east coast
community healthcare

Quality Account

2025-2026

Contents

What is a Quality Account?

Healthcare organisations commissioned by the NHS must produce a Quality Account every year to demonstrate the standard of services they provide. Quality Accounts are an important way to report on quality and show improvements in the services they deliver. Quality 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 2026 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.

The Board of East Coast Community Healthcare (ECCH) is assured that this Quality Account sets out a **balanced picture** of our performance and that the information presented is reliable and accurate.

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

Inspected and rated

Good

CareQuality Commission

Part 1: **Statement on Quality**

Statement on Quality

Welcome to East Coast Community Healthcare's Quality Account for 2025/26.

This year's priorities reflect the breadth and depth of work undertaken across our organisation to continually improve the quality of our care. They highlight the significant progress made in **strengthening services, enhancing safety** and ensuring that **high standards** are consistently delivered across all areas of practice.

At the heart of this work remains our commitment to improving the experience of patients and carers. We recognise that quality of care is not only measured by clinical outcomes, but also by how care is felt and experienced by those who use our services and those who support them. Throughout this year we have continued to **listen to feedback,** learn from insight and use this to evolve meaningful and sustainable improvements going forward.

A key focus has also been the further development of our **Proud to Care** mission. This has supported the strengthening of a culture where staff feel valued, supported and empowered to deliver quality care.

In line with the Government's 10 Year Plan, we continue to invest in **technological advances** to improve patient outcomes and experience. We are extremely proud to have been chosen as **regional champions for digital innovation** in the NHS Excellence Awards.

We continue to work with our partners at James Paget University Hospital to explore ways in which we can move more care out of acute hospitals into the community. In October, part of Carlton Court Hospital in Lowestoft was transferred to ECCH as an intermediate care facility. This means patients who no longer require acute care but are not yet well enough to live independently can receive individualised care and therapy, with a focus on enabling them to return home and live independently.

Together, these priorities demonstrate our ongoing commitment to **continuous improvement, collaboration and learning.**

They reflect not only what we have achieved over the past year, but also our ambition to keep raising standards and ensure quality of care and experience remains at the heart of everything we do.

Geraldine Rodgers
Executive Director of Quality & People

Our Strategy

Our Vision is to build healthier neighbourhoods & deliver outstanding healthcare, as a **provider, partner & employer of choice.**

Improve health outcomes

by leading the development of community-based care

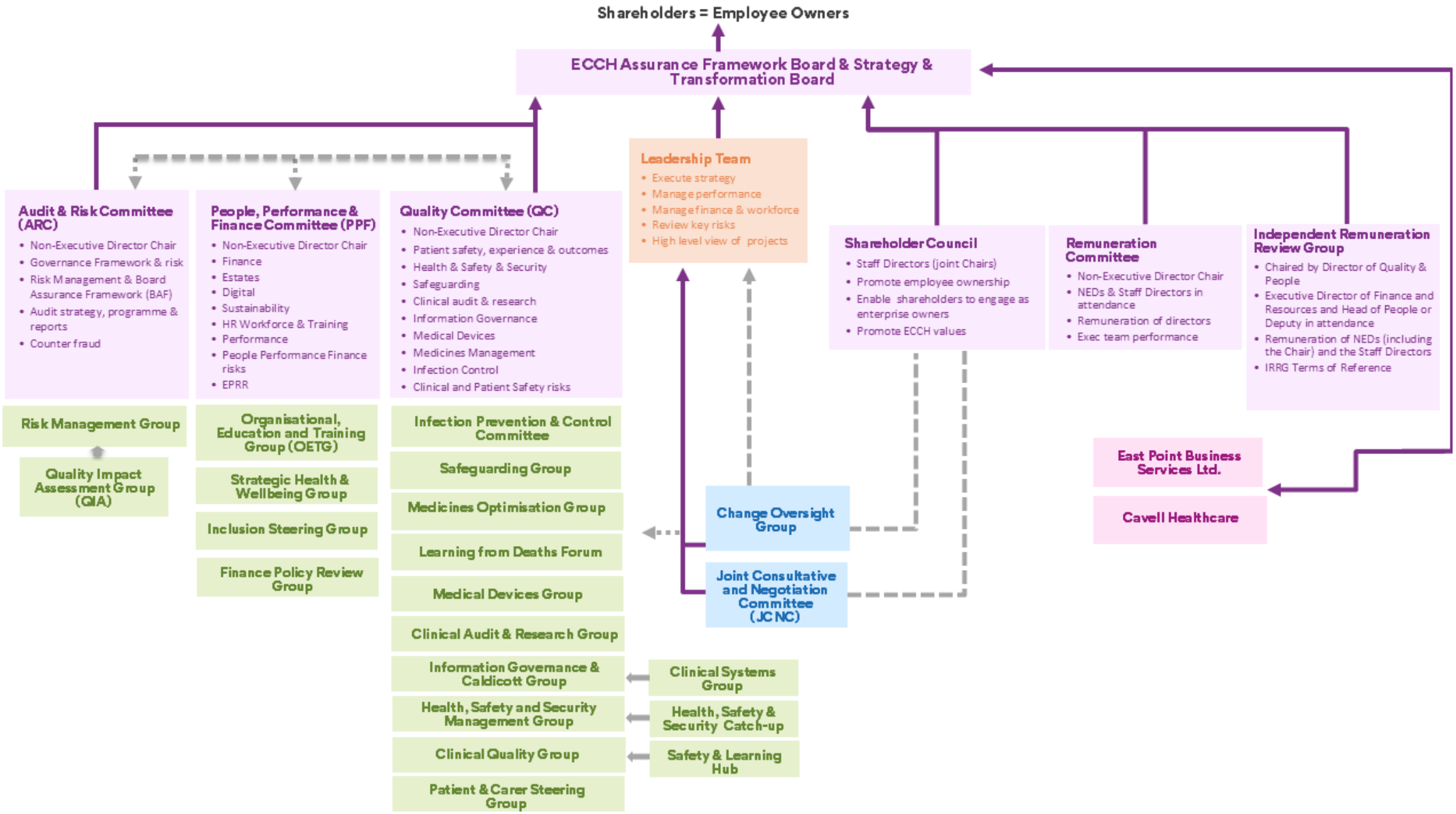
Build

a flexible and digitally focused organisation fit for the future

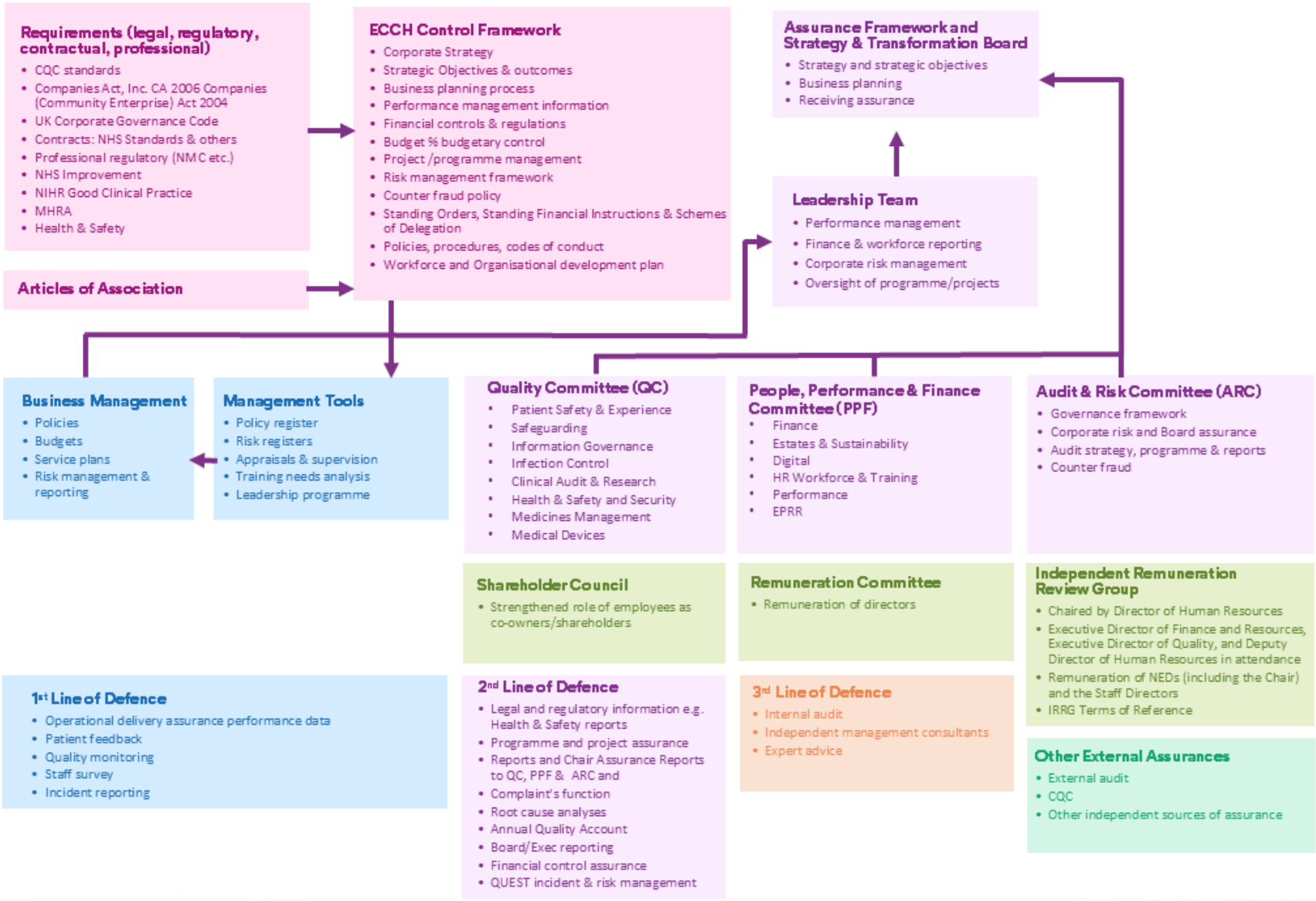
Innovate, diversify & partner

to increase the value we re-invest in our communities

Our Governance Structure



Our Assurance Framework



Part 2:
Priorities for Improvement 2026/2027

Priorities for Improvement 2026/2027

Objective 1: Patient Experience

- Ensure that clear mechanisms are in place for patients to **feed back** on their experiences in our care and be involved in **designing our services** in order that we are held to account, to help **improve** services where necessary.

Priority 1 – Improving Patient Feedback Accessibility

Quality Priority	Description	Rationale	Key Actions 2026–27	Measures / Indicators of Success	Owner
Improve patient engagement through enhanced feedback tools which increase their impact on quality improvement	Redesign Friends and Family Test (FFT) survey processes to be accessible, service-specific, dementia-friendly and meaningful, ensuring staff are supported to use feedback to improve services	Feedback identified that current processes can be difficult to access and not always meaningful for service improvement	• Redesign FFT questions by service • Introduce easy read and dementia-friendly formats • Ensure FFTs can be aailable in various languages • Revise website content • Publish monthly FFT learning newsletters for staff • Issue updated staff guidance	• A quarterly increase in FFT response rates • 100% services using redesigned FFT • Evidence of patient feedback informing service changes quarterly	Patient and Carer Experience Lead

Priority 2 – Secret Shopper Review of MSK Services

Improve patient experience within the Musculoskeletal (MSK) Service	Evaluate MSK patient experience and accessibility through independent 'secret shopper' assessment of MSK service	Independent challenge strengthens assurance and supports targeted improvements	• Agree scope with Insight market research specialists • Complete 'secret shopper' exercise • Develop and implement action plans • Share findings and plans with staff and patients	• Review to be completed • Action plan published within 8 weeks • Action plan completed • Reduction in issues regarding MSK to the Patient Advice & Liaison Service (PALS)	Patient and Carer Experience Lead

Priority 3 – Improving Carer Experience and Discharge Support

Enhance support and engagement for carers in relation to patient discharge	Support carer identification of deterioration in a patient's condition including launch of the 'Just in Case' guide for discharge	Carers play a critical role in safe recovery and continuity of care	• Develop discharge guide alongside patients and carers • Launch discharge guide in ECCH inpatient units, engaging staff in the process • Introduce carer-specific feedback questions • Engage carers in service improvement	• When discharged, all eligible patients receive 'Just in Case' guide • Carer status recorded for all patients • Improved carer feedback scores • Evidence of carer-led service changes	Patient and Carer Experience Lead

Objective 2: 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

Priority 4 – Safer Management of Patients on Waiting Lists

Quality Priority	Description	Rationale	Key Actions 2026–27	Measures / Indicators of Success	Owner
Develop a strategy to promote safety for patients waiting for treatment to start	Improve processes to identify and respond to deterioration whilst patients wait for treatment	National safety concerns regarding risk of harm for patients on extended waiting lists	• Introduce standardised waiting list reviews • Develop 'What to do while waiting' resources • Provide deterioration guidance to patients • Improve escalation pathways	• ≥95% of patient waiting lists reviewed as planned • 100% of patients receive deterioration guidance • Reduction in safety incidents for delayed care	Operational Deputy Directors

Priority 5 – Digital Enhancements for Safer Community Care

Introduce digital tools to enhance patient safety and efficiency, effectiveness and responsiveness for all patients	Support contemporaneous record keeping, patient identification and safety in addition to enhancing efficiencies	Accurate clinical documentation is vital in community settings	• Following pilot, roll out Brigid, Ambient Voice Technology (AVT) & Whisper AI recording and transcription tools for clinical appointments • Staff training and governance oversight • Monitor safety and data quality impact	• Pilot staff trained • Roll out of digital platforms • Reduction in documentation-related incidents • Improved record completeness and timeliness • Accessible platforms for staff	Digital Lead & Operational Deputy Directors

Objective 3: 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 **staff wellbeing** and provide clinical supervision and support

Priority 6 – Improving Leg Ulcer Outcomes and Pathways

Quality Priority	Description	Rationale	Key Actions 2026–27	Measures / Indicators of Success	Owner
Redesign lower limb wound care pathway to enhance service quality	Reduce waiting times and improve healing outcomes	Long waits and variation in care impact outcomes, experience and safety	• Redesign leg ulcer and lower limb wound care pathways • Pathway review including Doppler access • Reduce waiting times • Improve virtual consultation reliability • Implement Radiair filtration system in bespoke clinics	• Reduction in waiting times and meeting targets • Improved healing rates compared to baseline • Improved patient experience scores	Deputy Director of Operations

Priority 7 – Improving Staff Wellbeing and Reducing Sickness Absence

Promote staff health and wellbeing so they can work safely and provide high quality care	Address wellbeing issues identified from NHS Staff Survey feedback and other data	Staff wellbeing directly impacts quality and continuity of care	• Improve staff wellbeing and reduce sickness absence • Establish Performance Advisory Group • Strengthen supervision and support • Targeted absence management • Absence improvement project group • Introduction of probation policy	• Consistent reduction in sickness absence • Improved staff survey wellbeing scores • ≥90% appraisal compliance	Head of People

Priority 8 – Relaunch Quality Improvement Framework and Governance

Strengthen organisational Quality Improvement (QI) capability	Relaunch QI framework with improved governance and engagement	QI enables sustainable, frontline-led improvement	• Refresh QI framework and governance • Promote staff engagement and training • Improve reporting through governance • Undertake a pressure ulcer QI project & deconditioning project	• Increase in services engaged in QI projects • Increased staff confidence in QI methods • All QI projects are logged	Deputy Director of Quality

Part 3: **Review of Quality Performance**

Review of Previous 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.

Objective 1: Patient Experience

- Ensure that clear mechanisms are in place for patients to **feed back** on their experiences in our care and be involved in **designing our services** in order that we are held to account, to help **improve** services where necessary.

Complete In progress Not started

Area for Improvement	Action	Measure	Review of Activity	Status
Patient Voice to transform and shape services	Facilitate governance & provide inclusive opportunities to enable our patients and/or their carers to help us transform and shape our services	• Engage with patients & carers around service redesign • Compliments and feedback demonstrate positive experience	• Patient and Carer Engagement Lead now in post • Workplan with actions around FFT survey • Patient/Carer Café launched on Minsmere Ward • Complaints process review underway • Voicemail feedback line being tested • External website PALs page review • 'One touch' feedback system for wards • Armed Forces Employer Recognition scheme refresh • Patient & care representatives group development, • User experience feedback for wards being caried out • Healthwatch working on engagement strategy, due for completion May 2026.	

'Front door' to ECCH patient experience	Enhance our East Coast Community Access (ECCA) 'front door' experience by ensuring it is equitable and meets the needs of the populations we serve	• Improved rates of call abandonment • Improved response rate of answering calls • A variety of platforms for patients to access services are in place, including digital	Initiatives that have been implemented include: • Call backs • System installed so calls 'bounce' to free handlers • Improved messaging highlighting high call times • Administrative tasks not carried out during busy call periods to increase call handler availability As a result of the above, the abandoned call rate has reduced to between 5-10% from a previous rate of 30%+.	
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	• Strategy is being developed. A staff panel to co-design it has been established and patient views and feedback have been sourced. A mechanism for gathering patient stories is also in the final stages of development. • New links have been established with the local GP Patient Participation groups. It is anticipated that these relationships will continue to develop and add a new dimension to the organisation's patient engagement profile. The new personalised approach has been well received by the individuals involved.	• Healthwatch are working alongside ECCH to develop a strategy as part the current patient engagement workplan. It will be completed in summer 2026. • Friends and Family Test (FFT) review is being completed where each service will have their own specific set of questions to make the FFT more meaningful and useful. • Voicemail feedback line is being set up as another way for patients and carers to call and give their feedback. • A Patient and Carer Feedback Cafe was launched on Minsmere Ward in the spring of 2026. Two café events have been completed to date with patient voice being shared across the organisation.	

Objective 2: 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	Measure	Review of Activity	Status
Pressure ulcer prevention	Continue to work to prevent pressure ulcers in the community through the introduction of digital solutions. Digitally we are planning to introduce: • Pressure mapping device - which will allow pressure mapping assessments for high-risk patients (darker skin tones and those with a neurological condition) to assist in provision of the most appropriate pressure relieving cushion for the reduction of pressure when the patient is seated. • BRIGID - SystmOne app that allows easy access to keep and view records and task other clinicians.	• Improve efficiencies and quality of pressure ulcer risk mitigation through appropriate equipment and record keeping. • Reduction in the overall incidence and severity of pressure ulcers in the community. • Provision of more personalised care for our patients through real-time pressure mapping data. • Improved patient awareness, through visual pressure mapping. This will aid the patient to understand why they need to use the cushion when seated. • More efficient communication resulting in tasks being undertaken in a more timely manner.	• Pressure mapping was successfully piloted across the organisation. • BRIGID has been piloted by some ECCH clinicians and is an ongoing project.	

Diabetes management project	Undertake a Diabetes 360 project which will include caseload management and review, the introduction of digital systems and enhanced GP engagement.	• Patients will feel empowered to manage their insulin. • GPs feel supported to refer into our care. • Reduced caseload and increased efficiency. • Increased team capacity to support other areas of the caseload.	Diabetes 360 project began in 2025: • The criteria for referral of patients has been set to include patients who would benefit from increased review of their diabetes management plan. • Insulin titration training has been carried out by the diabetes specialist nurses to increase confidence among non-medical prescribers to support with the project outcomes. • Caseload review has begun with an initial good referral rate. • Insulin caseload is being tracked with initial reductions shown at the beginning of the project and any increases being investigated for a route cause and acted upon. • Discussions are in place to collect additional data regarding interventions to demonstrate effectiveness. • Clinical pharmacists are going to be trained to review complex insulin regimes and will receive training to support their prescribing in this field.	
Empowering and educating ward patients	Work to empower and educate patients on the ward to build on the principals of rehabilitation and be confident with their medication.	• Reduce rates of readmission to the ward. • Reduce length of stay on the ward. • Established medicines drop-in sessions for patients. • Fewer medicines errors. • Reduced need for care packages on discharge.	Focus on reablement through the following initiatives: • Personalised therapy plan at bedside launched. • Increase in volunteer input/activities. • Ward staff actively encouraging patients out of bed/bays and into lounge area. • Work has progressed across both Minsmere Ward and Carlton Court to further embed practices and align plans for both sites, merging into a single service model. • A new Model of Care is being designed with a workshop planned to further develop our inpatient services' rehab and reablement offer. • Average length of stay remains low (Minsmere 19 days / Carlton Court 22 days), whilst the percentage of patients returning to their place of residence remains high – an average of between 75 and 80%.	

Objective 3: 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 **staff wellbeing** and provide clinical supervision and support

Area for Improvement	Action	Measure	Review of Activity	Status
Workforce Training & Development Strategy	Develop a Workforce Training & Development Strategy that is equitable and that allows our workforce to support patients in a changing healthcare landscape, whilst continuing to ensure clinical work is prioritised. We will build a culture of continuous learning, innovation and improvement.	• Employees apply what they've learned to practice, resulting in better clinical outcomes, fewer incidents and near misses, an increase in positive patient feedback and better clinical audit outcomes. • Positive work environment ensures employees feel valued, motivated and engaged. They are well-prepared to provide excellent patient care, resulting in increased rates of retention, improved staff survey results relating to development opportunities and reduced rates of workforce sickness and absence. • Increased employee engagement with training, and reduction in missed training attendance resulting in training being more cost-effective to operate. • Continuous improvements in training and appraisals compliance. • Supportive career development pathways identified at appraisals, talent management and succession planning discussions.	• Work has been progressed in all areas. • Proud to Learn – education area with training syllabus has been created for staff on ECCH intranet. • Clinical Induction programme for nurses new to community has been developed. • Opportunity for simulation suite has been designed; funding options being explored. • Weekly coordinated training communication (The Learning Curve) is being shared with staff.	

Staff Wellbeing	Review and refresh our Wellbeing Strategy to ensure our focus on staff wellbeing remains a priority and that the health and wellbeing support for our people is strengthened. A healthy workforce is essential to deliver high-quality patient care.	• Improved psychological safety where all staff speak up about concerns. This will support learning, improved patient care and engagement, evidenced by staff survey results • Enhanced Peer Supporter (Mental Health First Aid) programme • Improved engagement across the workforce identified in staff survey results. • Positive appraisal compliance which includes wellbeing discussions. • Wellbeing training provided to managers and 'live well, stay well' training for staff. • Monitor and evaluate the effectiveness of our interventions. • Action learning sets to offer peer support and learning between colleagues.	• The NHS health and wellbeing diagnostic tool is ongoing; the group will be meeting next month to complete this. • The Performance Advisory Group terms of reference have been drafted for review. • Peer Supporters network is in place. • Appraisal compliance is just under 90%. • Action learning sets are ongoing. • Health and Wellbeing strategy Action plan has been reviewed by the group.	
Workforce Strategy	Develop and embed an Inclusive Workforce Strategy that puts staff wellbeing and engagement at the heart of the organisation to support and develop healthy, safe and high performing teams.	• Enhanced recruitment and retention evidenced with reduced turnover rates and improved time to hire • Safer staffing levels demonstrated resulting in fewer incidents and near misses, and an increase in positive patient experience feedback • Workforce sickness/absence rates reduced, resulting in less deferred visits • Successful implementation of the Inclusion Strategy • Improved staff survey feedback relating to staffing levels	• Workforce Strategy summary, promise and action plan have all been approved by ECCH's Board and shared via our monthly staff webinar, weekly staff newsletter, and intranet. • Applicant tracking system 'Oleo' is now in place. • Attendance improvement project is ongoing. • Revised terms of reference were approved for ECCH's Inclusion Group and we are now looking at the group format.	

Patient Safety

Infection Prevention and Control (IPC)

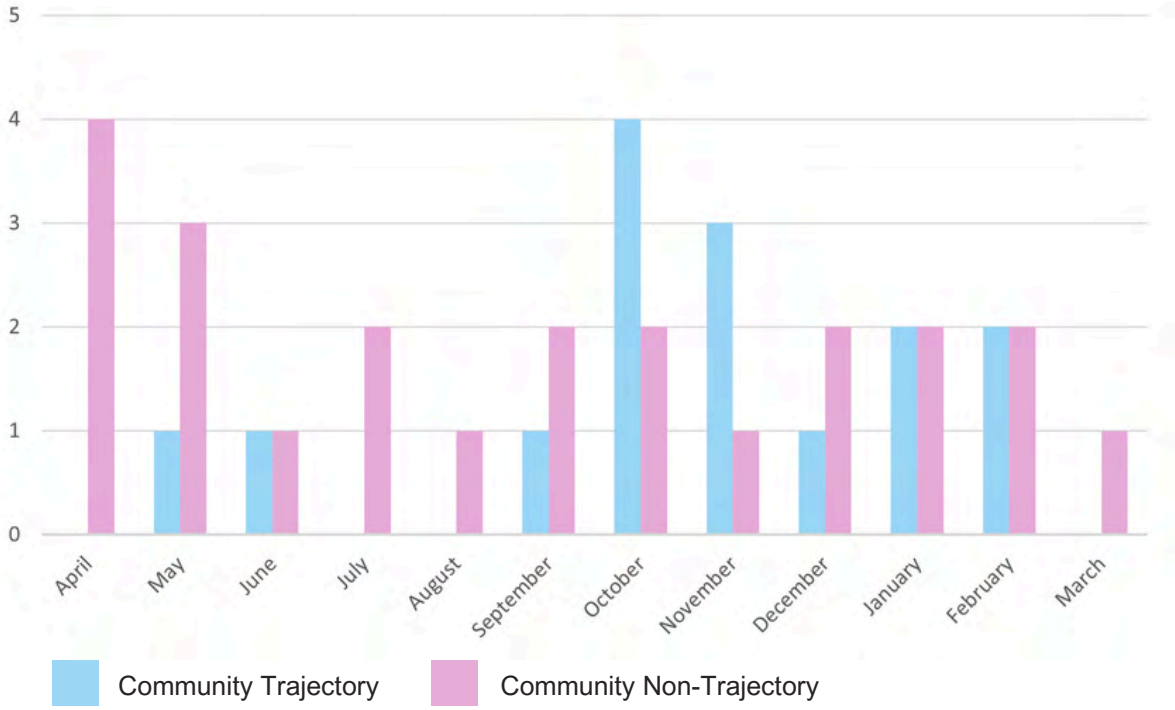
In 2025/2026 there were **no set ceilings** for cases of Clostridium Difficile (C.diff). The actual number of community cases for Great Yarmouth and Waveney was 38. Of these, 21 cases demonstrated best practice and were adjudicated as non-trajectory, with 17 adjudicated as trajectory – meaning best practice was not met.

There were **no cases** attributed to ECCH.

However, two patients at Carlton Court tested positive for **C. difficile.** In line with UKHSA Mandatory Surveillance Protocol, these cases were attributed to the Acute Trust. Despite this, the IPC team conducted internal root cause analyses to identify any potential learning, and both cases resulted in identified learning outcomes.

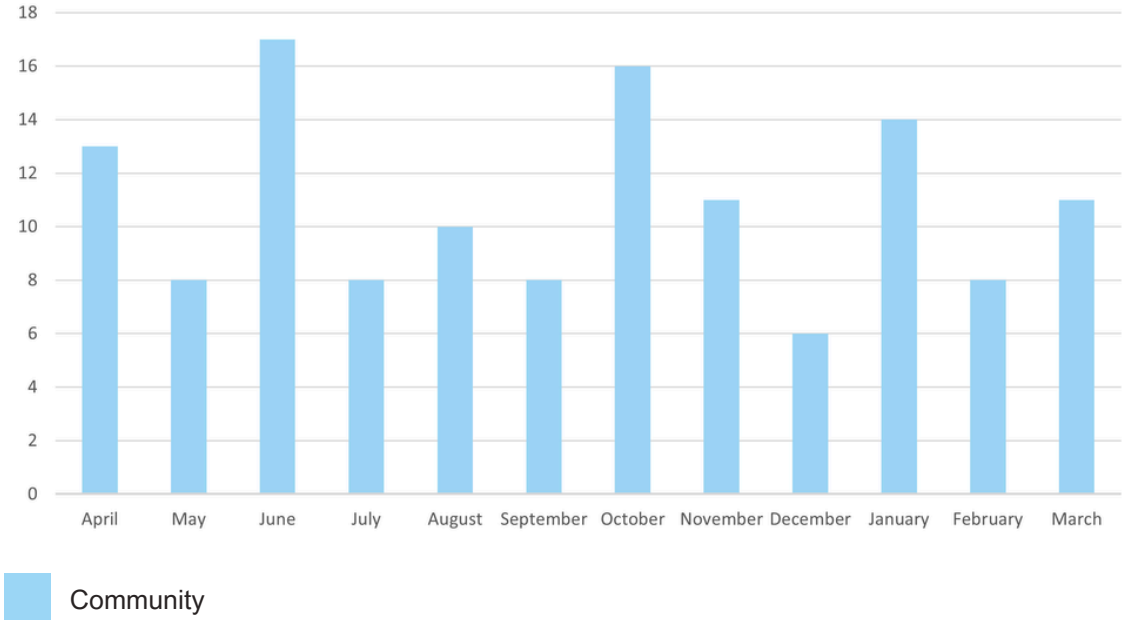
ECCH's Infection Prevention & Control (IPC) team chairs the C. diff Root Cause Analysis (RCA) meeting for Great Yarmouth and Waveney and provides its administrative function. This meeting is held in collaboration with the James Paget University Hospital and NHS Norfolk and Suffolk Integrated Care Board (ICB). The team completes all the non-acute RCAs, as well as RCAs for E. coli bacteraemia in the community. Data is analysed in order to detect any patterns in high numbers of cases occurring in this area.

Community C.diff Figures: 2025-2026



No cases of blood borne Methicillin-Resistant Staphylococcus (bMRSA), blood borne Methicillin-sensitive Staphylococcus Aureus (bMSSA) or E. coli bacteraemia were attributable to ECCH during the period covered by this report. However, there was a case of bMRSA within the Great Yarmouth & Waveney community in February 2026.

E. coli Bacteraemia Figures: 2025-2026



ECCH's IPC team also has the contract to attend flu outbreaks in residential care homes across Great Yarmouth and Waveney, administering treatment as advised by the UK Health Security Agency. During winter 2025/2026, **10 homes** were swabbed for flu with **6 confirmed outbreaks** where Tamiflu was administered. The team continues to track and offer ongoing support to homes with flu, Covid and diarrhoea and vomiting outbreaks.

Outbreaks

Month	Area	Organism	Closed	Total Cases
Jan 25	GY/ Gorleston PCH	IGAS/GAS	Ongoing	**15**
Jun 25	Lowestoft	MRSA	Jan 26	**9**
Oct 25	Minsmere	COVID	Oct 25	**3**
Nov 25	Carlton Court	COVID	Nov 25	**4**
Dec 25	Beccles	Gp G Step	Ongoing	**4**
Feb 26	Minsmere	Norovirus	Feb 26	**3**

ECCH Departmental Audits

Infection Prevention & Control audits are carried out annually for clinical areas. In 2025/2026 the IPC team carried out **30 audits,** with **17 action plans** issued to be completed and returned within the appropriate 6-week time frame.

Staff Seasonal Flu Programme's Continued Success

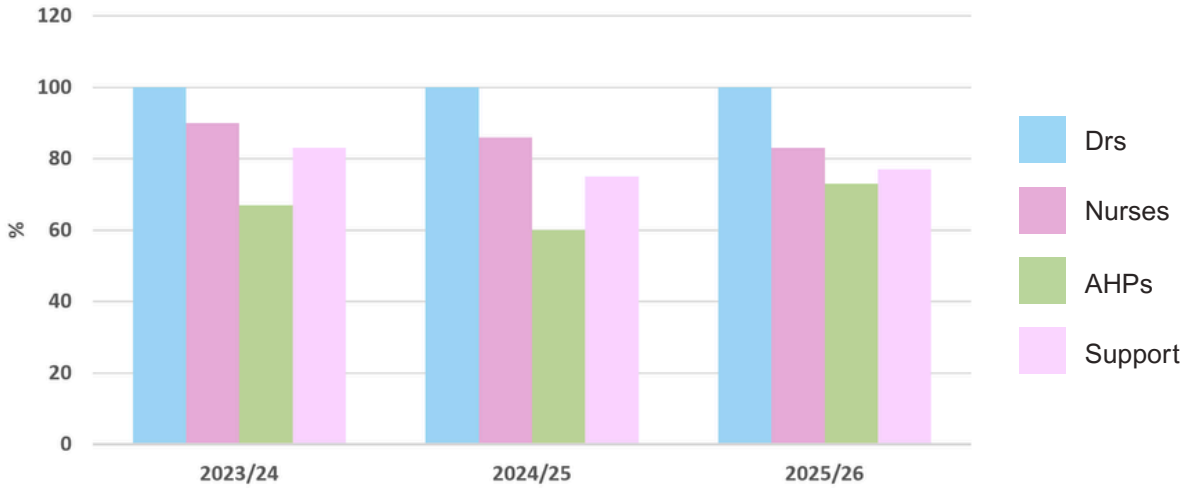
For the second year in succession, ECCH was the **highest performing** community healthcare organisation in the Eastern region for vaccinating staff against influenza in 2025/26.

77.4% of frontline staff received the vaccination during our annual in-house immunisation programme, including **83%** of nurses. The national average was **44.2%.**

All staff were offered the immunisation. In this way we protect ourselves, our patients and our families from the potentially deadly virus.

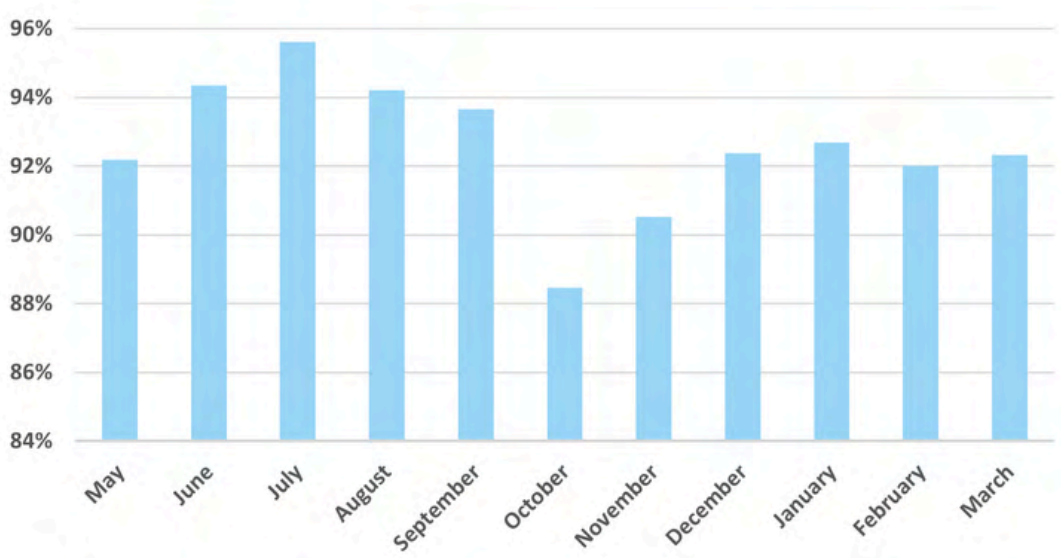
Year	Uptake of ECCH's Frontline Clinical Staff
2025/26	**77.4%** (national average: 44.2%)
2024/25	**75%** (national average: 32.2%)
2023/24	**80%** (national average: 42%)
2022/23	**78.7%** (national average: 48.9%)

3-Year Comparison for Flu Vaccination Uptake (%)



IPC Training Uptake: 2025-2026

IPC training for clinical staff is provided both face-to-face and online. Face-to-face training must be completed at least one year in three.



Safety Events

A ‘safety event’ is any accident or event which results in minor to severe harm, or loss/damage to personal belongings or property. Safety events can also include near misses where no harm occurs, but which help us identify safety issues before they impact anyone. Events can be identified and highlighted by any member of staff, patients, visitors and other service providers.

As an organisation, ECCH has a culture which promotes **openness and transparency.** As such, we encourage our staff to report safety events so we can understand what has happened and implement changes to improve our practice. The type of issues that are reported could include poor discharge information, medication incidents, missed visits or abuse of staff.

The highest number of incidents concern **pressure ulcers.** These might have been present before someone receives our care or develop whilst we are providing care to an individual.

We use a digital system called Healthcare Guardian - known internally as **QUEST** - to record and manage our patient safety events. It enables us to link risks, feedback and audits in one plan which means we can see the whole picture and fully understand what factors are supporting and/or impacting patients, staff and the organisation.

For patient safety events the following process is completed:

- **Record** the event
- **Ensure** the right care is in place
- **Understand** what led to the event
- **Identify** actions to reduce the chances of it happening again
- **Share** the learning and actions with others

Staff can use their ECCH laptop to report a safety event, which enables prompt and real-time reporting, and enables a timely response. The actions and learning plans are shared with staff at team meetings, on posters and in newsletters. In addition, any trends and themes are routinely analysed, so we can address issues proactively and implement improved systems.

Some safety events relate to issues affecting patients outside our organisation such as in acute trusts or other healthcare organisations, care agencies, residential homes etc. In this case information is shared with those providers to ensure learning across all organisations and an improvement in patient care.

The total number of incidents for the year 2025/26 was **3,726.** Patient-related incidents accounted for 3,247 of these, which equates to an average of **270** patient incidents per month.

Total Reported Incidents by Month

Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
290	274	296	312	267	275	304	322	364	342	311	369

Total LFPSE (Learn from Patient Safety Events) Incidents Reported by Month

Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
244	228	256	274	237	232	255	292	337	305	267	320

Total Non-Clinical Incidents Reported by Month

Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
46	46	40	38	30	43	49	30	27	37	44	49

Patient Safety Incident Response Framework

ECCH uses the NHS Patient Safety Incident Response Framework to respond in the most appropriate way to different types of patient safety event, feedback, coroner's reports, and Learning from Deaths reviews. The most complex of these is a Patient Safety Incident Investigation, which is a very comprehensive process considering the system and human factors that contributed to an event so we can make the most effective and necessary changes.

During 2025/2026 ECCH completed **1 Patient Safety Incident Investigation,** which has resulted in focused actions plans. Patients and family members or carers are routinely involved in these investigations. This helps us ensure that we remain focused on the experience of our patients and that we are open and transparent with them.

ECCH also use After Action Reviews (AARs). These are structured, reflective discussions used by teams to learn from events, incidents, or activities. They focus on understanding what was expected to happen, what actually happened, why it happened and what can be improved. Over the 2025/2026 period there have been **21 AARs completed.**

Pressure Ulcers

ECCH treated **1,378** patients for pressure ulcer-related wound care. Of these, 647 developed after admission to ECCH and 731 were present on admission. Of the 647 pressure ulcers developed after admission to ECCH, 214 pressure ulcers of Category 3 or above were reported.

Pressure Ulcers Developed in ECCH Care

Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
57	31	53	49	48	55	43	67	74	61	44	65

POA Pressure Ulcers Reported

Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
54	50	54	63	41	42	66	71	83	85	68	54

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 while in the care of ECCH which is graded as moderate or above. 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 2025 to March 2026 there were a total of **3,726 incidents.** Of these, **35** triggered the Duty of Candour process which equates to **0.9%** of incidents.

Duty of Candour incidents are documented in our bi-monthly Quality Report to our commissioners. This report is also reviewed by ECCH's Quality Committee which discusses the events and shares lessons learnt. This process helps us to improve the patient care we deliver.

Duty of Candour by Month

Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
5	3	4	0	3	3	2	2	4	3	4	2

Freedom to Speak Up

ECCH is committed to ensuring everyone working within the organisation feels safe and empowered to voice their thoughts, concerns, or suggestions. We foster a culture in which we **listen, learn, and improve** from those who do speak up.

The ECCH Freedom to Speak Up Policy guides staff on how to raise concerns around quality of care, patient safety or bullying and harassment without fear of reprisals. We have **three Freedom to Speak Up Guardians** and a network of Champions who support and signpost staff who may want to speak out.

We promote and raise the importance of a speaking up culture in a number of ways:

- a regular **digital communications** programme
- face-to-face **site visits** by the Guardians and attendance at team meetings
- **training** for all staff – Speak Up, Listen Up, Act Up
- connecting with new starters during **induction** processes
- **regular updates** around activity to Board help.

Our Proud to Care ethos also reinforces our ambition to listen, learn and improve. It is through listening and learning from the experience of our staff that we can ensure patient safety and staff wellbeing remains central to our core **CARE** values.

Mortality Review

Learning from Deaths

Learning from the deaths of people in our care helps to improve the quality of care we provide to patients and families. It seeks to **identify learning, encourage engagement** with staff and families and **ensure accountability** and actions to make improvements.

To support this approach, ECCH collects and reviews data around deaths of people in our care to inform our organisational mortality profile, ensure staff training is appropriate and meets the needs of people in our care, and identify where additional enquiry may be required.

The **Learning from Deaths Forum** is a multi-disciplinary group which includes ECCH staff, specialist palliative care colleagues from our partners St Elizabeth Hospice, and commissioner representation. Case reviews are selected from criteria based on national standards and local intelligence. These are prepared and presented for discussion. The feedback is shared for learning purposes with our teams and areas that require further action are monitored through this group.

The forum reports to ECCH's Quality Committee, which is a sub-committee of the Board. This holds the forum accountable for ensuring the necessary scrutiny and discussion of deaths within the organisation.

Joint reviews take place with local health and social care partners, when appropriate, for capturing and sharing learning. The group also discusses feedback from Medical Examiner or Coroner reviews. Any learning is then disseminated organisationally so that improvements can be made.

All deaths within our care may be subject to:

- Death **verification**
- A structured case record **review**
- **Investigation** where appropriate within the definition of the Patient Safety Incident Framework
- **Referral** to the Medical Examiner's and/or Coroner's Office

As part of our review, we ask:

- Was the fact that the person may die in the next few days/hours recognised and communicated **clearly?**
- Were decisions made and actions taken in accordance with the person's **needs and wishes?**
- Were the care and treatment delivered **appropriate** to the person's needs/?
- Were referrals/escalations made in a **timely** manner?
- Is there any identified **learning or procedural change** required as a result of the actions/omissions within our care delivery?

In reviewing mortality cases we endeavour to capture the patient's and family's 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. This supports how we learn from people's experience and seek to **continually improve** the quality of care we provide.

Clinical Effectiveness

Developing Integrated Community Care teams

Our four multi-disciplinary Primary Care Home (PCH) teams are central to our community care provision. ECCH offer personalised care in patients' own homes, working alongside our social care partners. They support four groups of GP practices covering Lowestoft, Great Yarmouth and the northern villages, Gorleston and South Waveney.

During 2025/26 we have been developing our PCH service through initiatives which include:

- The **shared use of SystmOne** patient record keeping software with our local Primary Care Networks. 90% of all interactions - such as patient referrals and tasking - are now carried out digitally. We also meet with PCN Clinical Directors to ensure we are working together in the most effective way to bring patient and health system benefits.
- **Seamless integration** between our PCH teams and ECCH specialist services by extending the capability of SystmOne. This means we can improve the way we refer patients between services and ensure they only have to tell their story once.
- Working on a new **'front door' initiative** with the James Paget University Hospital. It enables patients to be assessed on arrival at the hospital and offered suitable care from our PCH teams or a community hospital bed, rather than needing to be admitted to hospital for treatment. This frees up hospital beds for more serious cases.
- **Increased use of data** to better direct and prioritise our resources. By identifying groups of patients who are disproportionately high users of services, we can make informed decisions and deploy resources in a different way to produce better outcomes for patients.

The aim of all these improvements is to enable patients to be **more independent** and live in the comfort of their own homes for longer, **preventing avoidable admissions** to hospitals and potential cost savings for social care services.

Digital Administration

ECCH was shortlisted for a **Health Tech Newspaper (HTN) award** in the category of Best Use of Digital for Improving Care Pathways.

This recognised the digital advances that have been developed by our MSK Physiotherapy and Digital Health teams to support MSK patients to self-manage their conditions.

The introduction of **online self-referral and appointment booking** has meant thousands of additional patients being able to access support without needing to attend a GP appointment. Patients can now receive a response, guidance and start their rehabilitation journey within 48 hours of self-referral, rather than waiting for their first appointment.

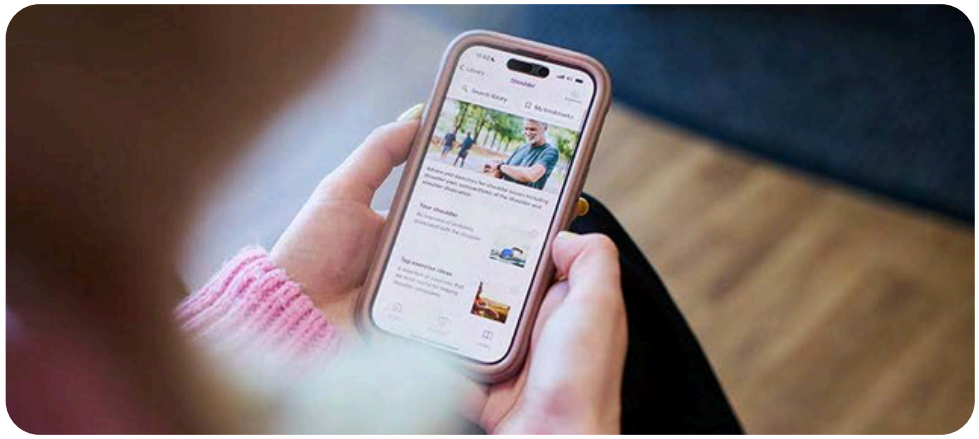
In January 2026, the Norfolk and Waveney MSK Service implemented SystmConnect self-referral. This means patients can self-refer into the service without having to see their GP first. It replaced the need for patients to have access to a separate app to do this. Since the new system was installed, **77%** of patients have been able to complete the referral themselves, with **23%** needing support from an administrator.

In March 2026, ECCH's Neurology Service introduced a raft of digital enhancements to improve patient access and support. This 'digital reboot' included switching from a clinician-managed booking system to an administrator-led system, with the introduction of online appointment booking for patients and self re-referral.

Generic initial assessment forms have been made service-specific and these can now be sent digitally to patients for them to complete, rather than clinicians being involved. An administrator can then support those patients who cannot or do not wish to complete the initial assessment for themselves. They can also book and change appointments for patients, relieving clinicians of those tasks and giving them back valuable time to see more patients.

At the end of the first month of digitisation, **69%** of new referrals to the Neurology Service and **61%** of follow-up questionnaires were completed solely by the patient, saving at least **71** hours of clinical time.

Similar digital transformations are planned for **all** ECCH services.



Intermediate Care Units

ECCH has two Intermediate Care Units. One is at **Minsmere Ward** in Beccles Hospital, the other at **Carlton Court Hospital** in Lowestoft which ECCH took responsibility for running in October 2025 from James Paget University Hospital NHS Trust.

Both deliver rehabilitation and reablement care to patients who are not well enough to live independently but do not require acute hospital care. They enable patients to move from an acute hospital setting and receive individualised care, while relieving pressure on the health system for acute hospital beds.

Minsmere Ward has **20 beds** and has increased the number of therapists working on the ward to enhance rehabilitation and thereby reduce length of stay, enabling patients to return home safely as quickly as possible.

A review of support worker roles on the ward has been carried out and a competency framework introduced. This is a tool for ensuring healthcare professionals have the necessary skills to perform their roles and also gives them the opportunity to develop their knowledge and offers career progression opportunities. Through this we aim to create more satisfying roles for our staff whilst also helping to address recruitment and retention challenges.

We have also introduced a new **Team Nursing Model** which is designed to improve overall patient care, maximise our efficiency and increase communication between our staff members, by assigning nursing staff to a team to provide care for a shared group of patients.

We have continued to develop and progress the **Minsmere Ward Development Plan** focusing on our key strategic objectives of good communication, leadership and embedding a rehabilitation-based, patient-centred culture. This has now expanded to encompass our Carlton Court beds under a single programme of work.

Carlton Court transitioning to the stewardship of ECCH involved the full transfer of more than **60** nursing and support staff from James Paget University Hospital, and the appointment of **30** new recruits. Carlton Court has **33** community beds and sees ECCH working with Norfolk and Suffolk County Councils and Norfolk and Suffolk NHS Foundation Trust to provide a multi-disciplinary service working with the East Transfer of Care Team. We are also collaborating with Rosedale Medical Practice to provide GP oversight and medical support.

In the year covered by this report, **more than 80%** of Carlton Court's patients were able to return home following their rehabilitation rather than needing further treatment in an acute hospital.

Specialist Palliative Care Services

ECCH has worked in partnership with **St Elizabeth Hospice** since 2019 to deliver specialist palliative care services across Great Yarmouth and Waveney - an area that remains one of the few in the country without a physical hospice building. Over that period, the partnership has cared for over **7,000** patients and their families.

The service provides six consultant-led beds at Beccles Hospital which can flex to increase to seven as demand allows. We have 11 clinical nurse specialists, 1 paramedic, 3 registered nurses and 2 healthcare assistants visiting patients in their own homes as members of ECCH's four Primary Care Home teams.

During 2025/26 the community nursing team embedded a **'business as usual'** model of weekend community nursing support for palliative patients, supported by the hospice's established OneCall 24/7 advice line. This enhanced weekend service offers face-to-face visits that provide reassurance and continuity of care during the most critical stages of end-of-life support.

As a result, patients can now:

- **Receive** timely symptom management and specialist support at home
- **Avoid** unnecessary hospital admissions
- **Remain** in their preferred place of care and death

Recognising the importance of supporting those who care for patients, new **Carer Support Groups** have been introduced. A dedicated role has also been established to provide emotional and psychological support specifically for carers. St Elizabeth Hospice has also appointed a **Spiritual Care Worker,** supporting patients and families in the community and on Minsmere Ward.

Following a feasibility study, the hospice has secured planning permission to build a new **Community Hospice** in Gorleston. This development will provide a purpose-built outpatient and inpatient facility with a community café and shop, a dedicated bereavement counselling suite, and office accommodation.

Expanding our Urgent Community Response

ECCH has continued to work with system partners to respond to urgent cases in either 2, 4 or 24 hours dependent on their criteria. During the year covered by this report, we achieved a combined result for our community urgent response of 80.2% against a contractual national target of 80%.

We achieved **91%** of 24 hour responses, **89%** of 4 hour responses and **78%** of 2 hour responses.

Referral Urgency	Referral Count	Met Urgency Target	%
2 Hours	7657	5946	78%
4 Hours	575	509	89%
24 Hours	1408	1275	91%

Research into Virtual Reality Support for Stroke Patients

ECCH's Early Supported Discharge Service has been taking part in a research study to test whether the use of **virtual reality devices** can help stroke patients with their rehabilitation. The team have been using NeuroVirt, a virtual reality headset, to assess whether undertaking clinically designed exercises using the 3D device can help with arm and wrist function. This exciting initiative is a collaboration with partners at the University of East Anglia and the James Paget University Hospital.

The service has continued to experience increased referral rates for acute stroke patients, particularly younger patients with different rehabilitation and social needs. We are grateful to be able to work with the Shaftesbury Icanho Specialist Rehabilitation Service who support our complex patients in Great Yarmouth & Waveney.

The service is working on the **redesign of the stroke rehabilitation pathway** in line with the model of care for the national Integrated Community Stroke Service. This involves local and regional collaboration with the ICB, who are supporting and leading on the development of a business case to secure funding to implement this model.

Neurology

The Neurology team has participated in several national audits including the **Parkinson's Disease Audit.** This has allowed us to benchmark the service against national standards and improve the service we offer to patients. Results will be published later this year.

In 2025, we launched a **'mood screening process'** for standardisation of our approach for stroke patients by physiotherapists, occupational therapists and neurology assistant practitioners. This is in alignment with the Sentinel Stroke National Audit Programme data requirements for quality. During 2026, we will be looking to extend this process for use in the care of other conditions.

One of ECCH's physiotherapy leads successfully completed the JPUH Research, Evaluation and Quality Improvement Scholarship funded by the Norfolk Initiative for Coastal and Rural Health Equalities (NICHE). This led to the Neurology team piloting its **Digital Reboot Programme** (see page 31).

We continue to promote the good work of our service through attendance and representation at local network group meetings and support groups.

High Intensity User Service

The High Intensity User Service (HIU) is designed to support individuals who frequently rely on emergency services due to complex health needs. It aims to identify and address the underlying social and health issues that contribute to frequent emergency department attendance such as housing issues, social isolation or poor mental health.

Interventions by the HIU Service aim to reduce emergency department visits by **40%.** In 2025/26 the team has developed the **"Wellbeing Wheel",** a structured assessment tool designed to support consistent monitoring of client needs, capturing information and providing a clear framework for tracking progress over time across a range of factors, including:

- **Engagement** with services
- **Emotional** regulation
- **Social** stability

The service works collaboratively with the James Paget University Hospital and is delivered in the community by non-clinical Health Improvement Practitioners in partnership with a wide range of system partners (i.e. Norfolk and Suffolk NHS Foundation Trust, social services, housing departments, etc).

We attend an East Region HIU Link Workers Network Meeting. The aim of this meeting is for us, as a region, to share ideas, good practice and provide peer support, along with information on services and initiatives. The 'Wellbeing Wheel' initiative was recently shared at this meeting, where it received positive feedback for its clarity and practicality of use as a tool.

Tuberculosis Service

ECCH's community-based Tuberculosis (TB) Service delivers **patient-centred care** in the community through TB specialist nurses who provide treatment supervision, adherence support, contact tracing and management of active and latent TB. In this way we reduce unnecessary hospital admissions and support treatment completion.

The team's role includes advocating for individuals with TB, many of whom have complex health and social needs, supporting them to navigate multiple systems such as housing and social care, and building trusting relationships that encourage ongoing engagement. This means collaborating with a wide range of partners including community organisations, acute providers, voluntary sector, community and social enterprise organisations.

The service has recently introduced **regular TB clinics** at Bridge View Day Centre in Lowestoft, and outreach programmes that have improved access to assessment, screening and follow-up for people who are 'rough sleeping' or homeless.

> "The service are all very **helpful and lovely**; they go out of their way to help."
>
> Patient Feedback

Specialist Diabetes Service

The Specialist Diabetes Service continues to see an increased service demand. In 2019, before the Covid pandemic, the average new referral rate was 23 per month. The service now receives an average of **170 new referrals per month,** including Advice and Guidance requests and a rapid increase in the number of requests for GLP-1 weight loss medication.

The team maintains a strong focus on patient self-management, with tailored support and clear guides for self-titration (variation of dosage). There have been a number of other initiatives to help mitigate the demand on this service to ensure equity of access, including:

- **Review** and improvement of administrative processes and triage systems.
- Service successfully implemented a **'Patient Initiated Follow Up' (PIFU)** pathway during the reporting period.
- Delivery of **GP education** and creation of a virtual education programme.
- **Upskilling** of matrons in insulin titration.
- **Refinement** of discharge criteria.

We are working internally on the **Diabetes 360 Project,** with collaboration between the PCHs, Pharmacy team and the Diabetes Service. This seeks to enhance the quality of care for frail patients with diabetes and reduce diabetes-related hospital admissions. Our diabetes nurse specialists collaborated with primary care clinicians and our PCH nursing teams to identify frail patients with lower blood glucose levels to take part. We then carried out a comprehensive review of their insulin treatment plans and produced individualised care plans for each patient in the study group. Our PCH nursing teams received specialist training and support to roll out our new approach.

Prior to the project's launch, one ECCH nursing team recorded making more than **60** visits a day for diabetes management. That equates to approximately one third of daily visits. Early indications are showing a **reduction in visits** to the patients involved in this project which means community nurses are able to focus on other priority patients.

ECCH now plans to engage with partners with the aim of extending this approach to the management of diabetes across primary care, our acute hospitals and care homes in Norfolk and Waveney.

We are also carrying out a **diabetes review** with all our community ward inpatients on admission, and with all insulin-dependent patients on the community caseload, starting with those who are high risk with low dose administration to optimise treatment where possible.

> "I would like to express my sincere thanks and gratitude for the **outstanding care** and support you provided today for our diabetic resident. Your quick response, kindness, and willingness to go the extra mile made a tremendous difference..."
>
> Care Home Feedback

Podiatry

The Podiatry team provides specialised care to patients in the community and has developed **strong collaborative relationships** with key system partners, including Primary Care Networks, MSK Service, diabetes specialist nurses and secondary care consultants.

Over the past year, the service has progressed a series of targeted improvement initiatives aimed at optimising clinical pathways, enhancing efficiency and improving the overall patient journey.

Key improvement initiatives have included the ongoing development of our **Multidisciplinary Foot Team** at the James Paget Hospital which brings together podiatrists, a consultant endocrinologist and vascular surgeon to provide a 'one stop shop' for podiatry care. The consultants now have access to our SystemOne patient record, and a template has been designed so all participants can enter and share information.

The team has also been delivering research, including a commercial trial investigating the effects of a specific wound dressing for preventing infection in diabetic foot ulcers. Securing this research study was a first for the team and for ECCH, with the team recruiting well.

Since September 2025, further actions have begun, including successful implementation of a new internal pathway to enable Podiatry to refer directly to the Norfolk and Waveney Musculoskeletal Assessment and Triage (MAT) Service for triage and onward referral to the acute, where clinically appropriate.

Work is also underway to design a pathway and operational plan to introduce an **Inpatient Podiatry Service** at the James Paget University Hospital.

> "I have been receiving care from this team for a long period and have always been made to feel welcome. The care has been of a **high standard** at all times."

Patient Feedback

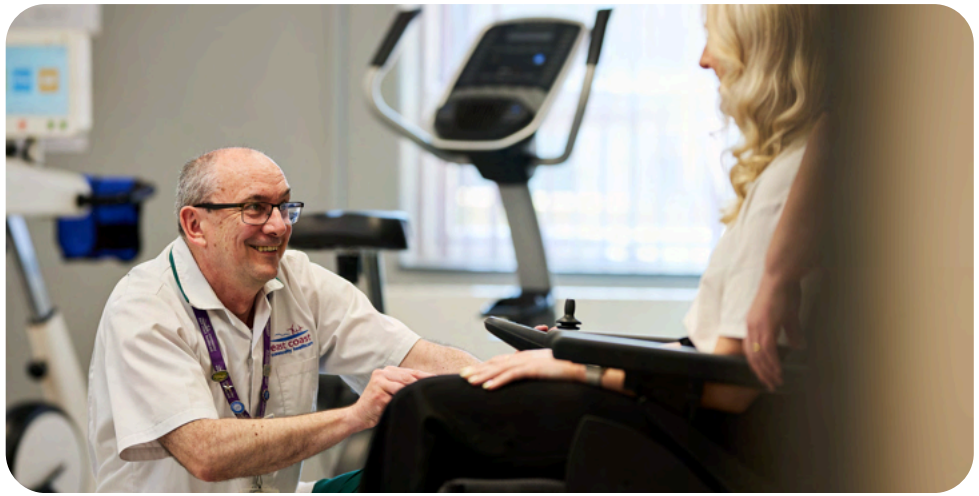
Dietetics

The Dietetic Service has implemented a number of service improvements to improve efficiency, including:

- **An 'Advice and Guidance' pathway** which allows a clinician to seek advice from a specialist prior to, or instead of, making a referral. This aims to streamline patient care and reduce unnecessary appointments.
- **Refinement** of our acceptance and discharge criteria in collaboration with system partners.
- **Updating** of patient and professional education materials.
- **Expansion** of group sessions to support increased demand and offer more choice to patients.

The team is presently exploring possible opportunities for the transition of acute outpatient dietetics provision to a community-based service. This initiative aligns with the required 'shift' of services from acute hospitals to community care described in the NHS 10 Year Plan.

> "The dietitian was 'perfect'; so **empathic** and **compassionate**, totally **non-judgemental**, providing extremely succinct and welcome guidance. She is a wonderful ambassador for ECCH."
>
> Patient Feedback



Wheelchair Services

ECCH's Wheelchair Services team assesses patients and prescribes the most appropriate wheelchair for their needs. We continue to deliver the majority of wheelchairs within **18 weeks** of referral.

In 2025, the national Wheelchair Quality Framework was launched. This led the team to undertake a **gap analysis** and develop an action plan which they are actively progressing to ensure the best access, outcomes and experience for wheelchair users in line with the framework.

They work alongside Ross Care, a company that supplies, delivers, maintains and repairs wheelchairs for ECCH's service users.

Musculoskeletal Services

Norfolk and Waveney Community MSK Services (NoW MSK) marked its first year of operating in April 2025. It sees ECCH and East of England Community Health and Care NHS Trust (EEC) working collaboratively to deliver a standardised clinical pathway, so patients with MSK conditions have access to the same care wherever they live in the area.

Also in April 2025, ECCH launched a new **MSK Musculoskeletal Assessment and Triage Service (MATS)** in North Norfolk. The service has a single point of access, or 'front door', for patient referrals, with patients triaged to the most appropriate team depending on their clinical needs.

Patients can **self-refer** without the need to see a GP and can access a wide range of self-help material on the service **website.** This process has recently been streamlined with the development of an online self-referral questionnaire. Patients can also make, amend or cancel appointments using the online booking service.

In September 2025, NoW MSK held two **Community Assessment Days** in Norwich attended by around 600 patients. These events enabled the teams to provide tailored advice to patients, reduce waiting times and support people to manage their conditions at home between appointments. The events were funded by NHS England through NHS Norfolk and Suffolk Integrated Care Board (ICB). Feedback received from attendees was very positive.

Work continues to further enhance and align services. This includes:

- **Improving internal processes** to reduce appointment waiting times
- **Improving accessibility** and reducing health inequalities, especially in those areas with high deprivation
- **Gaining and processing** patient feedback i.e. through Friends and Family Test questionnaires
- **Reviewing** and further development of the service website to encourage users to access self-help, exercises, advice and articles on MSK conditions
- **Rolling out** ability to issue Med3 (Fit Note) forms
- **Continuing** to work with stakeholders to improve MSK pathways within the system.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)

The ME/CFS service predominantly offers **online group-based therapy interventions,** followed by a twelve-month patient-initiated follow-up (PIFU).

For children and young people, one-to-one sessions are offered at a variety of locations across Norfolk and Waveney including Wroxham, Cromer, King's Lynn and Lowestoft. Very severely affected patients are offered a more bespoke service depending on their specific needs. This may include home visits and care coordination.

The team has continued to embrace **innovation and service improvement** and is currently working on redesigning the four-week therapy group content and building a new website. Three audits were completed to obtain feedback from patients to inform the development of the new four-week group programme.

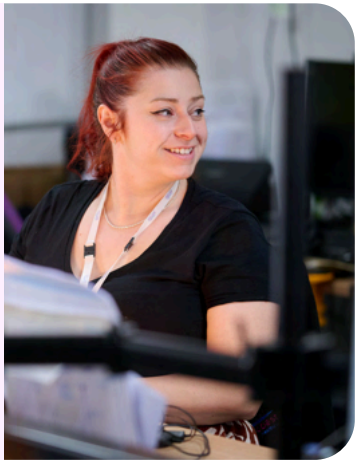
The team have all completed **Acceptance and Commitment Therapy (ACT) training** and have included tools and resources from this approach in the new group content. The aim is to effectively support long-term behaviour change to enhance health and wellbeing outcomes for patients.

We have several projects underway with ECCH's Business Intelligence team, including analysis of demand and capacity and exploring how we can improve attendance rates for the service.

In August 2025, the team renamed Norfolk and Waveney ME/CFS Service after completing the transfer of Suffolk patients to the care of Suffolk GP Federation. We continue to work closely with the GP Federation to align our services.

We have started to **network** with other services and health and social care providers to provide information about the service and share best practice. This has included writing to all Norfolk and Waveney GPs after the Suffolk transition, presenting at the North Norfolk Health and Social Care Occupational Therapy forum, and networking with the Leeds and West Yorkshire ME/CFS Service, which was identified as gold standard in NICE guidelines.

> "I have learnt to accept my condition and to value what I can do rather than what I can't. This team allowed me to feel **understood and supported** for which I am grateful."
>
> Patient Feedback



Looked After Children Service

The Looked After Children (LAC) Service introduced new measures to help the children and young people they support feel listened to, respected and empowered.

This team is responsible for promoting good health and wellbeing in children and young people aged 0–18 who are under the care of the local authority and placed across Norfolk and Suffolk. They ensure Statutory Health Assessments are completed which identify and support unmet health needs, and improve long-term health outcomes for care-experienced children and young people.

In 2025 the team made Health Assessment reports **'child-friendly'** with easy-read care plans so children and young people can better understand their health and be more involved in decision-making. A **learning disability passport** was introduced which can be handed to clinicians at appointments, so the needs of attendees can be easily understood and addressed. Drop-in sessions at residential homes have also been organised.

These measures were the result of consultations with young service users to ensure ECCH's service meets their needs. They demonstrate the team's commitment to the **Flourish initiative** which involves agencies who work with children, young people and families across Norfolk coming together with the shared ambition that every child and young person in the county has the chance to flourish.

In addition, each nurse within the LAC team has taken a special interest in a specific area of practice, such as young parents and unaccompanied asylum-seeking children. This targeted approach has led to service improvements designed to meet the specific needs of these groups.

Safeguarding Children & Adults Service

All ECCH staff have access to safeguarding training, guidance and supervision to ensure they understand their 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.

During 2025/26, we have **significantly improved** compliance with Level 3 Safeguarding training. We switched to virtual sessions during the pandemic and in 2024 noticed a drop in attendance for these. By reintroducing face-to-face sessions and encouraging managers to release staff to attend, we have increased Level 3 compliance **from 20% to 80%.**

The Safeguarding Service also offers regular safeguarding supervision to specialist teams, including the Looked After Children Service and other specialist services.

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 Suffolk County Council's Quality and Contracts team and the East of England Community Health and Care NHS Trust. The Safeguarding team also continues to work with the Safeguarding Adult and Children Boards across both Suffolk and Norfolk to protect and safeguard our client group in both counties.

Our Volunteers

The volunteer service has continued to grow with new roles and more hours contributed by volunteers compared to previous years. We have trained **45 new volunteers,** as well as continuing to work with some incredibly dedicated long-standing ones.

Highlights from this year include:

- **New roles** developed at Carlton Court Hospital to support the admin team and rehabilitation of patients
- Minsmere Ward at Beccles Hospital has benefited from a volunteer and her **Pets as Therapy dog** regularly visiting patients
- A volunteer supporting patients with **conversation practice** for the Speech and Language Therapy Team at Beccles Hospital since February
- Several volunteers helping to **maintain the garden** at Beccles Hospital, with staff praising their efforts and commitment.

Many volunteers continue to support staff and patients at the leg ulcer clinics and on the wards at Beccles and Carlton Court Hospitals.

We have also welcomed many students looking to gain skills and experience, who feel volunteering has helped them gain a valuable insight into healthcare careers.

We are proud of the diversity of our volunteer team, with ages ranging from 16 to over 80 years old and many people from abroad looking to contribute to the local community.

> “It was an **incredibly rewarding** experience and supporting your community in this way feels meaningful.”
>
> Volunteer Feedback

Free Community Information Events

We have held several free public events to support patients to manage various conditions and to raise awareness of some that can be prevented.

We held a follow-up to our successful **'Heads Up' event** from the previous year at Great Yarmouth Marina Centre. It focused on a wide range of conditions including stroke, dementia and head injury. ECCH's Speech and Language, Neurology, Stroke, Equipment and Memory Impairment Services were joined by Norfolk and Suffolk NHS Foundation Trust, as well as voluntary and charitable organisations such as Admiral Nurses, Different Strokes and Headway.

We also held a second **'Healthy Joints and Active Lives'** event, this time at Waterlane Leisure Centre in Lowestoft. Our physiotherapists and other providers, both statutory and VCSE, attended to help promote the importance of good musculoskeletal health. These included Age UK Norwich, Citizens Advice and Fibromyalgia/Chronic Pain Support.

For our third and final event of the year we marked **World Diabetes Day 2025** in November in Lowestoft. ECCH services were joined by partners from other health and wellbeing organisations who support those living with diabetes, their families and carers, offering advice on lifestyle changes that can help with management and prevention.

Clinical Research

ECCH actively seeks opportunities to support and deliver research activity which will benefit our patients, employees and local population.

During the period covered by this report, ECCH was actively involved in **11 community-based research studies,** including its first commercial research study.

The Podiatry Service secured a commercial study investigating the effects of a wound dressing for preventing infection in diabetic foot ulcers. ECCH was praised by the study team for its open communication, responsiveness, and the level of preparation carried out.

We also took part in nine non-commercial National Institute of Health Research (NIHR) portfolio studies and one academic study. These were led by our Research team and included:

TRUSTED – a study involving ECCH's Neurology team which uses health information to help researchers understand which Multiple Sclerosis treatments work best for different people, so that everyone can be offered the right treatment at the right time.

RaCeR2 - the MSK Physiotherapy Service supported patients discharged from James Paget University Hospital to participate in this trial which compared patient-directed rehabilitation with standard rehabilitation, following surgical repair of a rotator cuff injury.

An academic study exploring the inequality of provision and access to palliative care in a coastal region. This sees a researcher working directly with ECCH's Business Intelligence team to conduct searches and reviews clinical records.

In addition, a clinician from ECCH's Neurology team was successful in completing the **Norfolk Initiative for Coastal and Rural Health Equalities (NICHE) Quality and Service Improvement Scholarship.** During this scholarship they explored the role of digital technology within a community Neurology service. This has led to post-scholarship work with ECCH's Digital Health team and contribution to the full digital refresh of the Neurology service pathways.

A second ECCH clinician completed the **NIHR Nursing Midwifery and Allied Health Professional Research Internship** programme. As a direct result of this, they introduced use of Critical Appraisal Skills Programme tools to the Neurology Service, including for service training.

The Research team has devised a suite of training for clinicians. Research 'champions' from across the organisation meet bimonthly and encourage research participation among their services.

We also maintain strong working relationships within the East of England Research Delivery Network (RDN), with partners across the Norfolk and Suffolk Integrated Care System and with partners in social care and higher education institutions, actively seeking opportunities to collaborate on research studies.

Estates & Facilities

Health and Safety

Responsibility for Health and Safety has moved from the Quality Directorate to the Estates and Facilities team, with the appointment of a new **Health, Safety, Fire and Security manager.** This has led to a number of changes including enhancing the fire evacuation procedure at Carlton Court when ECCH took on its running in October. Evacuation chairs were introduced, as well as 'ski sheets' which can be positioned under a hospital mattress to allow patients to be safely and quickly moved during emergencies such as fires. Training in the safe use of this equipment was given to staff on site.

During the planning for taking on Carlton Court, the team also organised registration with the Food Standards Agency and obtained a 5 star rating for food safety. They also made improvements to maximise storage space on the site.

Sustainability

In September 2025 ECCH was awarded **Bronze Level accreditation** by Suffolk Carbon Charter in recognition of the organisation's efforts to reduce its carbon footprint.

The Charter recognises businesses in Suffolk and Norfolk who are taking positive action towards Net Zero. In order to meet the Bronze level requirements, companies must demonstrate that they have a working energy management policy, an environmental action plan and effective systems to measure and monitor their progress.

The Panel commended ECCH's **Green Plan.** Our solar panel and LED lighting installation and insulation upgrades in various buildings were noted as positive achievements, along with initiatives such as swapping our energy supplier at Hamilton House and Rayner Green to renewable energy, recycling of old ICT equipment and replacing appointment letters with texts and emails.

Having gained Bronze accreditation status, we will now take time to review the recommendations put forward by the Carbon Charter Panel before progressing towards gaining a Silver accreditation level.

Cleaning

Following some infection control incidents, cleaning processes were reviewed in consultation with our landlord (NHS Property Services). This has led to process changes across NHS sites nationally and has been well received by the health system locally and nationally.

The Estates and Facilities team is working with colleagues from our Business Intelligence Unit on a pilot of **digital cleaning audits.** This will greatly enhance our recording processes.

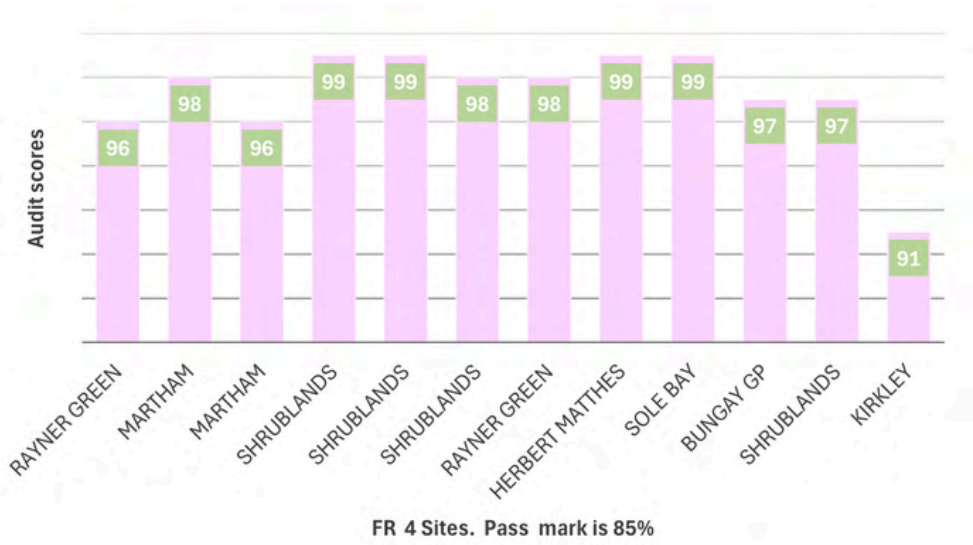
Air quality

We have also reviewed the air quality within our wards and clinic areas and have **trialled Rediair Units** where no air conditioning already existed. These are designed to remove airborne contaminants, particles, dust, allergens, and microorganisms from the air.

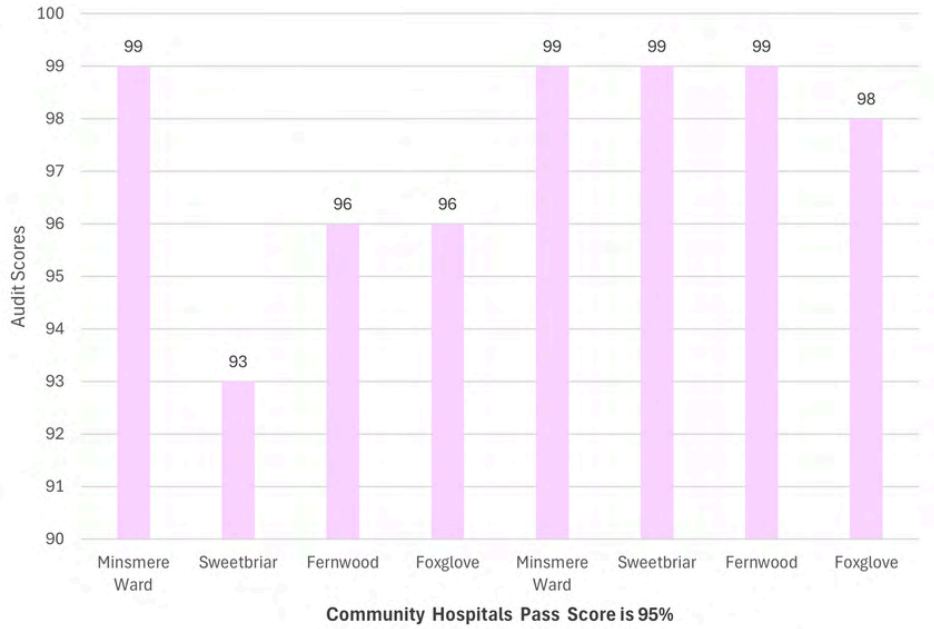
On Minsmere Ward at Beccles Hospital, all the bays and side rooms had air conditioning units programmed to change the air 6 times per hour. We have had additional filters installed to improve the air quality further, which has played a part in reducing infection transmission rates on the unit.

The following graphs show the audit scoring split into Community Clinical Sites and Community Wards (inpatient units). Please note the pass levels differ - clinical sites, GP practices & medical centres (FR4) have a pass expectancy of 85%, while community hospitals (FR2) have a pass expectancy of 95%.

Q3 Audit Results for Clinical Sites



Q3 FR 2 Community Hospitals Audit Results



Catering

In November 2025, we were notified that our pre-prepared meal supplier had gone into administration and arrangements were made immediately for an 8-week supply of meals from an alternative supplier while a full review was completed.

A **food safety committee** was set up with patient representation and attendance from the Estates, Health and Safety, Dietetics, Speech and Language Therapy and Quality teams, as well as clinicians from Minsmere and Carlton Court Intermediate Care Units.

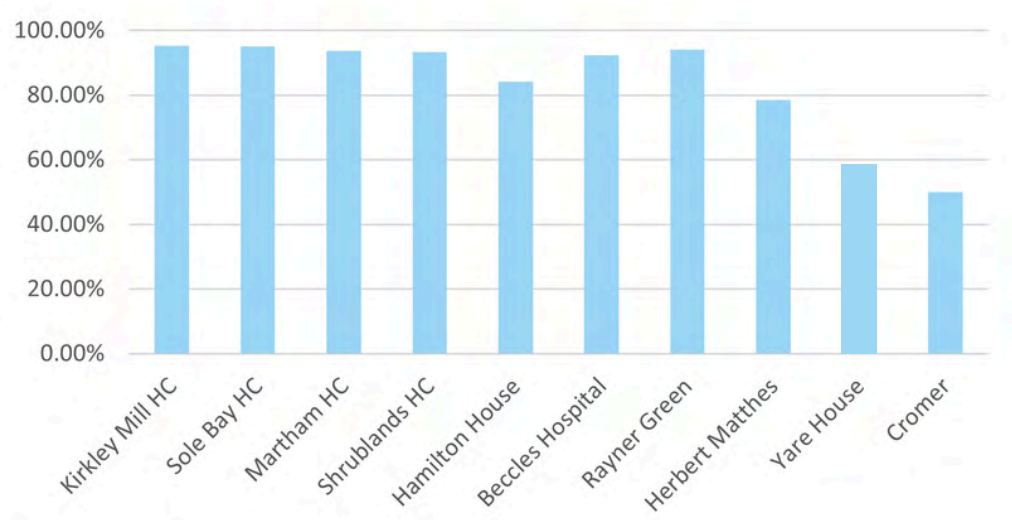
A complete evaluation, including a tasting session, was carried out which took into consideration issues such as calorie control and modified textures before awarding a contract to a new supplier. We are now working on producing **digital menus** which will also track stock requirement and ordering, providing an opportunity to reduce paper usage and food waste.

Compliance

This year has been challenging across our sites with structural issues and increased costs of maintenance and water safety. The team have worked hard to ensure that the impact on delivery of patient care has been minimal.

NB. Whilst we strive to achieve 100% compliance, this is **not realistically possible** due to certificates expiring at different times during the year and the need to request the new certificates from NHSPS, EPBS, and NSFT. This does not mean that the testing has not been completed but that we do not possess the certificate to verify the testing has taken place.

Compliance at Sites



Patient & Service User Experience

At the beginning of 2026, a full time **Patient and Carer Experience Lead** was appointed whose role ensures the voice of patients and carers is heard across the organisation. To enhance our existing methods of gathering patient feedback - such as the Patient Advice and Liaison Service (PALS), compliments and complaints - new methods have been initiated, such as:

- A new **Patient Engagement Strategy** development with Healthwatch
- **Feedback voicemail** for patients and carers to telephone and leave feedback
- **5x5 feedback** – this is where five services call one patient a month resulting in 60 pieces of feedback over the year from a diverse range of patients
- **Patient and Carer Feedback Café** which takes place monthly on Minsmere Ward
- **'One touch feedback'** system for patients and carers on our wards to provide feedback through simple, accessible questions on digital tablet devices
- **The Friends and Family Test (FFT)** is undergoing changes including increasing accessible formats such as easy-read, large print, multilingual resources and dementia resources. Additional engagement methods are being implemented, including QR-coded materials and newsletters. Work is also underway to tailor FFT approaches for specific patient cohorts and services, and staff are receiving new guidance as to when to give out FFTs
- **Complaints accessibility** is being improved to support patients and carers to raise concerns and complaints. This will include easy read and multilingual resources and a redesign of the complaints section of ECCH's website.

Friends and Family Test Survey Results

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 **89%** of our patients found the experience of using ECCH services either good or very good.

We receive a range of feedback, including compliments, enquiries or complaints. All types of feedback are reviewed and learning identified. This might be elements of excellent care which we can share and apply to other services, or areas where we can improve services and the care we deliver. We investigate the issues raised through concerns or complaints to ensure we 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. We aim to have a **personal approach** to the management of complaints to ensure that the patient or their representative is at the centre of the review and their individual concerns are addressed.

We are always pleased to receive compliments for teams or individual staff and celebrate these with team members, as well as taking on board what it was that meant the care received was of note and made a difference to the individual. 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 to support their ongoing professional registration and revalidation.

FFT Results	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Average % Positive	88%	91%	93%	90%	91%	88%	92%	91%	89%	89%	87%	87%

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 Service (PALS), and we strive to ensure that our patients can give compliments, ask questions, raise concerns or make formal complaints easily and with complete confidence.

The PALS team are committed to **listening** carefully to patients, **responding** in a fair, open and honest manner and to **resolving** issues as quickly as possible.

Learning from Complaints and PALS Concerns

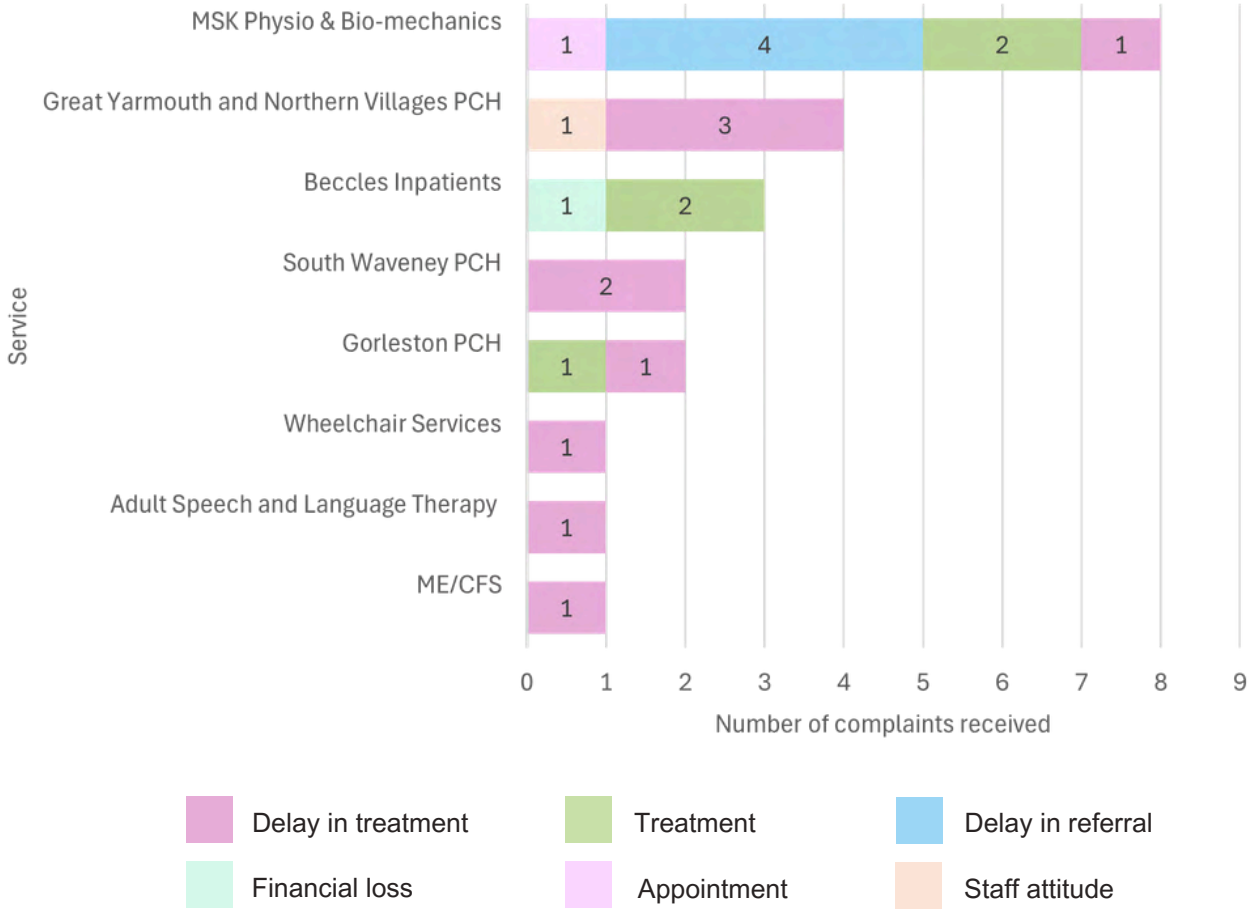
As a learning organisation, complaints are a vital source of information shared across our services to **inform and improve** what we do. Whenever potential service improvements are identified, individuals are informed by letter or via a conversation and any resulting action plans are shared. The graph below provides details of the complaints received during the year 1 April 2025 to 31 March 2026. Initially we try to resolve all complaints **quickly and informally,** if possible, and only follow the full formal complaints process if a resolution could not be agreed with the patient.

Complaints Received by Service and Type

Between April 2025 and March 2026, complaint volumes across services were **low overall.**

MSK Physio & Bio-mechanics recorded the highest number of complaints, primarily by delays in referral. However, the service has over **3,000** appointments per month.

The majority of complaints received were due to delay in treatment and only one complaint was received due to staff attitude.



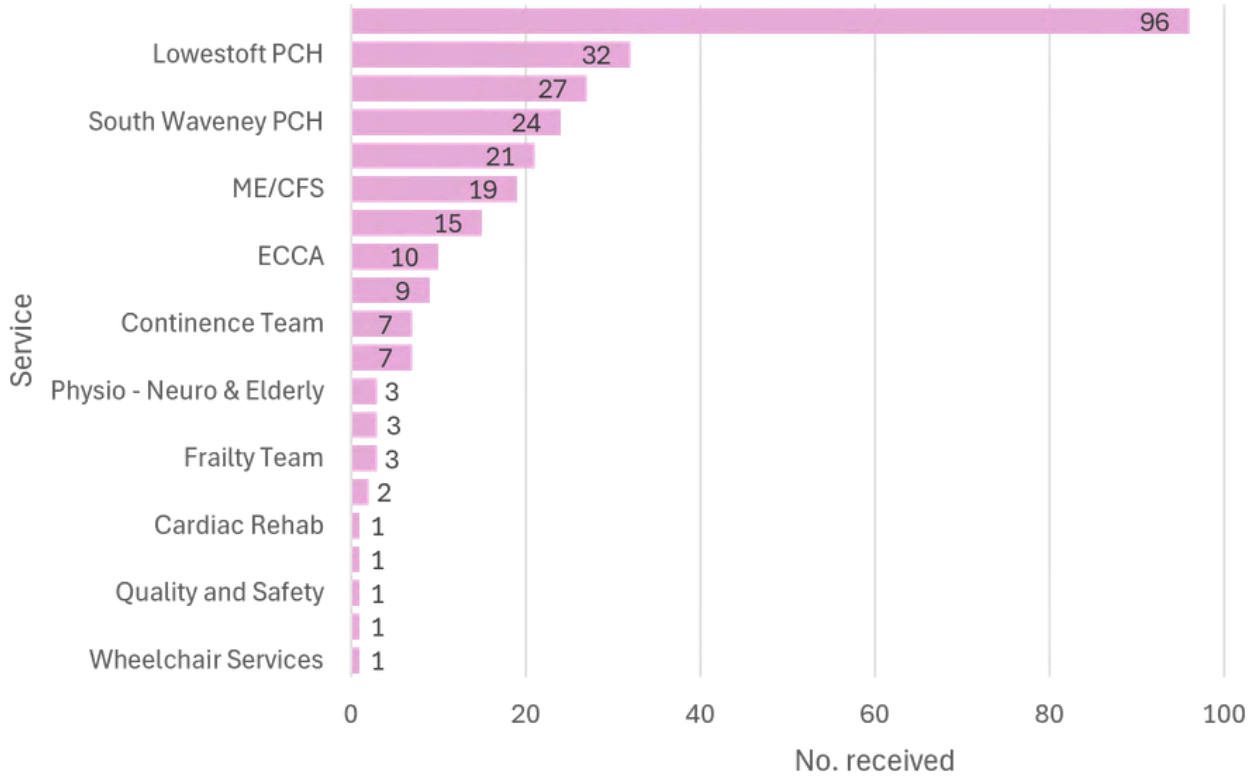
PALS Issues, Enquiries and Feedback

Between April 2025 and March 2026, **MSK Physio & Bio-mechanics** received the highest amount of PALS issues, enquiries and feedback.

The volume of patients they see in 12 month is approximately **36,000,** meaning around 0.26% of their patients contacted PALS.

All four PCH teams received the next highest number of PALS contact, similarly reflective to high number of patients on their caseloads.

ME/CFS remains higher than most services, however is lower than the previous year of 22 PALS contacts received.

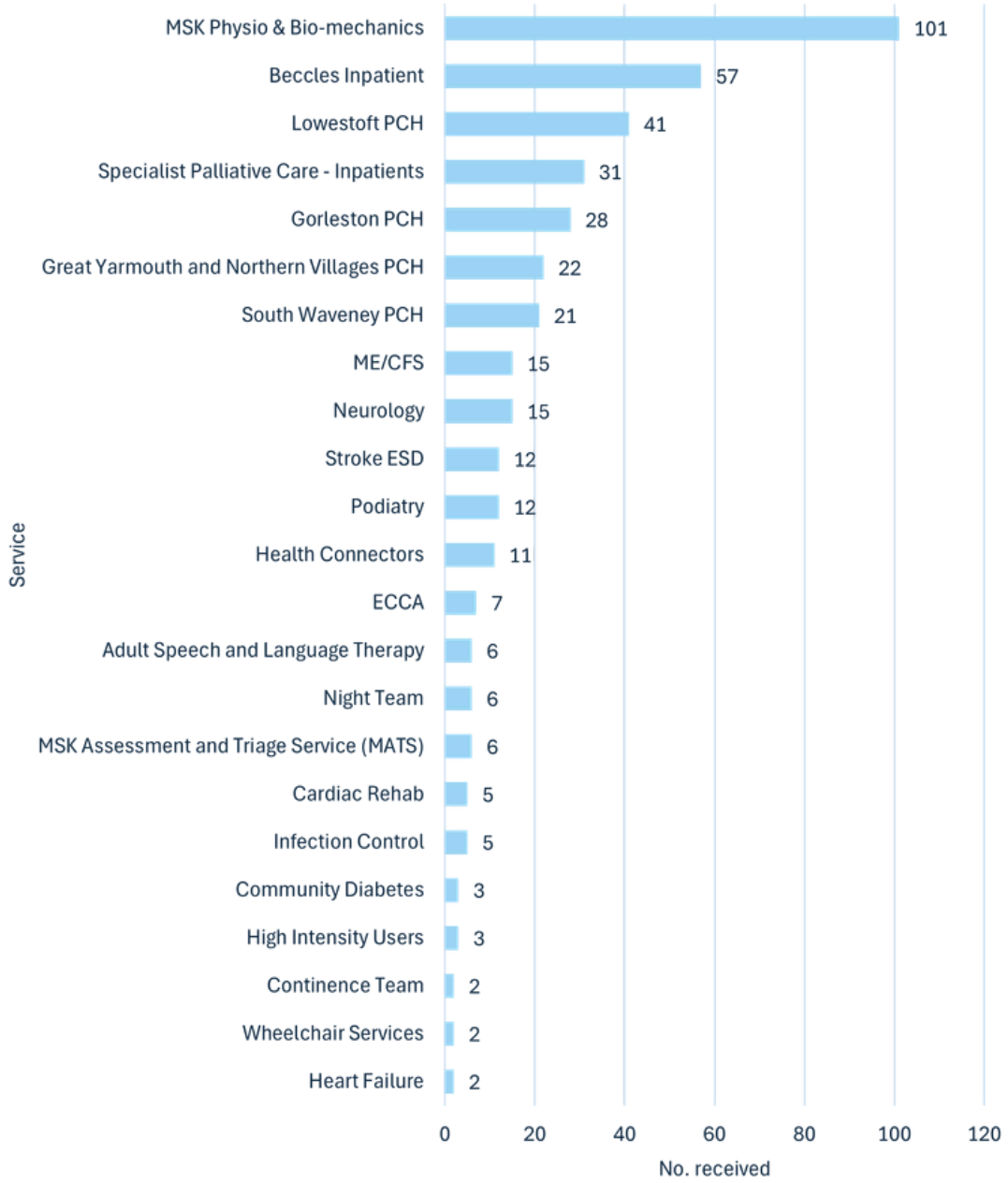


Compliments Received via PALS and FFTs

Between April 2025 and March 2026, **MSK Physio & Bio-mechanics** received the highest number of compliments. Given the volume of patients, this is likely to be expected compared to other services who see less patients. MSK also changed their process for giving FFTs; it is now an admin process on discharge, meaning all patients receive the FFT.

Minsmere/Beccles In-Patient Ward received the next highest amount of compliments with Specialist Palliative Care also receiving a high number of compliments. Both services do not have a high volume of patients, however, the care they provide can be intensive and for long periods of time.

All four PCH teams received high numbers of compliments, showing the quality of care that is provided by staff.



Patient Feedback

Primary Care Home

"All staff have all been very **caring, sensitive and professional.** My husband and I have been left feeling that all staff genuinely care and want to support."

Inpatients

"We would like to thank you all so much for the **care, support and kindness** you gave not only to the patient, but to us as a family as well. Nothing was ever too much trouble for you. You all helped us through a difficult time and we'll never forget your kindness."

Stroke ESD

"I wanted to record my appreciation for the care I received in my brief stay in hospital and the weeks that followed. Everybody was not only very supportive by sympathetic and above all, **very positive."**

MSK Physiotherapy & Bio-mechanics

"After having 6 weeks of physio for my lower back, I cannot believe what a **difference** it has made for me. I want to thank the Physios for all the help they have given as my back pain has improved thanks to all the exercises which I will continue to do."

High Intensity Users

"Thank you so much it's the most **help** I have had in a while, just talking about everything was helpful…''

Podiatry

"Having attended your podiatry department over a period of a few months, I can't express my **gratitude** enough. My foot was badly infected by a drawing pin & it's now healed thanks to the attention of your staff."

Cardiac Rehabilitation

"FANTASTIC - the team were very understanding of my recovery process and are a total credit to everyone in the early stages of rehabilitation. Very highly recommended."

Neurology

"The nurse was **amazing,** she took the time to listen and ask questions, and he felt very relaxed in her company, which he doesn't always with people he doesn't know."

Health, Safety & Security

ECCH has a legal obligation to ensure the health, safety, and wellbeing at work of 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 Deputy CEO and Executive Director of Finance and Resources holds the role of Accountable Officer for Health and Safety for the organisation. This includes fire and elements of security.

As an employer we ensure that all staff have access to **Health and Safety training,** provision of **policies** to support their roles and that all staff understand their duty to engage with this. **Risk assessments** are used to support safe working by assessing practices and premises and recommending actions to prevent, reduce or eliminate identified risks.

All staff have access to **Occupational Health and Wellbeing services,** and training for procedures such as manual handling to prevent unnecessary injury in the workplace. RIDDOR and COSHH safety regulations ensure that steps are taken to reduce the risk for staff and appropriate measures are applied. We have enhanced the way in which we support staff through the provision of Lone Worker monitoring via a phone app and the provision of torches and other equipment to keep them safe whilst undertaking their roles.

We regularly audit and inspect all premises where ECCH services operate and ensure these are compliant with Health & Safety legislation to protect staff, patients and visitors. We are growing the network of **Fire Marshalls, First Aiders and Champions** who support the organisation in ensuring we meet best practice and comply with legislation. The annual audit programme of premises ensures any areas identified for improvement can be reported, risk assessed and additional safety measures implemented.

Health and Safety compliance, risks and themes around reported incidents and near misses are reported as part of ECCH's organisational governance and discussed at the Board Assurance meeting.

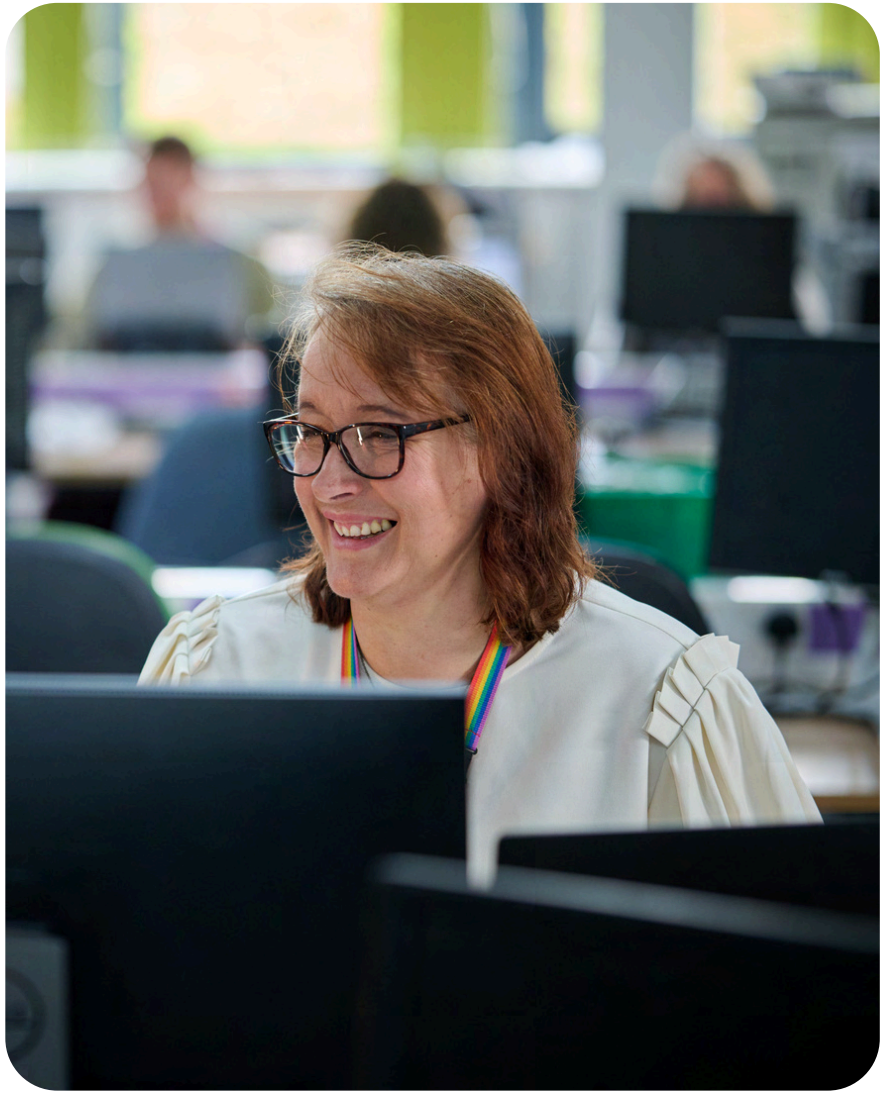
Resilience - Emergency Preparedness

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

ECCH maintained its position of substantial compliance against the national **NHS England Emergency Preparedness Resilience and Response Core Standards,** and continues work on developing and implementing local and national emergency planning guidance.

We continue to develop and undertake 'live play' and tabletop mock-emergency exercises, to ensure plans in place are robust. We took part in the national emergency training exercise **Operation Pegasus** in November 2025 which simulated a fast-moving respiratory pandemic and involved participation from all 38 Local Resilience Forums in England. This tested participants' abilities to make decisions under pressure, and addressed inequalities in response and access. It was aimed at ensuring lessons learned from the Covid pandemic and previous simulation exercises are embedded in response plans and organisational practice.

All ECCH key services produce **Business Continuity Plans,** which are reviewed and updated regularly to ensure continuity of service in incidents, and wellbeing for our staff and patients.



Workforce Quality

In 2025/26 ECCH's average number of employed staff was **696.5;** when including bank staff, this headcount increases to **766.** This represents an increase compared to the previous period, when the average headcount (including bank) was 693. The turnover rate during 2025/26 was **11.20%**, which reflects a decrease from last year's turnover of 13.53% and an improvement in our staff retention.

ECCH continues to work in partnership with local and regional health and social care organisations within the Norfolk and Waveney Integrated Care System. 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 2025, **71%** of ECCH staff completed the annual NHS Staff Survey, compared to 64% in Community Trusts nationally. **74%** of respondents said they would recommend ECCH as a place to work - the highest response for community organisations in the UK and 15% above the national average.

The highest scoring answers (90+%) were for the following areas:

- Being encouraged to report accidents/near misses
- Feeling trusted to do my job
- Feeling my role makes a difference to patients and service users

We were pleased to see a continued trend in staff feeling **valued.** This was identified as an area to be addressed in action plans following the previous survey. It was therefore encouraging to see a steady improvement in the results for these questions.

NHS Staff Survey Results

Question	2025	2024	2023	2022	Average for similar orgs
My immediate manager encourages me at work	81.1%	78.7%	73.8%	72.6%	76.7%
My immediate manager asks for my opinion before making decisions that affect my work	69.7%	64.7%	64.7%	63.2%	63.9%
My immediate manager listens to challenges I face	80.8%	80%	74.4%	75.5%	75.8%
My immediate manager cares about my concerns	79.5%	79%	73.2%	73.3%	75.3%
Satisfied with extent organisation values my work	54.6%	48.4%	45.4%	41%	48.9%

ECCH's engagement score was **7.43,** the highest it has been since we started taking part in the NHS Staff Survey in 2022. Nationally the engagement score for NHS organisations is at its lowest since 2018. Other particularly positive responses related to personal development opportunities. Answers relating to the ability to access development opportunities and the organisation acting fairly with regards to career progression were both **12%** above the national average.

Question	2025	2024	2023	2022	Average for similar orgs
Organisation offers me challenging work	76.7%	76.3%	71.7%	68.2%	66.8%
Have opportunities to improve my knowledge and skills	77.9%	75.5%	70.4%	71%	67.4%
Able to access development opportunities when needed	70.4%	67.3%	67%	64.4%	58.7%
Organisation acts fairly RE: career progression	71.3%	70%	65.1%	65.9%	59%

The main area for attention remains around **pressures on staff** and the impact on **staff resilience:**

Question	2025	2024	2023	2022	Average for similar orgs
Often/always worn out at the end of work	45.6%	47%	41.8%	47.2%	39%
Often/always find work emotionally exhausting	30.4%	36.3%	32.3%	42.2%	33.7%
Often/always feel burnt out because of work	26.6%	32.2%	28.6%	32.9%	27.5%
Have realistic time pressures	26.8%	23.5%	28.2%	23.6%	31.4%
Able to meet conflicting demands on my time at work	44.5%	41.9%	47.1%	42.7%	51%

Other areas highlighted for attention last year have reverted close to 2023 levels which is encouraging. These concerned having adequate materials and not coming to work when feeling too ill to perform duties:

Question	2025	2024	2023	2022	Average for similar orgs
Have adequate materials, supplies and equipment to do my work	68.4%	62%	70.8%	62.4%	65.3%
In last 3 months, have not come to work when not feeling well enough to perform duties	50.3%	41.5%	51.2%	45.5%	51.2%

We have chosen to draw up **action plans** at team level as well as directorate level. This means issues pertinent to particular teams can be addressed and monitored easily, while the Board and Leadership Team have regular oversight of the directorate plans. All plans have been reviewed by the Senior Management Team and will be revisited regularly at team meetings. They also form part of monthly review meetings between managers and HR business partners.

Staff Absence and Wellbeing

As the NHS Staff Survey shows, we continued to experience challenges in terms of staff health and wellbeing, which is reflected across the Norfolk and Waveney system and the NHS as a whole. At ECCH, we have seen this present mostly as **sickness absence.** However, we are aware that this may also have resulted in presenteeism which could potentially have an impact on performance and turnover metrics.

During this reporting period, we have seen the overall rolling absence rate decrease to **6.41%,** from 7.01% in 2024/25.

Our People (Human Resources) Team works hard to address patterns of ill health through **collaborative working.** They hold regular meetings with managers to provide absence management support. In April 2025, we renewed our contract with occupational health provider, Medigold Health. We continue to have an in-house occupational health physiotherapist, providing support to staff on a range of musculoskeletal issues, including ergonomics assessments in the workplace and in vehicles which are used for work. This has proven to be extremely effective in reducing the impact of musculoskeletal issues on our teams.

In 2025 we refreshed our **Health & Wellbeing Strategy action plan** which aligns to our broader Workforce Strategy. This includes the development of our **Workforce Strategy Promise 'wheel'** which is made up of actions from wellbeing walks and flexible working, to leadership development and recognition schemes.

We provide **Wellbeing and Attendance Matters courses** for our managers as part of our People Matters suite of training programmes. This forms part of a drive to put wellbeing at the centre of our business. An essential component of our Health and Wellbeing Strategy is the development of a network of volunteer **Peer Supporters** who provide a listening ear and are fully equipped to signpost colleagues to further support when this is required. The core components of the training for this role lie in mental health first aid (MHFA), which is a nationally recognised validated programme. In addition to the MHFA role, our Peer Supporters will also be trained in a minimum of two other areas: Safeguarding/Domestic Abuse, Menopause, Health & Wellbeing, Display Screen Equipment (DSE) Assessment, and Inclusion Group.

All ECCH staff have access to online information and resources to support their wellbeing, as well as to a mental health and wellbeing app called **Thrive** which includes counselling support. We also offer an enhanced **Employee Assistance Programme,** which is available 24/7, provided through specialists Vivup.

We recognise that menopause can play a big part in physical and emotional wellbeing for some of our workforce, which is predominantly female. We run **Menopause Support Cafés,** host training events and provide educational materials to ensure managers and staff have the necessary knowledge to support themselves and each other.

We continue to participate in meetings with Norfolk and Waveney ICS Health and Wellbeing Leads.

Training and Development

ECCH invests in the training and development of its staff to make sure we continue to deliver the **highest quality** of service. We provide much of our training online, where appropriate, to make it more accessible to staff, to free up more time for clinicians to spend with patients and because it is more environmentally friendly not having to travel for training sessions.

In addition to our mandatory training requirements, we run courses to promote **safe working** such as Personal Safety and Lone Worker Training, and Winter Driving courses. We also have a suite of courses to improve **'soft skills'** including Coaching Conversations, Assertiveness and Confidence Building, Time Management, Active Listening and Difficult Conversations.

All staff are encouraged to undertake **continual professional development** throughout their careers. In the past year, this has ranged from communication training to specialist courses in palliative care, leg ulceration and phlebotomy. All employees who have line management and supervisor responsibilities have the opportunity to achieve qualifications with the Institute of Leadership and Management or Chartered Management Institute.

Recognising that effective managers are key to successful organisations, compassionate environments and a thriving workforce, we also provide **inclusivity and wellbeing training** including Face Value courses, LGBTQ+ Awareness, Menopause Awareness in the Workplace and Cultivating our Culture.

Apprenticeships

We currently have **18** members of staff completing the following apprenticeships:

Clinical	No. of staff
Senior Healthcare Support Worker Level 3	3
Assistant Practitioner Level 5	2
Nursing Degree Apprenticeship Level 6	6
Occupational Therapy Degree Apprenticeship Level 6	1
Physiotherapy Degree jApprenticeship Level 6	1
Chartered Management Degree Apprenticeship (Health and Social Care) Inc. Mary Seacole – Level 6	1

Non-Clinical	No. of staff
Business Administration Level 3	1
Chartered Management Degree Apprenticeship – Level 6	1
Senior Leadership Level 7	2

Apprenticeship Highlights

In January 2026 Anglia Ruskin University started their first cohort of Physiotherapy and Occupational Therapy apprenticeships. ECCH received a high number of expressions of interest for both these apprenticeships and successfully recruited **1 Physiotherapy and 1 Occupational Therapy apprentice.**

The Quality and People Team successfully recruited a **Business Administration Level 3 apprentice** to work between both teams. This is an exciting opportunity to both the team and the apprentice.

In 2025 – 2026, we have had **5** apprentices successfully complete their apprenticeships in the following standards:

- **Lead Adult Care Worker** Level 3
- **Senior Healthcare Support Worker** Level 3
- **Nursing Associate** Level 5
- **Chartered Manager** Degree Apprenticeship Level

Practice Education

The Practice Education team continues to support the development and career progression of clinical employees through the provision of **internal training, access to continuing professional development, apprenticeships and preceptorship.** Within this team, 5 full-time clinical educators deliver evidence-based training, ranging from basic observations and syringe pump usage, to taking blood. They have also been involved in devising and rolling out a diabetic training package for local care homes.

Preceptorship

For newly qualified practitioners, preceptorship aims to **ease the transition** from student to healthcare practitioner, offering both clinical and pastoral support. 2025 saw ECCH's highest figures for recruiting Newly Qualified Professionals, with **27** enrolling for preceptorship - five of whom were ECCH apprentices and eight who had previously been on placement with us as students. Of the 64 Preceptees enrolled since 2022, only five have since left ECCH to work in other healthcare settings.

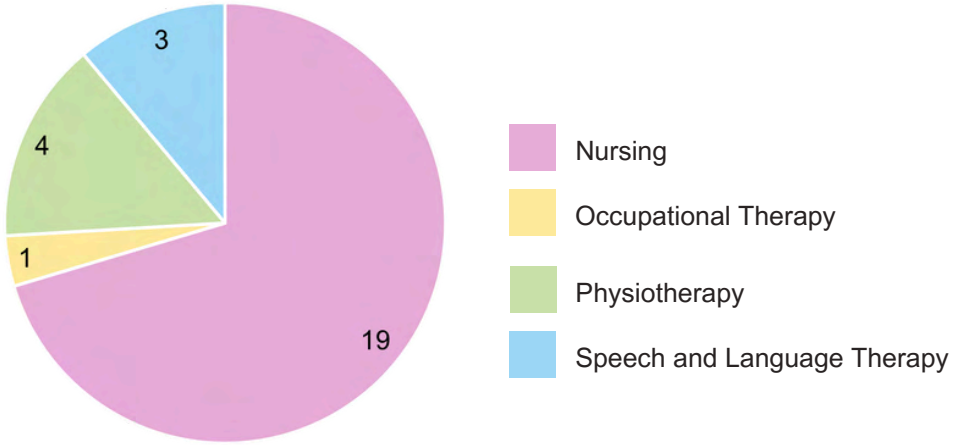
> "I found having the preceptorship **really helpful** in building up my skills and supporting me through the first year of work."
>
> **Staff Feedback**

The Preceptorship Programme includes 6 sessions - 3 'in-person' sessions and 3 online sessions. During the face-to-face training, the key content covers:

- **Coaching** Skills
- **Emotional Intelligence** & Resilience
- **Wellbeing** Workshop
- **Clinical** Supervision – introduced in 2025
- Introduction to **Cognitive Behavioural Therapy**
- Revalidation & Re-registration Workshop
- **Continued Professional Development** Workshop
- **Research** Session

Feedback and programme evaluation is extremely encouraging and offers assurance that the preceptees (and their respective preceptors) are receiving the ongoing support required to develop into confident and competent practitioners.

Number of Preceptees



Medical Students' Project

ECCH has provided training and placements on Minsmere Ward for **Gateway Medical** students from the University of East Anglia (UEA) since 2017. This is a core element of their Healthcare Assistant (HCA) Project. This year we provided training and placements for **4** Gateway Medical Students.

> "I liked the **patient interaction** I was able to get through this experience. I also liked that this placement gave me a more **hands-on experience.**"

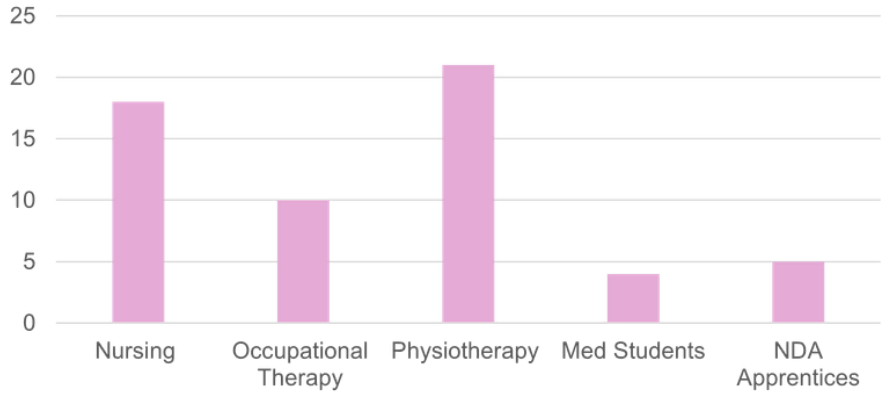
Medical Student

Pre-Registration

Working in partnership with our local higher education institutions, ECCH has ensured that all clinical placement areas have **learning environment audits** in place and maintained. All the learning environment audits have been reviewed and approved with no action plans required. This governance provides assurance that ECCH's clinical teams provide appropriate environments for visiting learners, and educators have the appropriate experience and training.

During the past year, ECCH's clinical services have provided placements for **58** students on Adult Nursing, Occupational Therapy, Physiotherapy and Medicine pathways at the Universities of East Anglia, Suffolk and Coventry. We have also supported **5** nursing degree apprentices from local practice partners to undertake placements within our community nursing teams. We are in discussion with the UEA about offering practice placements to **Dietetics** students from 2026.

Student Numbers



Student placement numbers for 2025 are slightly lower than those of 2024/25. Since 2022 there has been an overall reduction in student clinical placement requests by approximately **30%.** Requests for nursing placements have seen the most significant reduction, whilst requests for therapy routes have remained largely unchanged.

2025/26 ECCH placement areas:

- All 4 ECCH **PCH** teams
- **Minsmere** Ward
- **Musculoskeletal** (MSK) Service
- **Neurology** Team
- **Early Stroke** Discharge Team
- **Speech & Language** Therapy
- **Falls & Frailty** Team

> "I was able to work in a **friendly, welcoming, and supportive team** which provided me a very good placement experience."

Physiotherapy Student - PCH

T Levels

T Levels are an alternative to A Levels, focused on vocational skills that will help students into skilled employment, higher study, or apprenticeships. Between March 2025 and April 2026 ECCH supported **7** T Level healthcare students. In 2026, we plan to support **4** more students for their summer placement. The Practice Education Team has visited both colleges to discuss placements, interview students and talk about the organisation. These 16 to 19-year-olds will spend **20%** of their course on placement within the following teams:

- **Gorleston** PCH
- **Great Yarmouth & Northern Villages** PCH
- **Minsmere** Ward
- **Neurology** Team
- **Musculoskeletal (MSK)** Physiotherapy
- **Orthopaedic Physiotherapy** in MSK team
- **Pharmacy** Team

> “I’m now able to **apply my knowledge** from placement into the classroom and my job, and to be able to **develop** on areas I know I’m not certain on, which I learnt from being out on placement.”

Student Feedback

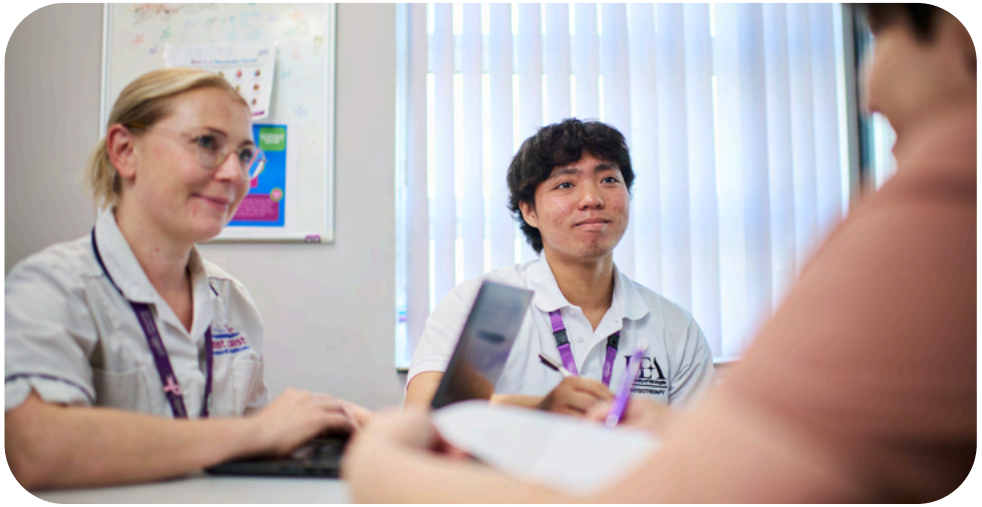
Work Experience

In 2025 our teams supported **9** students in rotational clinical roles. In addition, we have also supported **10** students from colleges and university with clinical work experience in their specific areas of interest.

Since year 10 work experience applications opened in November 2025, **26** applications have been submitted.

> “I learnt **new skills** and got better at understanding the work environment and met new people.”

Student Feedback



Health Ambassadors

ECCH's Health Ambassadors attended a variety of events at the University of East Anglia (UEA), University of Suffolk (UoS) and local schools and colleges throughout 2025/26. These events have been a positive way of **promoting clinical and non-clinical roles in healthcare,** and ECCH as an employer. Following these events we have received a high number of **work experience applications** from students who met our health ambassadors.

Where	Event
East Coast College	• Health and Care Academy Event • Annual Health and Social Care Careers Fair • Festival of Careers
UEA	• Health and Care Academy Event
The Place (University of Suffolk)	• Apollo Careers Fair
East Coast College (Great Yarmouth)	• T Level Information Session
East Norfolk Sixth Form	• Immersive Health Conference • Apprenticeship and Careers Fair • PEPS Day (PE, Sports & Public Services) • T-Level Health Employer Event
Sir John Leman Sixth Form	• Careers Event
James Paget University Hospital	• Health & Care Academy Event
Dunston Hall	• Norfolk and Waveney Health and Care Careers Conference
Sir John Leman High School	• Mock Interviews
Wroughton Academies	• Careers Day
Norfolk Showground	• Future Careers Expo

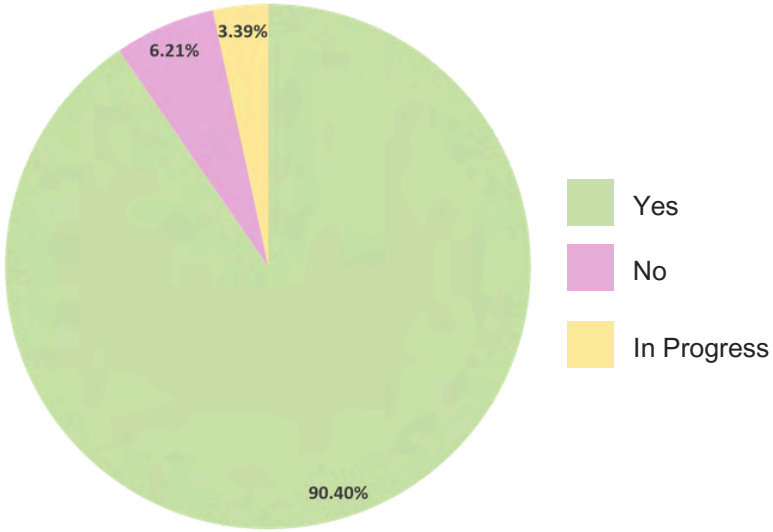
Care Certificate

Of the 169 Band 2-4 clinical support staff at ECCH, **90.40%** have completed the Care Certificate and **6.21%** are in progress. **3.39%** have not completed the Care Certificate, due to either sickness or maternity leave.

Our figures have recently been updated to include staff from Carlton Court who joined the organisation in October 2025. This accounts for a drop in overall compliance since last year. We are currently working to arrange **extra training dates** to ensure all staff are compliant.

We continue to book all new starters onto the Care Certificate so that they can start it within the first 3 months of employment.

Care Certificate Compliance



Healthcare Support Worker Programme

We launched a new **Healthcare Support Worker Induction Programme** in January 2026. This has been developed to support colleagues who are new to care and/or community healthcare. It is a 6-month programme that includes face-to-face training for elements such as the Care Certificate and Wellbeing and Emotional Intelligence sessions.

Participants will also complete a **learning portfolio** which contains clear learning objectives, monthly reviews with a 'buddy', and opportunities to identify training and development needs.

Shareholder Council

ECCH is a staff-owned organisation, with **78%** of colleagues choosing to own a share in the company and have a say in how ECCH is run. We have two Staff Directors who are voting members of the Board. They chair our **Shareholder Council** which is a sub-committee of the Board. The Shareholder Council is consulted on issues, opportunities and challenges which affect the organisation and may 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.

In the period covered by this report, the Shareholder Council has focused on developing the role of core members and promoting the purpose of the Shareholder Council with staff. The council was involved in a range of activities, including:

- Staff engagement with consultation on ECCH's new strategy **'Neighbourhood First'**
- Participation in the interview and **recruitment process** of a Non-Executive Director
- Acting as feedback group for the new **ECCH intranet** prior to launch
- **Escalating issues** from staff groups to senior management in order to achieve a resolution where this had stalled e.g. working environment for admin teams, creating a breakout space for staff breaks.
- Championing examples of staff excellence through ECCH's **"Star of the Month"** recognition scheme and annual **Staff Awards.**

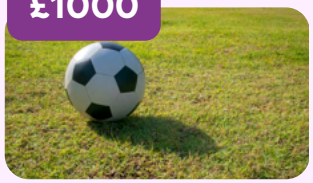
The Shareholder Council is also responsible for choosing local charities and good causes to benefit from our **East Coast Support Fund.** Up to **£1,000** per quarter is made available for projects which are nominated by staff and the Shareholder Council decides which will receive funding.

In 2025/26 donations included:

£1000

£1000 to **Bike Active North Suffolk** in order to purchase a side-by-side tandem bike to enable people with a disability to participate in cycling.

£1000



£1000 to **Caister Walking Football Group** towards the purchase of kit, equipment and cover hire fees for an indoor venue during the winter.

£250

£250 to buy **SEND resources** for a local primary school.

In addition, more than **£1,000** was raised through ticket sales for our Staff Awards event which the council decided, following the surveying of shareholders, would be given to East Anglia's Children's Hospices.

Audits and Care Quality Commission Inspections

Audits

A programme of Clinical Audit has been developed in partnership with operational service leads, senior clinicians and representatives from the Quality team. Audits are completed on an **electronic audit recording and monitoring system t**hat supports clinicians in the design, distribution, recording and reporting of clinical audits.

ECCH completed its audit plan for 2025 which covered a range of areas as a result of learning from incidents, NICE guidance and the introduction of new or revised clinical practices, as well as to measure the effectiveness of transformation projects. The 2026 Clinical Audit plan has been drawn up by a multidisciplinary group based on learning from 2025.

Care Quality Commission Inspections

ECCH is required to register with the Care Quality Commission, the independent regulator of health and adult social care in England. Its current registration status is unconditional. ECCH was rated as **'Good'** following an overall inspection of its services in 2017.

Data Quality

We have a suite of **digital dashboards** for all ECCH services which enables constant performance monitoring by managers, with review of key metrics by our Board and its Sub-Committees. Our Business Intelligence team continues to develop and refine these. This has resulted in increasing levels of confidence in core data quality, both within ECCH and for our commissioners and stakeholders.

We recognise the rigorous governance processes required of our organisation. 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.

Reporting on incidents and compliance is a standing agenda item for our Quality Committee.

Appendix 1 – Services Provided in 2025/26

From April 2025 to March 2026, ECCH provided and/or sub-contracted the following services for the NHS, public health and social care:

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

Appendix 2 – Letters from Stakeholders

Our Ref: ECCH QA25-26
10 June 2026

NHS
Norfolk and Suffolk
Integrated Care Board

County Hall
Martineau Lane
Norwich
NR1 2DH

Direct Tel: 0800 389 6819
Web: www.norfolkandsuffolk.icb.nhs.uk
Email: nwicb.contactus@nhs.net

PRIVATE & CONFIDENTIAL

By emailto Geraldine Rogers,ECCH
Directorof Quality and People

Dear Geraldine,
Quality Account Statement from Norfolk and Suffolk ICB (2025-26)

This letter confirms that the NHS Norfolk and Suffolk Integrated Care Board has received the draft 2025/2026 Quality Account from East Coast Community Healthcare (ECCH) and welcomes the opportunity to provide this statement.

Based on the information and data available within the draft report, the ICB supports ECCH in the publication of its Quality Account for 2025/2026. The ICB is satisfied that the Quality Account has included mandated elements. The ICB believes that the report includes some key elements of quality, as defined by the National Quality Board. It demonstrates ECCH's commitment to continuous improvement and quality improvement.

The ICB recognises the continual challenges experienced over the last contractual year within healthcare. There have been significant and sustained pressures across the health care system. The significant work associated to support the effective transition of Carlton Court from James Paget University Hospital NHS Trust to ECCH is noted. There have also been changes associated with NHS commissioning bodies this year, hence the newly formed Norfolk and Suffolk ICB. The wider footprint of the Integrated Care System provides the opportunity to work closely with additional system partners to influence the provision of high quality healthcare, whilst still focusing on local neighbourhoods too.

The achievements within the quality priorities for 2025/2026 are noted. In particular, the work undertaken to promote patient and carer engagement. It is positive that the Patient and Engagement Lead role is in place. The work undertaken, in collaboration with Healthwatch, to develop an organisational strategy for Patient Engagement and Learning is noted to be an important piece of work. It is anticipated that this will have a positive impact on quality for patients and carers.

The achievements during the year are noted including the Bronze Level accreditation by Suffolk Carbon Charter in recognition of the organisation's initiatives to reduce its carbon footprint. The successful staff seasonal flu Vaccination programme is also noted, with ECCH being the highest performing community organisation in the East of England with an uptake of 77.4%

ECCH were also nominated for a Health Tech Newspaper (HTN) award in the category of Best Use of Digital for Improving Care Pathways. This relates to the MSK service and promotes support for patients to self-manage their conditions. This initiative resonates well the ambition within the NHS and ICS to use digital solutions to enhance healthcare.

The ICB supports the commitment and identified Quality Priorities for the forthcoming year. These build on the quality objectives set in the previous year. The ICB look forward to understanding how they progress during the year and the extent to which they influence quality and patient outcomes.

The ICB recognises the challenges ahead and values the commitment from all staff within the organisation. The report provides an opportunity to share with patients, families, carers, and staff the extensive work the organisation is undertaking and demonstrates its commitment to improvement. The ICB supports the strategy, vision, priorities and quality improvement initiatives for 2026/2027.

On behalf of NHS Norfolk and Suffolk ICB, I would like to thank you, the individuals involved in developing and producing this account and all the staff. We look forward to building on our collaborative relationship to ensure safe, effective care for our patients and local population during 2026/2027.

Yours sincerely

K watts

Karen Watts
DirectorofNursingandQuality
NHS Norfolkand Suffolk ICB

Healthwatch Norfolk review of the
East Coast Community Health Quality Account 2025/6

This review was conducted using the HWN template headings and questions.

Accessibility

- **Is the report easy to read?**
  Not at the beginning but it improves considerably the further into the report you get.

- **Is there an executive summary?**
  No and it would benefit greatly from one. There is a Quality Statement from the Director of Quality and People but it doesn't provide a clear and concise overview of the document.

- **Is there a glossary?**
  Yes. There is one omission – 'LFPSE' Incidents (page 25) are presented in a table but the acronym is not expanded in the glossary

- **Is the report available in different formats e.g. hard copy, Braille, other languages?**
  No mention of this in the introduction

Quality Priorities for forthcoming year

Are there clearly defined priorities to improve quality that cover patient safety, clinical effectiveness, patient experience, and quality management systems?
The priorities are listed but they are confusingly presented and inconsistent in the way each priority is outlined. The section launches straight into a

table of priorities without explanation, which makes it difficult to have a sense of context.
This could be improved by:

- Providing an introduction that explains that these are the quality objectives for the year 26/27, and outlining what led to these being identified as areas for improvement.
- Addressing the inconsistency in numbering the objectives in this section (they are numbered 1, 3, then 2).
- The priority on improving patient engagement proposes using feedback tools focuses solely on the FFT. Could it be strengthened by including other forms of engagement?

Is it clear how these priorities were selected e.g. patient feedback, Friends & Family results, complaints, Patient Safety Incident Response Framework (PSIRF), CQC reports, HWN reports and recommendations?
No.

Are there clearly defined proposed outcomes as a result of actioning the priorities?
Mostly, but sometimes these describe the 'what' but not the 'how' – could be strengthened by being a bit more specific.

Is there evidence of proposals to work collaboratively across NHS & social care?
Yes, there is strong collaboration with other health, social care and voluntary agencies for the benefit of patients, evidenced in the Palliative Care, Primary Care Home Teams and Urgent Community Response services.

Are there any implications for the workforce identified in any proposed quality improvements?
Yes - waiting list reviews, reducing waiting times for lower limb care, improving record keeping, all have the potential to increase workload for staff.
In Part 2 under the Clinical Effectiveness objective, the staff wellbeing actions seem rather top-down with no obvious involvement of staff. This seems in contrast with the very positive statements in Part 3 regarding education, training, career development support and a culture of

openness. The actions could include examples of how the interventions will directly address staff morale and wellbeing, by giving examples of some of the concerns raised through staff feedback and interventions designed to address them. This would provide transparency and would link more to the positive culture described in the 'Proud to Care' ethos (page 28).

Is it clear how the quality improvements are to be measured and monitored?
Yes, clear outcome measures quoted for each objective. Also, in the review of last year's performance, there is good evidence of achievements having been made.

Is it clear when and how progress on improvements will be reported back to patients, staff, and other stakeholders?
Not consistently.

Performance against quality priorities for previous year

Were the priorities for last year achieved? Examples of outcomes from the quality improvements?
This section is coherently presented and demonstrates clear evidence of some excellent achievements.

If not, is there a clear explanation why the improvements were not made - including mitigating circumstances, further actions identified?
Yes

The review of performance could be made more accessible by inserting the headings above each initiative in Part 3 to increase clarity about what each section relates to. There was some 'wander' in this respect, with some Measures appearing to be written as if they were Actions that had already been completed.

Area for Improvement	Action	Measure	Review of Activity	Status

The narrative and supporting information in Part 3 beyond the RAG rated table reviewing progress against priorities provides a strong account of the quality of services, based on evidence and outcome data.

Patient experience

Is HWN reassured that patient experience and feedback (particularly at a local level) is taken into account?
Not by the proposed priorities listed in Part 2 but yes, definitely in Part 3 this features strongly.

Particular strengths
The organisation has a strong focus on innovation, with several projects outlined in some depth regarding benefits for patients, e.g.

- Digital and virtual reality devices to help patients with arm and wrist function following a stroke
- High intensity users – a focus on understanding issues that may trigger them to engage, with a 'Wellbeing Wheel' to monitor these.
- The organisation has robust processes and innovative digital systems in place to record and monitor safety incidents.

Are there example case studies/quotes to help the reader understand how patient experience is used by the provider?
Yes, there are some quotes from service users but no case studies. This could be enhanced.

Is complaints data included?
Yes and it is clear and easy to read

Conclusion

There is evidence of a strong focus on Quality Improvement and a robust governance framework to ensure there is accountability for outcomes. The involvement of staff, patients and user groups does not feature as prominently as it might and could be strengthened using more examples and case studies.

Alex Stewart
Chief Executive Officer
June 2026

Glossary

AAR	After Action Review
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)
COSHH	Control of Substances Hazardous to Health (Health and Safety regulations)
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
DoH	Department of Health
FFT	Friends and Family Test survey
GDPR	General Data Protection Regulation
GP	General Practitioner
ICB/ICS	Integrated Care Board/System
IPACC	Infection Prevention and Control Committee
IPCT	Infection Prevention and Control Team
JPUH	James Paget University Hospital

LAC	Looked After Children
LFPSE	The Learn from Patient Safety Events (LFPSE) service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare.
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
PALS	Patient Advice and Liaison Service
PCN	Primary Care Network (Groups of GP practices working together to provide services to the local population)
PCH	Primary Care Home (ECCH's multi-disciplinary teams who support clusters of GP surgeries by providing integrated healthcare services within patients' homes)
PPG	Patient Participation Group (groups of volunteers interested in healthcare issues who advise a GP practice or health organisation on the patient perspective)
RCA	Root Cause Analysis
RIDDOR	The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (health and safety legislation)
SPC	Specialist Palliative Care
UEA	University of East Anglia
UKHSA	UK Health Security Agency
VCSE	Voluntary, Community & Social Enterprise

east coast
community healthcare

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:

Adele Madin

Chief Executive

East Coast Community Healthcare

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Battery Green Road
Lowestoft
Suffolk
NR32 1DE

Web: **www.ecch.org**