elizabeth Hospice - along with an ICB representative. Case reviews in the form of a Structured Judgment Review are prepared and presented for discussion. The feedback is shared for learning purposes to services and teams across the organisation and areas that require further action are monitored through this group. The group forms part of ECCH's governance structure and reports to the Quality Committee. Joint reviews take place with local health and social care partners, when appropriate, for capturing and sharing learning.

All deaths within our care may be subject to:

- Death verification
- Structured case record review
- Investigation where appropriate within the definition of the Patients Safety Incident Framework (PSIRF)
- Referral to the Coroner's Office

As part of our review we would seek to determine:

- 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?
- Was the care and treatment delivered appropriate to the person's needs and were referrals/escalations made in a timely manner?
- Is there any identified learning or action as a result of the actions/ omissions within our care delivery?

In reviewing mortality cases we endeavour to capture the patient's and families' views, wishes and choices, ensuring they were involved, informed and their voice was recognised during their loved one's care and treatment. On occasions, families may be requested to provide feedback to aid the review process and any findings are shared at their request.

Bereavement - how does ECCH capture feedback?

Bereavement information packs are available for all our staff in the community to hand out to bereaved families and within our Integrated Care Unit at Beccles Hospital. These packs contain local information to support and signpost bereaved family members. A questionnaire within the pack encourages families to leave us feedback about their loved one's care at the end of their life. This supports learning recommendations. An option for digital feedback is also available on our website. All feedback is shared with our teams and included within our annual reporting.

Clinical Effectiveness

Leading the development of community-based care

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

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

Over the period covered by this report we have introduced a number of new initiatives to develop our community services and benefit patient care in collaboration with system partners.

This section details some of these measures.



Virtual Ward launches

ECCH has launched a Community Virtual Ward which allows patients in Great Yarmouth and Waveney to receive hospital monitoring and treatment at home instead of in hospital.

The service sees patients trained to use a device which sends continuous or intermittent observations, including their breathing, heart rate, and skin temperature, directly to the Community Virtual Ward team. It is suitable for patients with conditions including respiratory disease, frailty, and heart failure.

If there is a sign of health deterioration, such as blood pressure rising, the Community Virtual Ward team will get an alert immediately. Staff will call the patient by phone or video link to talk through any health changes and to decide on the most appropriate next steps.

The service runs from 8am to 8pm, seven days a week and works alongside established nursing and therapy teams including the Intravenous (IV) Therapy team which provides IV treatments at home.

It is part of a Norfolk and Waveney system-wide initiative involving the East of England Ambulance Service NHS Trust, the three local acute hospitals and Norfolk Community Health and Care.

Expanding our Urgent Community Response



ECCH has continued to exceed its targets for responding to urgent cases in the community.

We work with system partners to provide a place-based response to patients who have called 999 but could be more appropriately and quickly seen by a local PCH team within either 2, 4 or 24 hours, dependent on their criteria. Our Urgent Community Response team has access to a digital portal holding information about patients who are waiting for ambulances. It means our team can attend patients at home with appropriate support where it is clinically safe to do so and, in so doing, reduce the pressure on emergency departments and the ambulance service.

Referral Urgency	Referral Count	Met Urgency Target	%
2 hours	6202	4936	80%
4 hours	621	547	88%
24 hours	238	188	79%

The success of NHS East of England's 'Access to the Stack' programme was recognised when it was awarded the 'Improving Urgent and Emergency Care through Digital' prize at the Health Service Journal (HSJ) Digital Awards 2023. These awards recognise excellence in digitising, connecting, and transforming health and care.

During the year to April 2024, we exceeded all our Urgent Community Response Requirements, achieving a combined result of **82%** against a contractual target of **70%** set by the ICS.

We achieved **88%** of 4-hour responses, **80%** of 2-hour responses and **79%** of 24-hour responses.



Beccles Intermediate Care Unit

In January 2024, the number of permanent rehab inpatient beds on Minsmere Ward increased from **16 to 20** to help support flow within the system and mitigate pressure.

Additional therapy staff have been recruited to the ward to aid patient recovery. They work alongside our ward nurses offering physiotherapy and occupational therapy to patients, the majority of whom have been transferred from the James Paget University Hospital because they no longer require acute care but are not well enough to be cared for at home.

A trial period has shown that there is now a lower average length of stay on Minsmere Ward than in intermediate care bed provision elsewhere in Norfolk and Waveney that does not have the additional therapy on offer. The average length of stay on Minsmere ward over the last year was **20 days** compared with 32 days elsewhere.

At our daily ward rounds, therapists are able to assess which patients would benefit from reablement care. In addition, these ward rounds involve colleagues from social care and from the Transfer of Care Hub which is responsible for discharging patients from the James Paget University Hospital. This multi-disciplinary team approach helps to maximise flow through the ward for the benefit of our communities and results in Minsmere's bed occupancy levels being consistently greater than **100%**, as empty beds are filled the same day.

Discussions have commenced with our subsidiary company Cavell Healthcare, which provides domiciliary care, to support the ward with staffing resource. This should help to reduce agency spend, and also provide development opportunities for Cavell Healthcare staff.

The key strategic objectives of communication, leadership and embedding a therapy-based culture continues as a priority for Minsmere Ward.

Specialist Palliative Care Services

Our Specialist Palliative Care (SPC) Service, run in partnership with St Elizabeth Hospice (SEH), is now entering its 6th year. It has cared for more than **4,850** patients in Great Yarmouth and Waveney since launching in April 2019.

The service continues to provide six consultant-led beds at Beccles Hospital and has **11** SEH clinical nurse specialists visiting patients in their own homes as part of ECCH's four Primary Care Home teams. Community Care Units are also in operation offering patients and their families support, including medical and nursing support, physiotherapy, occupational therapy, counselling, support groups and rehabilitation programmes.

This year has seen the growth in our Community Care Unit provision and we are now operating from weekly locations at the Pear Tree Centre in Halesworth, Louise Hamilton Centre in Gorleston, Beccles Hospital and Martham Medical Centre.

The Living Grief bereavement service now provides on average 50 bereavement packs each month providing vital information to families and carers about bereavement and how to access support. The service has commenced its first Living Grief bereavement information session providing information and social connections to people facing a bereavement. A valuable Carer Support group is hosted from the Louise Hamilton Centre to support carers whose loved ones are diagnosed with a life-limiting disease.

The service continues to offer medical consultant 'in reach' support into the James Paget Hospital, including an outpatient clinic and support to the hospital palliative care team. The 24-hour advice line – OneCall - receives and makes approximately **1,300** calls each month.



St Elizabeth
East Coast
Hospice

“

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.

Patient Feedback, Specialist
Palliative Care

Partnership transforms Musculoskeletal Pathway

ECCH and Norfolk Community Health & Care NHS Trust (NCH&C) launched a standardised approach to musculoskeletal (MSK) care in April 2024. It means patients with MSK conditions have access to the same care pathway wherever they live in Norfolk and Waveney.

The new Norfolk and Waveney Community MSK Clinical Pathway is designed to address the following:

- **Variations in clinical MSK provision** across Norfolk and Waveney that result in a 'postcode lottery' for users.
- **Commissioning issues** due to multiple providers operating under different terms and conditions.
- **Imbalance of funding** and limited scope for service transformation, pathway development and efficiency.

The new service includes a Single Point of Access (SPoA) for patient referrals. This provides a single 'front door' to MSK services across the region, with patients triaged to the most appropriate team depending on their clinical needs.

Patients can also self-refer, without the need to see a GP, and can access a range of self-help material on the service's website. They can also make, amend or cancel appointments via an app, which is called Airmid, at a time that is convenient to them. The app enables staff to contact patients instantly if they need to provide important service information and means patients and carers are not restricted to the working hours of our central communication hub, East Coast Community Access.

The North Norfolk MSK Service and the Great Yarmouth and Waveney MSK Service are now fully integrated into one ECCH MSK Business Unit.

Other benefits of the collaboration include:

- **Observation** of each organisation's in-service training has led to sharing of best practice approaches.
- **Inter-organisational peer support** has been established such as daily problem-solving sessions and 'buddy' systems.
- **Joint working groups** have been set up to progress transformation projects.
- **Development of an exercise prescription and self-management app** in conjunction with a leading external service provider. The App is designed to improve patient engagement leading to improved clinical outcomes for service users.
- **Increased liaison** with secondary care clinicians to share and discuss recent MSK service improvements and make plans for future service development collaboration.



Digital Improvements

Building on the digital advances in provision of MSK services detailed above, plans are now in train to roll out the use of online appointment booking to other ECCH services.

This year we extended the number of ECCH services available to primary care professionals via e-Referral within our SystmOne patient record keeping software. This streamlines the referral process, removing the need for phone or email referral routes.

ECCH worked closely with primary care colleagues, both in the implementation phase and in supporting them to use e-Referral in their own practices.

In March 2023, we conducted a survey within the four Primary Care Networks we serve to gain insight into how primary care colleagues felt about the ease of referral to ECCH, and our responsiveness.



We also asked some broader questions about respondents' experience of working with us. **79%** said our staff are professional at all times and **75%** said they place the patient at the centre of their work at all times. The most common words to describe ECCH staff were 'helpful' and 'committed'.

As well as these external improvements, our new internal InPhase incident and risk management system, which we call QUEST, has replaced the former Datix software as well as a number of our manual reporting and monitoring processes. It means we have one system to monitor:

- Incidents/Claims/Feedback
- Risk
- Audit & Audit Life Cycle
- Care Quality Commission
- Central Alerting System
- NICE guidance
- Policy Management
- Performance
- PMO Project and Programme App
- Board Assurance Framework

This gives us access to swift, triangulated compliance and assurance measures which supports our aim for continuous improvement across our organisation.



Clinical trial leads to improved integration with JPUH

A clinical trial has led to improved integration between ECCH's MSK Physiotherapy team and the Orthopaedics team at the James Paget University Hospital (JPUH).

Both have been involved in the RaCeR2 trial which looks at the outcome of patients who are progressing at their own rate following shoulder tendon (rotator cuff) repair versus the standard, more rigid, rehabilitation protocol where patients progress at set timeframes. The logic behind this trial is that surgical techniques and materials have improved with time while rehabilitation protocols have not changed.

As a result of participation in the trial we have agreed a rehabilitation protocol with the hospital's orthopaedic surgeons for elbow tendon (distal biceps) repair where previously there was no protocol. Also, JPUH physiotherapists now regularly contact ECCH's MSK Physio team about patients who they are concerned for on discharge. This could be because there are deviations from typical post-operative instructions that might otherwise get missed, or because the patient is likely to have a poor surgical outcome without more extensive community input. The ECCH team can then ensure that these patients have a prompt appointment, and that the treating clinician is aware of any concerns.

In addition to improving patient care, implementing these trusted referral routes gives reassurance to all involved.

ECCH Sister is made a Queen's Nurse

District Nursing Sister Kirstie Websdale has been awarded the title of Queen's Nurse by the community nursing charity The Queen's Nursing Institute (QNI).

Kirstie works for ECCH's Lowestoft Primary Care Home team and is currently seconded to our partner St Elizabeth Hospice providing specialist palliative care. She began her career as a Healthcare Assistant in 2005 and registered as an Adult Nurse in 2011, after attending university. She worked for St John Ambulance and Ipswich Hospital prior to joining ECCH. She completed her District Nursing Degree in 2018 and became a District Nursing Sister.

Kirstie is one of six nurses at ECCH to receive the prestigious title which denotes commitment to high standards of patient care, learning and leadership. It is open to registered nurses with more than five years' experience working in the community, and the application process requires feedback from patients and managers.



Adult Speech and Language Therapy

A demand and capacity exercise has been completed for the acute provision of the Speech and Language Therapy (SaLT) service. It demonstrated that demand exceeds current capacity.

Locum support continues for the voice aspect of the service due to ongoing recruitment challenges. Discussions are progressing with the Norfolk and Norwich University Hospital (NNUH) to ascertain how this service can be supported going forward as a result of the specialist competencies and skill set required.

There has been a significant improvement in community 18-week performance, which is commendable.

A SaLT Clinical Network Meeting has been established and includes representation from system partners such as NCH&C, NNUH and Queen Elizabeth Hospital, King's Lynn. The aim of this meeting is to work more collaboratively within the Integrated Care System to standardise and align pathways, avoid duplication and identify best practice and opportunities where possible.



Neurology and Early Supported Discharge Services

ECCH is currently working on the redesign of the Stroke pathway with stakeholder meetings held at 'place'.

As part of the national SQulRe programme, which seeks to improve the quality of community-based stroke care, the service is working collaboratively with ECCH's Neurology team, Norfolk and Waveney ICB and the Queen Elizabeth Hospital, King's Lynn, to design an integrated community stroke service. Recruitment is in progress to support a Stroke Nurse Pilot scheme as part of this initiative.

A successful Parkinson's Support Event was hosted by ECCH, in partnership with Everyone Active, in April 2023. This event brought together charities, services and support groups in the Great Yarmouth and Waveney area. More than 150 people attended the free event which offered the opportunity to learn about local services and support available to those with Parkinson's.

The Neurology team were shortlisted as finalists for the Neuro Rehab Times Awards in 2023.

Wheelchair Services

A new software installation - the BEST programme - in February 2024 is enabling our small team of occupational therapists and an assistant practitioner to have better oversight and asset management.

We are actively collaborating with partners at the Norfolk Community Health & Care NHS Trust (NCH&C) Wheelchair Service to benchmark services, identify opportunity for improvements and to develop a closer working relationship between both organisations.

The team has hosted the 'Sunrise Training and Education Programme' (STEPS) which delivers education and training to various stakeholders, both internal and external.

Diabetes

The Specialist Diabetes Nursing Service has seen an unprecedented demand since the COVID pandemic.

In 2019, the average new referral rate was **23** per month. The number of referrals over the past five years has continued to rise at an exponential rate, with the service now receiving an average of **153** new referrals per month, excluding advice and guidance requests.

Various actions and initiatives to help mitigate the demand on this service and ensure equity of access are being actively progressed. We are collaborating with the ICB to develop a workable solution.

National shortages of drugs used to in the treatment of diabetes continue to have a negative impact on demand and service delivery.



Cardiac Rehabilitation Service

The Cardiac Rehabilitation team provides service users with information, support, and advice to help them get back to everyday life as quickly as possible after an acute cardiac event, planned elective cardiac procedure or cardiac surgery. Their aim is to reduce the chances of further heart problems, whilst promoting good health.

As well as offering face-to-face Cardiac Nurse Clinics and home exercise programmes tailored to each patient, this year the service began to offer cardiac rehabilitation support through the Reach HF Programme to some patients who fitted the referral criteria.

Reach HF is an evidence-informed home-based programme help people with heart failure to manage their condition. The guide was designed following interviews with healthcare professionals working in four NHS cardiac rehabilitation centres in England and Northern Ireland.

The team also works with the Wellbeing Service, Everyone Active and Freedom Leisure to help people explore options to improve their health.

Smokefree Norfolk



During the period covered by this report, ECCH's Smokefree Norfolk service supported more than **2,000** people with a quit attempt. In addition to the core Smokefree Norfolk specialist service, ECCH also provided an early implementor smoking cessation enhanced service for clients who smoke and have a severe mental illness diagnosis, a Pregnancy Incentive scheme and a 12 week Vape voucher scheme.

Smokefree Norfolk (SFN) specialist core service:

Of the 2,000 people supported with a quit attempt, more than **51%** stopped smoking - the highest percentage was **62%** in Quarter 1. The majority of stop smoking appointments were conducted over the telephone with video and webinar appointments also provided. During this time Smokefree Norfolk has seen an increase in clients who are deaf. To support this client group, we created a specially designed webinar with British Sign Language (BSL) available on screen and narration. The feedback for this was extremely positive.

Smokefree Norfolk Severe Mental Illness (SMI) Service:

This enhanced pilot service was provided in collaboration with Norfolk & Waveney ICB, Norfolk County Council and Together for Mental Wellbeing. SMI referrals increased three-fold in the pilot area of Great Yarmouth, Gorleston and Norwich over this time, with a

large percentage of patients living in the **10%** most deprived areas. Approximately **30%** of clients set a quit date with over **40%** having stopped smoking at four weeks. This is in-line with the Russell Standard for general populations, so it is particularly encouraging given that people with SMI tend to be heavier and more dependent smokers.

Pregnancy Incentive Scheme:

This was implemented in May 2023 in collaboration with the James Paget Hospital maternity department, Local Maternity and Neonatal System and Norfolk County Council. The scheme was a pilot for the Great Yarmouth and East locality whereby pregnancy clients could be provided with shopping vouchers at different points of their quit attempt. These clients had to remain non-smoking to receive the vouchers, validated by an exhaled carbon monoxide test. The scheme received more than **50** referrals to April 2024 with approximately **90%** setting a quit date to stop smoking. Of those, more than **30%** remained non-smoking at four weeks. The preferred stop smoking aid was the vape and the 12 week Vape Voucher Scheme.

12 week Vape Voucher Scheme:

This continued to be a popular stop smoking product choice for Smokefree Norfolk's adult clients with more than **1,000** opting for the scheme for this period, and more than **600** vouchers redeemed. Of those clients who redeemed their voucher, more than **90%** set a quit date. More than **50%** reported stopping smoking at 4 weeks and approximately **60%** reported still not smoking at 12 weeks. In October 2023 Smokefree worked in collaboration with Norfolk County Council and the Local Pharmacy Committee to extend the scheme to Community Stop Smoking Practitioners. By April 2024, we had trained **13** community practitioners to deliver the voucher scheme from **11** pharmacies in Norfolk.

Looked After Children Service

The Looked After Children (LAC) service covers children and young people aged 0–18 who originate from the Great Yarmouth and Waveney area and who are under the care of the Local Authority, placed across Norfolk and Suffolk.

The team is made up of nurses and administrators who work to ensure statutory Health Assessments are completed within timescales and meet the health needs of the child or young person. Health assessments are carried out face-to-face either in the young person's placement, school or a venue of their choice.

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

The team has been working closely with the LAC service at Norwich Community Health and Care NHS Trust. Together, the two teams have reinstated foster carer training.

The service implemented a significant change in 2023/24, as a SystmOne electronic client questionnaire was designed and developed. This has replaced British Association for Adoption and Fostering (BAAF) paperwork. It has saved time in some aspects of the health assessments and enables the team to create a bespoke report for each child which will enhance future assessments.

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. Safeguarding training continues to be delivered face-to-face and virtually.

During the winter of 2023/24, work has been undertaken to improve the consistency and quality of Mental Capacity Act assessments and an audit is scheduled to assess the effectiveness of the intervention.

The Safeguarding team offers regular safeguarding supervision to specialist teams including the Looked After Children service and High Intensity Use service. The team also offers regular safeguarding sessions on Minsmere Ward.

ECCH's Safeguarding team continues to work collaboratively with outside agencies and local partners to develop partnership and working relationships. We have developed particularly strong links with Norfolk Community Health and Care NHS Trust, meeting regularly and providing mutual support and peer supervision, as needed. The team continues to work collaboratively with the Safeguarding Adult and Children Boards across Norfolk and Suffolk to protect and safeguard our client group in both counties.



Our Volunteers

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

Our regular volunteer roles include:

- **Hospital companions** who provide companionship and conversation to patients on Minsmere Ward, especially those who may have limited visitors.
- **Telephone-based roles** including a small team who call patients to help them complete the Friends and Family Test survey.
- **Community health and wellbeing volunteers** who support patients with a long-term condition, or recent illness, which has led to social isolation or loss of independence. Volunteers help patients improve their independence and their quality of life through activities such as accompanied outdoor walks or accessing their local community facilities.
- **Volunteer clinic assistants** who provide practical support to staff at the Leg Ulcer Clinics at Northgate Hospital, Kirkley Mill and Rayner Green.
- **Admin volunteers** who support with tasks such as inventory taking and photocopying for the administrative team at Northgate hospital and the physiotherapy team at Beccles hospital.

ECCH volunteers have also been able to provide support for short-term projects, such as the Smokefree incentive-based stop smoking scheme in Great Yarmouth and Gorleston aimed at expectant mothers. Volunteers assisted the team by manning weekly drop-in sessions where participants could have their carbon monoxide readings taken and recorded.

We are extremely grateful for the time and enthusiasm volunteers give us and the real difference they make to the staff and patients they support.

Clinical Research

ECCH is a research active organisation and seeks opportunities to support and deliver research activity which will benefit our patients, employees and local population. Our Research team has been able to support a range of activity in collaboration with local academic institutions, the Clinical Research Network (CRN) Eastern, and service delivery partners.

A total of **48** individuals were recruited or identified for participation in research studies during the period covered by this report. As a participant identification centre (PIC), we undertook activity for a commercially delivered study. ECCH has also become a PIC for Norfolk Community Health and Care NHS Trust (NCH&C) to identify potential participants for a long-term study which they are delivering.

Over the past year ECCH contributed to **8** National Institute for Health Research (NIHR) supported portfolio studies and **2** non-portfolio studies. This included the Carer Support Nurse pilot project which was delivered with the University of East Anglia. This project and Karen Murphy, the clinician undertaking this role, were positively recognised when they won the 'Nursing and Midwifery' category of the regional NHS Parliamentary Awards 2023. The Carer Support Nurse role was also shortlisted as a finalist in the Royal College of Nursing's (RCN) Nursing Awards, for the 'Innovations in your Specialty' award.

We are proud to have worked in collaboration with delivery partners including NCH&C, James Paget University Hospital, UEA and St. Elizabeth Hospice.

With the transition from primary care delivery to community-focused research, we have taken the opportunity to recognise areas within the organisation which were less frequently involved in research

activity and attempt to identify opportunities that are deliverable within these services. We currently have **5** prospective research studies under consideration.

Engagement with staff and the local community has been a point of focus for the team. Our research facilitators attended a network public event at Lowestoft Library to raise awareness within the community of the research being carried out by ECCH clinical teams and to highlight the importance of research in healthcare.

The Research team have updated resources relating to research at ECCH, including the distribution of national 'Be Part of Research' materials to ECCH sites and updates to staff and patient materials such as leaflets and webpages. Staff have been encouraged to attend bi-monthly clinical audit and research champion meetings and have completed a staff audit into research awareness with subsequent responses being used to form an action plan for future engagement by the Research team.

Our team has a strong skill mix and defined roles. This year we welcomed and supported a clinical staff member who was granted a CRN EofE funded 3-month Research Internship with the Research team.



Free Community Information Events

Throughout the year we have held a number of free public events to support patients managing various conditions. As well as the previously mentioned Parkinson's event, around **100** people attended a 'Heads Up' wellbeing day in Lowestoft aimed at providing advice to those with head injuries, stroke, Alzheimer's and similar conditions.

The event was organised in partnership with Everyone Active and had representatives from Headway, Stroke Association, Victoria Road Surgery, Alzheimer's Society and ECCH's Memory Impairment, Neurology and Speech and Language Therapy services.



We also received an impressive turnout for a special roadshow in Great Yarmouth where ECCH's Cardiac Rehabilitation team offered visitors a full health 'MOT' to mark World Heart Day. People were able to have their blood pressure and weight checked as well as their heart rhythm. ECCH's Physiotherapy Service offered support for people with mobility issues, and advice was available from our Smokefree Norfolk advisors to help people stop smoking.

Around **14,000** people are living with heart and circulatory disease in Great Yarmouth and around **19,000** have been diagnosed with high blood pressure. Visitors were shown life saving techniques such as cardiopulmonary resuscitation (CPR) in case of an emergency where someone's breathing or heartbeat has stopped. Organisations including Heart2Heart, Active Now, Sports Club 88 and Freedom Leisure also had stands.

Estates and Facilities

Estates and Facilities

Pressure across the healthcare system has resulted in bed occupancy levels fluctuating throughout the period of this report and the team has responded by scaling up beds, carrying out deep cleans, curtain changes and providing additional meals and laundry as required, and sometimes at short notice.

Estates and Facilities help desk

The help desk takes all calls and emails for issues reported from any of the ECCH sites and then arranges for contractors to attend the site to resolve the reported issues.

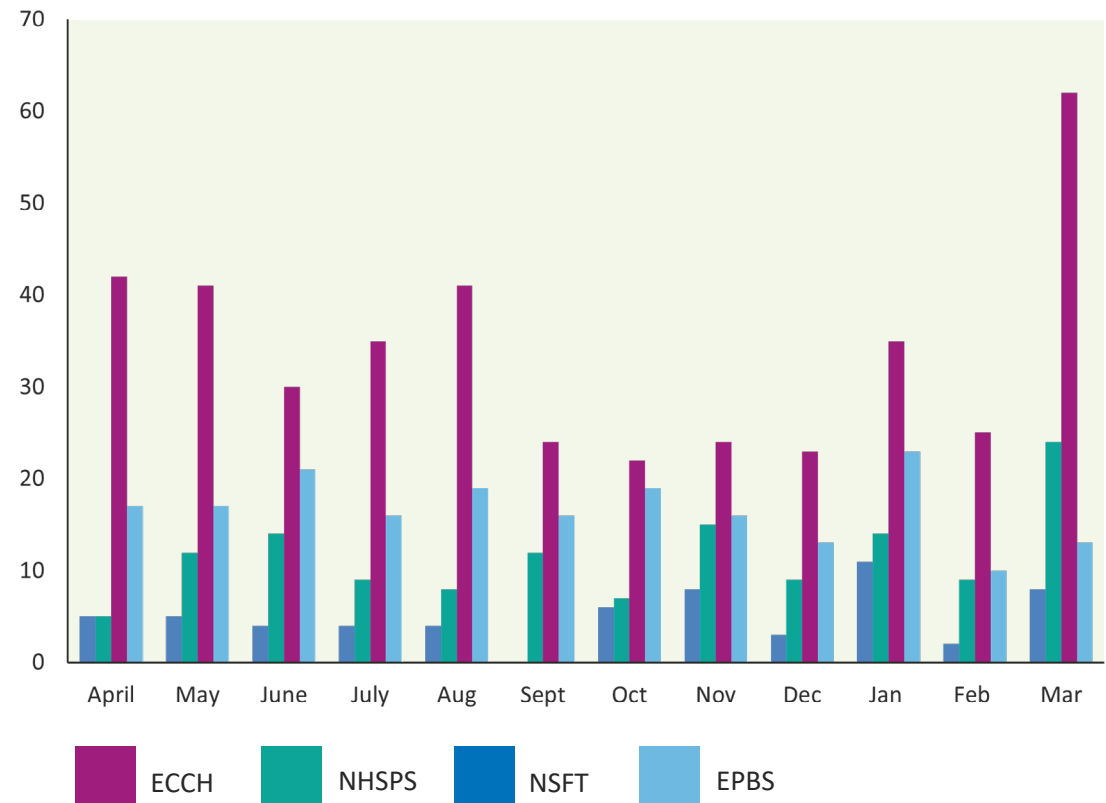
The graph shows the number of jobs reported to the Estates help desk for the period of this report and the contractor who was tasked to attend and resolve the issue.

In-House Multi-Skilled Technicians

Our multi-skilled technicians have been undertaking a programme of refreshment painting of rooms across the estate, when the rooms can be made available for the work to be completed. They also continue to provide assistance with moves of equipment.

Removal and disposal of all expired PPE stored in the undercroft at Hamilton House has been completed. Further clearance work will continue to maximise the area available for future use.

Jobs Reported to Estates Help Desk



Facilities – Soft FM

Our Facilities Operational Managers – a new role for ECCH – have made a real difference to their teams. Their role supports the efficient day-to-day running of services including cleaning, laundry, waste, window cleaning, meal provision and pest control. They are also responsible for general changes on site and for cleaning audits.

These audits are carried out in line with the national cleaning standards for healthcare settings. The locations are divided into functional risk areas, which determines the frequency of the audits. The results are shared with the domestic staff with action plans for any areas of improvement.

Moving forward we are looking to use the audit function within QUEST as, at present, the audits require manual input.

Refurbishment projects

Over the year there have been various moves by departments within buildings which are aimed at rationalising the estate. As part of this project, the District Nurse Service at Sole Bay Health Centre moved from an open plan office area which was shared with the GP Practice to their own office area. This has created a better working environment for the team as they now have access to natural daylight.

Beccles Hospital has undergone refurbishment projects including the creation of a new inpatient rehabilitation gym area, a new staff room and a male staff changing room. The reception area has also been refurbished to make it more open plan. These changes have helped to improve the facilities for both patients and staff.

Kirkley Health Campus has also had some refurbishments carried out by NHS Property Services. All the soffits & guttering around the main building have been replaced and solar panels have been installed which, it is hoped, will reduce electricity costs.

Compliance

The Estates team has reviewed the compliance documentation for the entire estate in the knowledge that the pandemic created a backlog, with the inability to allow contractor visits. This has now been brought back on track by our landlords. Our overall compliance status is on an improving trajectory and at the time of this report is at **63.28%**.



Green Plan

ECCH's updated [Green Plan](#) was approved by the Board in April 2024 and published on our website.

This is a three-year strategy aimed at ensuring ECCH plays its part in helping the NHS become the first ever net-zero national health service. It aims to promote innovation and new ways of working to support our long-term objectives. It outlines our plans to reduce our carbon emissions and address issues such as energy usage, business travel and waste reduction including medicines and medical equipment.

In recent years, ECCH has reduced the number of properties in its Estates portfolio from 20 down to 11, which has subsequently resulted in a reduction in the company's carbon emissions. The organisation will continue to work collaboratively with its landlords to explore environmental and sustainability changes that can be applied to the sites it occupies.

A review of our fleet vehicles will lead to us replacing existing vehicles with LEV or ULEV alternatives as they become due for renewal. This year the Estates team vehicle was replaced with an all-electric van which is now a shared facility with the ICT team. We are also offering an incentive to staff who regularly use their own vehicles for work purposes and who choose to replace them with more fuel-efficient models.

We are working to understand the office processes where print and stationary use is significant in order that we can look at digital alternatives.

We are in the process of appointing dedicated 'Green Champions' on each of our sites to ensure staff understand our sustainability

objectives and what we are trying to achieve as an organisation. We have also introduced the topic of sustainability into our inductions for new staff.

When procuring services, we endeavour to use local organisations which have their own environmental strategy in place. Our food supplier has recently introduced non-carbon plastic packaging for the plated meals that they supply to Beccles Intermediate Care Unit. This makes it easier to detect for recycling purposes.

We will also ensure that our two subsidiary companies are included in the long-term environmental planning of projects and that their staff are fully engaged with our approach to sustainability.

We have completed an initial calculation of our carbon footprint in accordance with the nationally recognised Greenhouse Gas Protocol. We will continue to repeat this process on a minimum yearly basis so that we can monitor our emissions and clearly demonstrate a reduction.



Patient and Service User Experience

Friends and Family Test

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

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

FFT Results	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
	97%	94%	94%	99%	98%	99%	99%	99%	97%	98%	99%	95%

Patient Advice and Liaison Service

In addition to the Friends and Family Test questionnaires, our patient liaison leaflets and posters are prominently displayed at all our sites. Our website gives details of the Patient Advice and Liaison (PALS) team, and we strive to ensure that our patients can give compliments, ask questions, raise concerns or make formal complaints easily and with complete confidence. The PALS team is committed to listening carefully to patients, responding in a fair, open and honest manner and to resolving issues as quickly as possible.

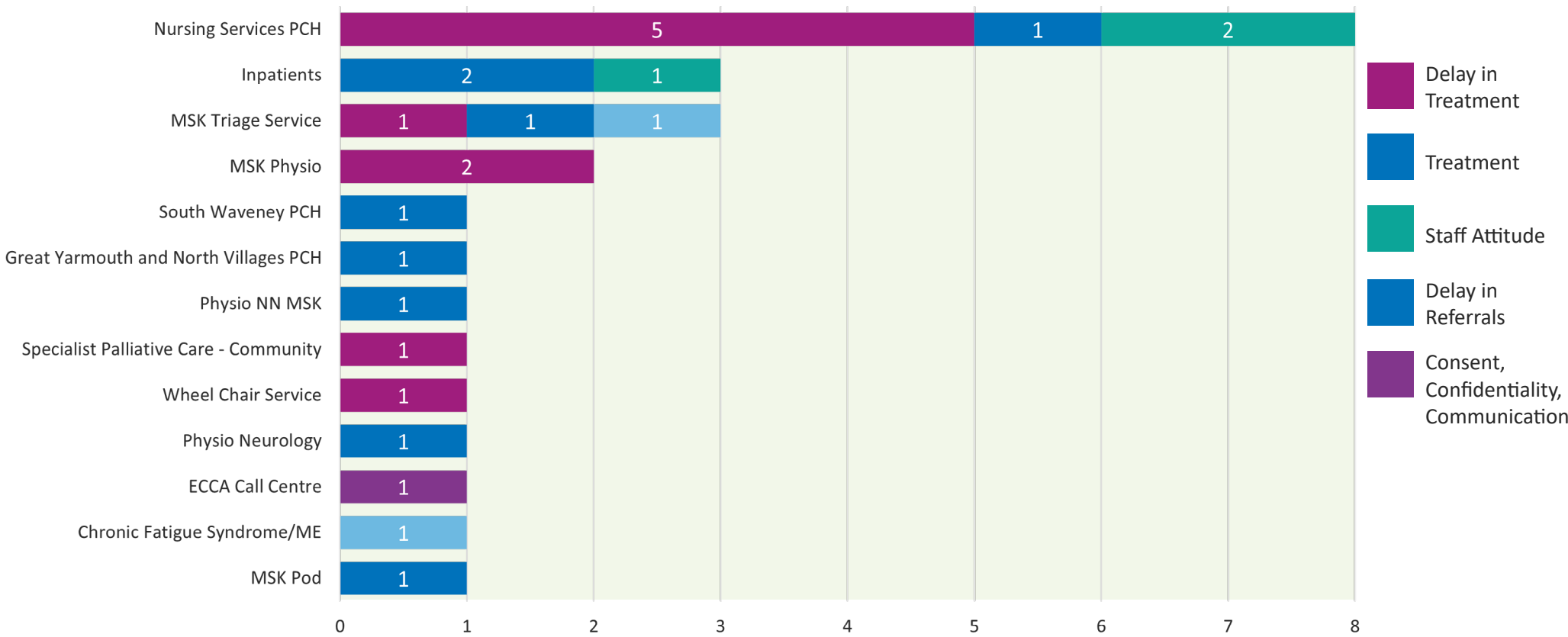


Learning from Complaints and PALS Concerns

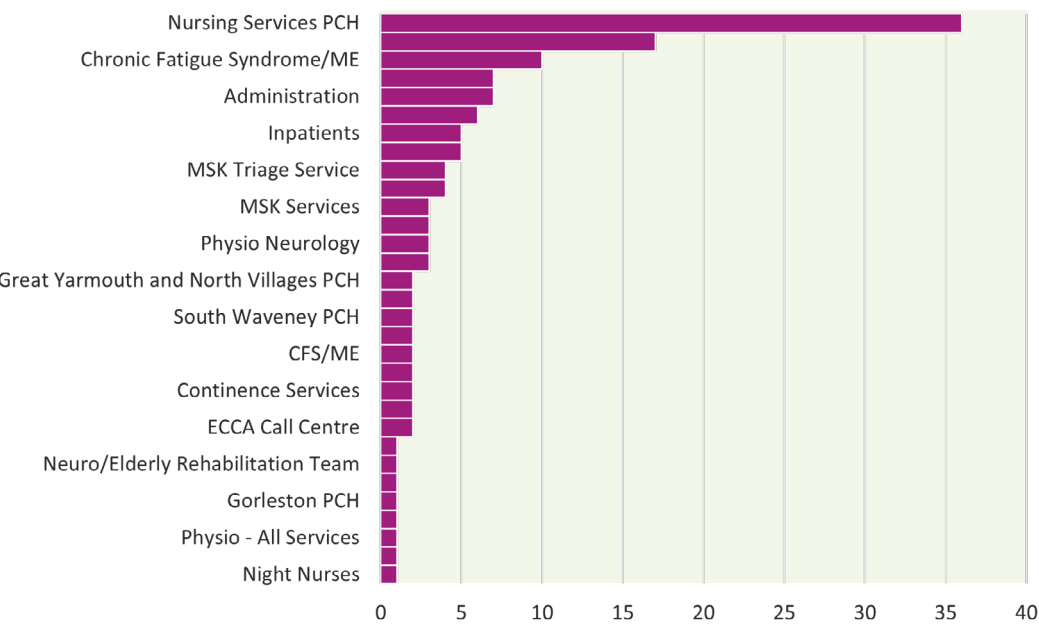
As a learning organisation, complaints are a vital source of information shared across our services to inform and improve what we do.

Whenever potential service improvements are identified, complainants are informed by letter that any resulting action plans have been completed. Monthly results are uploaded on ECCH’s website (www.ecch.org). The graph below provides details of the complaints received during the year 1 April 2023 to 31 March 2024. Initially we try to resolve all complaints quickly and informally, and only follow the full formal complaints process if a resolution could not be agreed with the patient.

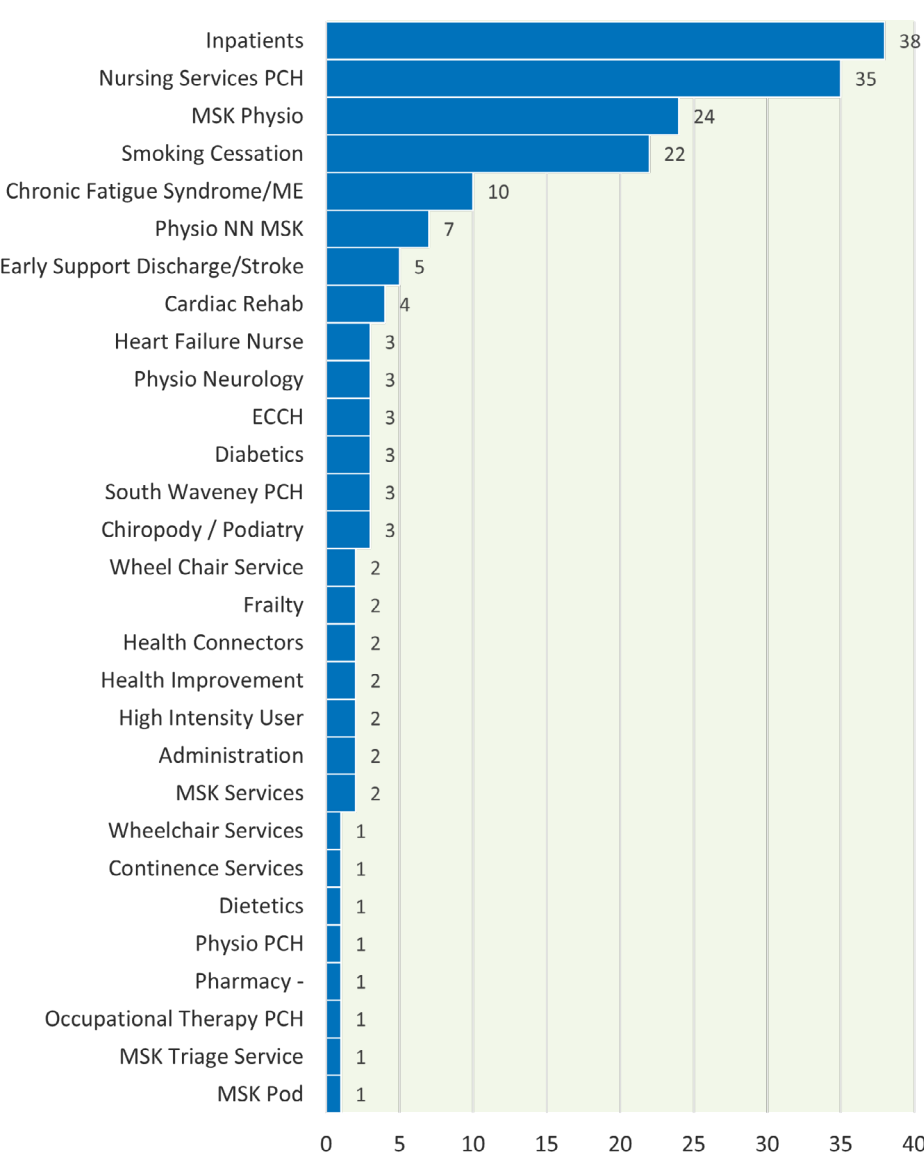
Complaints received from April 2023-March 2024 by Service and Type



Number of PALS Issues and Feedback: April 23-March 24



Compliments received by service: April 23-March 24



Cardiac Rehab

"What absolutely amazing people both nurses are! I found them to be **very caring, thorough, informative**, and professional throughout. As well as this, they were very **friendly**, putting me totally at ease and making the whole experience so much easier for me. Your assistance and this service is invaluable."

Inpatients

"Thank you to the physiotherapist and the occupational therapist, who helped me to walk and climb stairs and therefore enabled me to go home. I would to say a special thank you to the healthcare assistant who not only washed my hair and helped me shower but was also very **kind and considerate** when I was upset."

Frailty

"I would like to express my sincere thanks to the member of the Frailty team for the wonderful care and help she has given me and my mother. She is an absolute credit to her profession going **beyond the call of duty** in trying to help. Frankly the last few days have been really difficult and without her help I would not have got through it."

Primary Care Home

"After over a week of care from your team of amazing nurses, they're so kind and bring care and knowledge to their work, **nothing is too much trouble**, thank you each and every one who helped with my recovery."

Patient Feedback

Podiatry

"I will always be grateful for the treatment I have received from the podiatry team. They are a **credit** to the health service."

ME/CFS

"I just wanted to thank you for all your support and encouragement. Telling me I wasn't alone and had people who knew and understood gave me confidence."

MSK Physio

"The physio put me at ease, listened to my answers and reflected accurately the consultation in the letter to GP and myself which arrived the next day. She was obviously very **knowledgeable and professional**, and I felt so much more confident in the management of my condition after seeing her."

Dietetics

"The dietician has been absolutely **fantastic**, listening to me, contacting my GP to get my hospital referral expedited, keeping in touch with me and at last I felt I was no longer alone and that someone cared. I cannot thank you enough for everything."

Health and Safety, Security and Resilience

Health and Safety

ECCH has a legal obligation to ensure the reasonable care of health, safety, and wellbeing at work for all staff, patients and visitors under the Health and Safety at Work Act (1974). This includes ensuring we are compliant with health and safety responsibilities. Our Executive Director of Quality holds the role of accountable officer for Health and Safety for the organisation.

To support our obligations, we employ a Health and Safety Advisor who oversees the maintenance and promotion of health and safety within the workplace, ensuring we are compliant with up-to-date guidance and legislation. Furthermore, a network of Health and Safety Representatives and Site Responsible persons ensures daily oversight, dissemination of information and prompt escalation of issues.

The Health and Safety Advisor engages in a multi-disciplinary approach, liaising with our teams including Estates, Occupational Health, Medical Devices, Infection Prevention and Control, Emergency Preparedness and Resilience and Risk Management to ensure a proactive approach to the Health and Safety agenda. As part of this role, these teams undertake work site audits and ensure any actions arising are promptly escalated and completed. A review of the Lone Worker arrangements has been commenced during this period which led to Lone Worker packs being reintroduced to community-based teams. Future planning is based around exploring alternative app-based Lone Worker Devices as part of a local system approach.

During 2023/24 a Health and Safety Representatives Forum was introduced which feeds into the oversight and reporting for our Health and Safety meetings. The Health and Safety meeting reports compliance, risk and assurance to the Board via the Quality Committee. The network of representatives continues to grow and they are supported by an induction session and regular access to the Health and Safety Advisor for support and guidance.

ECCH has reported no Health and Safety breaches in relation to statutory Health and Safety standards during 2023-2024.



Emergency Preparedness

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

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

Workforce Quality

In 2023/24, ECCH's average number of staff employed, including bank staff, was **727**. This reflects a decrease from the previous period when the average headcount was 766. The turnover rate during 2023/24 was **14.1%**, which is an improvement and lower than the previous year's rate of **17.22%**.

ECCH continues to work in partnership with local and regional health and social care organisations within the Norfolk and Waveney Integrated Care System (formerly known as the STP footprint). Planning workforce priorities to address recruitment, development, and the retention of health and social care staff remains essential to the future sustainability of our organisation and our local health and social care services. This collaborative approach ensures we are better equipped to meet the evolving needs of our community and maintain high standards of care.

Staff Voice

In October and November 2023, **73%** of ECCH staff completed the annual NHS Staff Survey, compared to **70%** in 2022. Nationally, the response rate for Community Trusts was **61%**. **62%** of scores have improved on last year and **52%** scored higher than the national average for similar organisations.

Some very positive themes were evident from the results, with some of the highest scoring answers relating to staff feeling trusted to do their job, staff having received an appraisal in last 12 months, which has improved by more than **10%**, and staff being encouraged to report errors, near misses and incidents.

Highest scoring answers

Question	2023	2022	Average for similar orgs
I feel trusted to do my job	91.2%	90.8%	91%
I have received an appraisal in the last 12 months	92%	81.8%	87.1%
Encouraged to report errors/ near misses/ incidents	92.7%	93.6%	87.9%

Significant improvements were evident in some areas which are generally low scoring for any organisation such as the responses regarding having enough staff to do the job (**up more than 20%**), having adequate materials (**up 8.4%**) and feeling satisfied with pay (**up nearly 11%**).

Biggest improvements

Question	2023	2022	Average for similar orgs
Enough staff to do my job properly	40.6%	20.2%	39%
Satisfied with level of pay	44.3%	33.5%	41.6%
Have adequate materials, supplies & equipment to do my work	70.8%	62.4%	66.2%

Answers about being exhausted by work show that frontline staff are still significantly impacted. As a result, ECCH has implemented a number of measures to support staff including an improved online wellbeing portal, organised activity days to encourage team bonding and improve morale and the introduction of an Employee Support Fund to aid staff with financial difficulties. Encouragingly, several survey answers on this topic have moved to a more positive position, implying a reduction in pressures in other areas of the organisation.

Work pressures

Question	2023	2022	Average for similar orgs
Achieve a good balance between work and home life	62.6%	57.4%	63.7%
Never/rarely exhausted by the thought of another day at work	45.2%	40.2%	46.8%
Never/rarely frustrated by work	27.6%	21.2%	26.0%

It is clear from the results that communications between senior/middle managers and their teams is variable and staff tell us they do not always get praise for good work or feel valued by their managers. Work has begun to improve staff recognition across the organisation.

Areas for attention

Question	2023	2022	Average for similar orgs
My immediate manager values my work	73.3%	74.3%	77.1%
I feel valued by my team	72.6%	74.1%	73.9%
Satisfied with extent organisation values my work	45.4%	41%	50.2%

Following analysis of the results at directorate and senior management level, action plans have been drawn up for each team, rather than creating one organisational plan, in order to address themes specific to those areas. We took this approach for the first time after the 2022 NHS Staff Survey and received a positive response, as staff felt changes were made that were directly relevant to them. These plans are revisited regularly at team meetings and embedded into monthly review meetings between managers and HR Business Partners.



“

I recently returned to work with ECCH after working in another organisation. I came back because, as an employer, ECCH is very staff-focused, I knew I would be supported I can have a voice and contribute to how we deliver care, rather than just be another member of staff.

Staff Feedback

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 chair our Shareholder Council and are voting members of the Board.

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

During the period covered by this report the Shareholder Council was involved in a range of activities including:

- The **recruitment** of a new Chair
- Presenting on the subject of **staff engagement** at the Employee Ownership Association conference
- Supporting the roll-out of the **NHS Staff Survey** and **People Pulse** adding Equality, Diversity and Inclusion as a fixed agenda item at meetings
- Increasing **guest speakers** at meetings to promote projects and development work, and ask for staff input
- Shortlisting **nominations** for Staff Awards
- Choosing the recipients of our **Star of the Month** recognition scheme.

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

In 2023/24 some of those who benefited were:



Waveney Jaguars Under 12s Football Team received **£750** to pay for sports kit and training jackets.



Musical Lifelines were given **£990** to fund a series of free music workshops in Bungay for people with dementia, Parkinson's or who are at risk of social isolation.



Corton Church of England Primary School received **£500** to create a wellbeing area for children within their library space.



Great Yarmouth & Gorleston Memory Club received **£500** towards its vital service for those with dementia.

Staff Absence and Wellbeing

There have continued to be considerable challenges across the system in terms of staff health and wellbeing during 2023/24. At ECCH, these have mostly presented through sickness absence but have potentially also affected the organisation through presenteeism which then impacts on performance and turnover metrics.

We have continued to address the impact of these challenges through collaborative working, with our Human Resources (HR) team embedding regular dashboard meetings with managers, tracking absence, training and appraisal compliance. HR has continued to work closely with Occupational Health to ensure that those who are longer-term absences are managed back to work and to mitigate the impact of high short-term absence.

We now have consistently lower levels of sickness absence. Rolling absence for 23/24 is **6.4%**, compared to **8.4%** for 22/23. ECCH's geographical area includes some of the most deprived areas in the UK which is likely to be a contributing factor to higher levels of sickness absence. Our Equality, Diversity and Inclusion Improvement Plan looks to address health inequalities in the workforce.

Nationally, the average sickness absence rate for NHS Hospital and Community Health Services is **5.3%**. In addition to the above factors, unlike other Trusts/organisations within NHS Norfolk and Waveney ICS, we may include in our sickness absence rate those absences which are related to stress, depression and anxiety, for instance caused by bereavement and we have not yet implemented a disability leave policy which would allow us to record certain periods of absence separately, i.e. for a short, planned appointment for a reason related to an employee's disability (which other organisations already have in place). Therefore it is not possible to compare figures 'like for like'. We have recently updated our special leave and maternity policies to include time off for fertility treatment and also the loss of a child due, including miscarriage. This includes the mother and partner, whereas previously these absences would have been recorded as sickness absence.

Looking ahead, we are entering an exciting phase in our journey within health and wellbeing. Early in 2024, we negotiated a contract with a new Occupational Health provider, Medigold Health Consultancy Limited, which went live at the end of April. We launched an enhanced Employee Assistance Programme, through Vivup, in September 2023. We are continuing to offer in-house Occupational Health Physiotherapy to work proactively with our workforce around musculoskeletal health and wellbeing, which has proven to be extremely effective in reducing the impact of musculoskeletal issues amongst our workforce. Both of these services offer an abundance of outstanding health and wellbeing facilities, information and resources readily available online for all staff to access. In 2024, we will be refreshing ECCH's Health & Wellbeing Strategy ready to be rolled out from late 2024/early 2025.



Practice Education

Our Practice Education Team continues to support the development and career progression of employees through the provision of internal training, access to continuing professional development, and apprenticeships. The team has also been involved in the coaching culture which is adopted across ECCH, providing Career Conversations and 1-2-1 appointments for all staff.

In April 2023 the clinical educators commenced delivery of a clinical induction for all new clinical employees to provide them with extra support as they join the organisation. To date, **71** staff have completed the programme.

We currently have **11** employees following clinical apprenticeship programmes (Senior Healthcare Support Workers, Trainee Nursing Associates, Nursing Degree Apprentices, Occupational Therapy and Advanced Clinical Practice) and have supported a further **18** apprentices on clinical placements from local practice partners. In the past 12 months, seven of ECCH's previous clinical apprentices have progressed into substantive posts. ECCH currently has **7** employees undertaking non-clinical apprenticeships, such as Coaching and Business Administration & Management.

In total, during the past year, ECCH clinical services have provided clinical placements for **73** students following Nursing, Occupational Therapy, Physiotherapy and Speech and Language courses at the University of East Anglia and University of Suffolk. At least **6** newly qualified professionals who have been on placement within ECCH as students, have been recruited into our clinical services.

The team also works closely with local training and education providers. Since June 2022, the team has supported students from **3** local colleges who are undertaking T Level Health & Social Care qualifications. These placements are now embedded across ECCH, within our Primary Care Home teams and on Minsmere Ward and take place 3 times a year. In recognition of this, ECCH was presented with a Gold Employer Award in 2023.

Talent for Care

Talent for Care is a national strategic framework to develop the healthcare workforce. ECCH has supported **11** work experience students within the organisation in the past 12 months across a range of clinical services. The team is currently reviewing the Work Experience programme and processes, with the aim of identifying 'Work Experience Windows' throughout the year.

Our Health Ambassadors attended **12** career events at local education providers and Job Centres, providing support with mock interviews, career conversations and CV writing. In October we held the first ECCH in-house career event, where children from local high schools were invited to Hamilton House. The event included stalls, talks and demonstrations from ECCH colleagues discussing both clinical and non-clinical careers and opportunities. The event was a great success, with more being planned.

The Care Certificate remains a vital element of clinical development in line with national standards and continues to be supported at Corporate Induction. At present, organisational compliance is **90%**, with a further **7%** currently enrolled on the programme.

Quality Mark from NHS England in recognition for our Preceptorship Programme

ECCH was the first organisation within the Norfolk and Waveney Integrated Care System to receive the National Preceptorship Interim Quality Mark for Nursing in 2023. The Quality Mark is the gold standard for NHS organisations to benchmark themselves against.

Preceptorship provides a period of guidance and support for newly registered practitioners to develop their knowledge, skills and ability to work as confident and competent health professionals. The aim is to welcome and integrate them into their new teams and roles, giving them the best possible start to their careers.

Following the release of the Nursing and Midwifery Council's updated Preceptorship Framework in 2022, the Practice Education team began reviewing ECCH's Preceptorship Policy, the delivery of the programme and a new Practice Portfolio. Support for newly registered practitioners now includes a series of face-to-face support sessions, preceptee-led online workshops and a clinical induction, all of which have been well received by preceptees. The new Preceptorship Programme has also been reviewed to ensure it aligns to the revised standards for both Nursing and Allied Health Professional Registrants.





Training and Development

We believe in investing in the development of our staff to ensure the continued deliverance of high-quality services. Much of our mandatory training is now online which makes it more accessible to staff, negating the need to travel and freeing up more time for them to spend with patients. Much additional training is also online, where appropriate. Our many and varied 'virtual learning' sessions include Running Effective Meetings, Application and Interview Skills, and Change Management.

For all employees who have line management and supervisor responsibilities, we continue to support staff to access opportunities in qualifications such as Institute of Leadership and Management (ILM) or Chartered Management Institute (CMI) Levels 3 or 5 in Leadership and Management, and CMI Level 7 in Strategic Management and Leadership. We promote the NHS Leadership Academy programmes and The King's Fund, recognising that strong leadership is key to successful organisations.

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

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

We developed our own version of Health Coaching, called Better Conversations, Better Health. These 1.5 day courses are designed to enable clinicians to have a different conversation with their patients, empowering the patient to set their own goals and supporting them to achieve these goals, resulting in better patient outcomes.

Recognising Staff Achievements

East Coast Community Healthcare's Primary Care Home teams were named Clinical Team of the Year at our Staff Awards event in October 2023, in recognition of the care they provide for patients in their own homes across Great Yarmouth and Waveney.



It was one of seventeen awards presented to celebrate our staff and those of our subsidiary companies and partners within the local NHS system.

On presenting the award, ECCH Chief Executive Ian Hutchison said: "Throughout the pandemic these teams demonstrated extraordinary commitment and resilience, going into people's homes to ensure patients continued to receive appropriate care. Their role continues to evolve and expand to support the growing need for care outside of acute hospitals, to patients with increasingly complex needs and, no matter what the challenge, they support each other with a positive outlook, always striving to deliver the highest quality care possible."



The Non-Clinical Team of the Year award went to ECCH's Waveney Administrative Team. They are the first port of call for patients at Beccles Intermediate Care Unit's reception area, and also provide the support which enables their clinical colleagues to concentrate on delivering face-to-face patient care.

The award for Delivering Exceptional Care was given to Heart Failure Nurse Specialist Joanne Hayles who has developed a 'Patient Passport' and service information packs to help patients better understand and manage their conditions.

The winner of the Patient Choice Award was Paula Baker, a Specialist Nurse with the Cardiac Rehabilitation team. This award was based on the amount of compliments and positive feedback by service users for an individual clinician.



The Innovation Award was won by Occupational Therapist Abigail Newson for her contribution to the launch of a new continuous service improvement programme.

Jade Wilson won the Emerging Talent award. Jade began her career with ECCH in a clinical role before seeking project management experience which proved so successful she now has a full-time Project Co-ordinator post.



Specialist Physiotherapist and Stroke Team Lead, Anne-Marie Gaul, was awarded the title of Inspirational Leader in recognition of her passion for her work and ability to motivate her colleagues and create a positive working environment.

Health Connector Valerie Manning received the Making a Difference Award after she helped access appropriate support for a number of vulnerable patients, including someone who was homeless and a patient with safeguarding concerns at home.



The Unsung Hero award was shared by Wheelchair Service Co-ordinator Julie Tobutt and Night Service Staff Nurse Jane Smith, in recognition of their commitment to their services and the support they give to colleagues.



The Star of the Year Award was won by Estates and Facilities Site Co-ordinator Liz Cable for her work leading the Domestic and Catering Service at Beccles Intermediate Care Unit, and the award for ECCH Champion was presented to MSK Physiotherapist Suzanne Blowers who, on top of her busy clinical caseload, uses her role as a Clinical Educator to provide support for students.



The Chair's award was presented to the Systems Support Team who have helped to introduce many new digital initiatives in recent years which benefit both staff and patients. These include initiating online e-Referral for physiotherapy patients and turning Minsmere Ward at Beccles Intermediate Care Unit into a paperless ward.

As well as awards for ECCH staff, three Partnership Awards were given to colleagues from partner organisations who have been instrumental in helping ECCH implement collaborative projects and ways of working.

These were awarded to Emma Bray, ICS Head of Urgent, Emergency & Integrated Care (East Locality) from Norfolk and Waveney ICB, Tracie Bitters, Corporate Lead Nurse at the James Paget University Hospital and Andrew Butcher, Head of Service Improvement Partnerships at Norfolk Community Health and Care NHS Trust.



A special award was also presented to former ECCH Chair Tony Osmanski who ended his term at ECCH in September after leading the Board of the social enterprise since 2017.



Activities Project

Having introduced a project in 2022 to raise staff morale following the pressures of working during the pandemic, we built on it in 2023 with a range of new activities to enable teams to enjoy some time together outside the work environment.

Colleagues were invited to suggest options which were then shortlisted by the Shareholder Council and voted on by staff. The Communications Team organised the top five choices which were free to attend:



A murder mystery evening



A boat trip on the Broads



Seal spotting boat trips



An escape room session



Tubing

These were offered during the summer months and proved very popular.

Employee Support Fund

Recognising the difficulties some face in the current economic climate, ECCH has partnered with Norfolk Community Foundation to provide an Employee Support Fund to provide help to any employee who is in temporary or unexpected financial hardship.

Employees can apply for a maximum grant of £300 within a 12-month period to help with costs such as household bills, essential household equipment, food shopping, car fuel or essential repair of a vehicle.

Norfolk Community Foundation is an independent local charity which administers the Employee Support Fund on ECCH's behalf and is responsible for processing applications and making any approved payments.



Audits & Care Quality Commission Inspections

Audits

In 2023/24 the Infection Prevention & Control team carried out a total of **15** audits across ECCH clinical services. All departments achieved a score of over **85%**, which is considered an excellent pass rate.

Of the 15 areas audited, **9** were given an action plan. The action plans highlighted some clinical issues within the departments but also highlighted some Estates issues. The action plan for each is to be completed and returned to the IPC team within a 6-week time frame to provide assurance that the issues identified during the audit have been addressed.

Infection Prevention & Control audits are carried out annually for all clinical services on each clinical site. A detailed 2024/2025 Clinical Audit Plan has been compiled which has been informed by national and local requirements and incorporates the monitoring of learning from incidents and risks identified during 2023/2024, where appropriate, to continue to drive improvements in care.

Care Quality Commission Inspections

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

Data Quality

ECCH continues with an extensive programme of activity to review critical metrics and the data which underpins them. This has resulted in increased 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 work 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 Quality Committee.

ECCH has its own Data Protection Officer who is active within the wider system Information Governance arena and ensures the organisation remains GDPR compliant. ECCH completes the Annual Data Security & Protection Toolkit submission.



Appendix 1: Services Provided in 2023/24

From April 2023 to March 2024, ECCH provided and/or sub-contracted the following services for the NHS, public health and social care:

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

Appendix 2: Letters from Stakeholders

01 July 2024

NHS
Norfolk and Waveney
Integrated Care Board

Email to: ian.hutchison@ecchcic.nhs.uk
Ian Hutchison, Chief Executive East Coast
Community Healthcare CIC
Hamilton House, Battery Green Road,
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Director of Nursing and Quality
NHS Norfolk and Waveney ICB
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Norwich
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karen.watts@nhs.net

Dear Ian

Norfolk and Waveney Integrated Care Board (ICB) acknowledges the receipt of the draft 2023/2024 Quality Account from East Coast Community Healthcare CIC (ECCH) and welcomes the opportunity to provide this statement. Based on the information and data available within the draft report, Norfolk and Waveney ICB supports ECCH in the publication of its Quality Account for 2023/2024. We are satisfied that it incorporates the required mandated elements.

The ICB recognises the challenges experienced by the Trust over the last contractual year and your commitment to improving the safety and quality of your services. We recognise the significant pressures the workforce has faced, and we thank the organisation and staff for their sustained commitment to caring for the people using your services in Norfolk and Waveney.

The ICB notes the updates against your 2022-23 Quality Improvement Plans and the progress made. We would like to note the work that you have undertaken to extend your digital patient feedback and engagement platforms, which has built on existing opportunities to collect and utilise service user feedback and views.

Your Staff Seasonal Flu Vaccination Programme continues to be highly successful, with your organisation achieving the second highest overall vaccination rate across the East of England last year.

We note the work undertaken around syringe pump management for palliative and end of life patients. You have worked with partners, including primary care, secondary care and St Elizabeth Hospice to explore your local training needs as well as contributing to wider ICS initiatives, to develop system standards of practice. We note that your 'Living Grief Bereavement Service provides vital information to families and carers about bereavement and how to access support and recognise the importance of this resource.

Your Quality Account illustrates excellent performance against last year's CQUIN schemes, with focussed work around malnutrition screening in the community and assessment and documentation of pressure ulcer risk in inpatient areas, both meeting the maximum national targets.

Over the past year your organisation has worked with partners to launch a Community Virtual Ward which allows patients in Great Yarmouth and Waveney to receive hospital monitoring and treatment at home. We support the development of this offer as a way to help people to avoid unnecessary hospital admissions and stay connected to their communities. We would

also like to commend the expansion of your Urgent Community Response, which has enabled your teams attend more patients at home and reduce some of the pressure on hospital Emergency Departments and the ambulance service.

We note and support your Quality Improvement Priorities for 2024/25, aligned to the following overarching objectives:

- Patient Experience
- Clinical Effectiveness
- Patient Safety

The ICB supports your continued work to bring data together from across your electronic systems into a Business Intelligence Dashboard and the development of your digital risk assessment platforms which, collectively, will help you to ensure that your services are responsive and better able to measure patient outcomes and compliance.

We are pleased to see that you are continuing to increase your organisation's research capacity, which is a positive opportunity for staff and service users to be part of innovation and evaluation.

We would also like to highlight the value of the work that you have undertaken to embed your Patient Safety Partner role; building the right structures and governance are key to ensuring this role has impact and it is positive to hear that this has been successful over the last year. We note the continued implementation of the NHS Patient Safety Incident Response Framework (PSIRF) and the development and embedment of supporting processes as priorities in 2024-25.

We would like to note the work you are undertaking in relation to Diabetes, which is planned to continue across the year ahead. This includes the provision of training for primary care staff as well as the development of a population health management approach which will help to identify at-risk patients and provide education and support to empower and enable self-management.

The ICB acknowledges the positive feedback that you have received from both staff surveys and patient feedback, which indicates that the organisation is aspiring and working towards its priorities, and your continued commitment to co-production, engaging a broad range of people to help you shape services around the needs of your communities.

On behalf of NHS Norfolk and Waveney ICB, I would like to personally thank you, the individuals involved in developing and producing this account and all organisation staff. I look forward to building on our joint working relationship to ensure safe, effective care for our patients and local population during 2024/25.

Yours Sincerely



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

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

Healthwatch Norfolk Statement – ECCH Quality Account 2023/24

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

The Quality Account is a coherent presentation of ECCH's achievements in the past year and priorities for the future. The reports on these are bound together by a set of themes that contribute to continuous improvement including patient feedback, multi-disciplinary approaches, innovation and the use of IT. These themes are highlighted in the chief executive's Quality Statement.

A few examples demonstrate their depth and breadth. Partnership working is vital in the current health environment and we are pleased to see it not only at ICB level but with its equivalent provider in the rest of the ICS area and also individual services. ECCH has developed its own version of Health Coaching, called Better Conversations, Better Health, with courses designed to enable clinicians to have a different conversation with their patients, empowering them to set their own goals. Examples of increasing use of IT and its contribution to the improvement of services appear throughout the report, not just in the relevant section.

Patients are at the centre of ECCH's work with healthier communities as its vision and patient experience and patient safety as two of its objectives for 2024/25. We welcome the continuation of patient experience as an objective. The way in which performance against these will be measured is clearly set out. We are particularly happy to see the roll out of a strategy for patient engagement and learning to make their feedback part of a day-to-day approach to learning.

The areas for improvement are drawn from a range of sources including feedback from both patients and staff as well as performance data and the results of reviews and audits. In the case of increasing the accessibility of services the need to develop their understanding was identified as an action. There is a good selection of patient feedback on services which is borne out by that received by feedback to Healthwatch Norfolk, most of which awarded ECCH five stars.

Achievements last year are expressed clearly and honestly, explaining what has been completed and a time when the delivery of other objectives can be expected. The Quality Account gives a strong sense of continuous improvement with actions that will be completed throughout the year rather than focusing on a single end date.

It was interesting to see the protection of performance set out in the governance structure's assurance framework as well as in descriptions of individual services

We welcome the importance ECCH has attached to the welfare of their staff and note the improvements achieved; Valuing staff is now a key element of their vision. Half the responses to the NHS Staff Survey are now above the averages for similar authorities and there have been significant improvements around staff's ability to do their jobs. Work is continuing on challenges relating to staff health and wellbeing. The approach to staff is holistic going beyond the working environment; as well as awards to celebrate outstanding performance it provides an Employee Support Fund for those experiencing temporary financial difficulties.

The language of the report is very clear with minimal use of jargon. It would be helpful if there could be a map of ECCH's facilities as well as its governance structures. Although there is a list of services provided at the end of the Quality Account, it is not easy, for example, to determine the range of Minsmere ward's activities although it appears to be a key facility.

Healthwatch Norfolk welcomes any opportunities to work with the Trust to ensure that the views of their patients, their families and their carers are taken into account and to make recommendations for change, where appropriate. We would appreciate the opportunity to meet with the appropriate Quality Lead at regular intervals.

Alex Stewart
Chief Executive Officer
June 2024

Glossary

AHP	Allied Health Professional
bMRSA	Bacteraemia Methicillin-Resistant Staphylococcus Aureus (a type of bacteria that is resistant to several widely used antibiotics)
C. difficile	Clostridium Difficile (bacteria that can infect the bowel and cause diarrhoea)
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
DoH	Department of Health
GDPR	General Data Protection Regulation
GP	General Practitioner
ICB	Integrated Care Board
ICS	Integrated Care System
IPACC	Infection Prevention and Control Committee
IPCT	Infection Prevention and Control Team
JPUH	James Paget University Hospital

ME/CFS	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (people with ME/CFS have overwhelming fatigue that is not improved by rest and can prevent them being able to carry out their usual everyday activities)
MSSA	Methicillin-sensitive Staphylococcus Aureus (a type of bacteria that can live on the skin. MSSA is harmless unless it has an opportunity to enter the body through a cut in the skin, where it can cause a wound infection)
NICE	National Institute for Health and Care Excellence
NIHR	National Institute of Health Research
NNUH	Norfolk and Norwich University Hospital
PCN	Primary Care Network (groups of GP practices working together to provide services to the local population)
PCH	Primary Care Home (ECCH's multidisciplinary teams who support clusters of GP surgeries by providing integrated healthcare services within patients' homes)
PHE	Public Health England
PPG	Patient Participation Group (groups of volunteers interested in healthcare issues who advise a GP practice or health organisation on the patient perspective)
SPC	Specialist Palliative Care
STP	Sustainability and Transformation Partnership (a group of NHS organisations, local authorities and clinical commissioning groups working together to improve health and wellbeing in a particular geographical area)
UEA	University of East Anglia





Feedback - We Welcome Your Views

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

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