NHS
Essex Partnership University
NHS Foundation Trust

Meeting of the Board of Directors

Wednesday 25 January 2023

EPUT

Essex Partnership University
NHS Foundation Trust

Meeting of the Board of Directors held in Public via Microsoft Teams
Wednesday 25 January 2023 at 9:30

Vision: Working to Improve Lives

PART ONE: MEETING HELD IN PUBLIC via Microsoft Teams

AGENDA

1	**APOLOGIES FOR ABSENCE**	SS	Verbal	Noting
2	**DECLARATIONS OF INTEREST**	SS	Verbal	Noting
3	**MINUTES OF THE PREVIOUS MEETING HELD ON:** 30 November 2022	SS	Attached	Approval
4	**ACTION LOG AND MATTERS ARISING**	SS	Attached	Noting
5	Chairs Report (including Governance Update)	SS	Attached	Noting
6	CEO Report	PS	Attached	Noting
7	**QUALITY AND OPERATIONAL PERFORMANCE**			
(a)	Quality & Performance Scorecard	PS	Attached	Noting
(b)	Learning from Deaths – Summary of Quarter 2 2022/23 Data and Learning	NH	Attached	Noting
(c)	Operating Plan Update	TS	Attached	Noting
8	**ASSURANCE, RISK AND SYSTEMS OF INTERNAL CONTROL**			
(a)	Board Assurance Framework 2022/23	PS	Attached	Approval
(b)	Standing Committees:			
	(i) Audit Committee	JW	Attached	Noting
	(ii) Charitable Funds Committee	MJ	Attached	Noting
	(iii) Finance & Performance Committee	LL	Attached	Noting
	(iv) Quality Committee	RH	Attached	Noting
(c)	Board Safety Oversight Group	SS	Attached	Noting
9	**STRATEGIC INITIATIVES**			
(a)	EPUT Strategy 2023 (Video)	ZT	Video	Noting
(b)	EPUT Strategic Plan 2023-2028	ZT	Attached	Approval
10	**REGULATION AND COMPLIANCE**			

(a)	CQC Compliance Update	DG	Attached	Noting
(b)	Safe Working Hours of Junior Doctors Quarterly Report (Oct-Dec 2022)	MK	Attached	Noting
11	**OTHER**			
(a)	Correspondence circulated to Board members since the last meeting.	SS	Verbal	Noting
(b)	New risks identified that require adding to the Risk Register or any items that need removing	ALL	Verbal	Approval
(c)	Reflection on equalities as a result of decisions and discussions	ALL	Verbal	Noting
(d)	Confirmation that all Board members remained present during the meeting and heard all discussion (S.O requirement)	ALL	Verbal	Noting
12	**ANY OTHER BUSINESS**	ALL	Verbal	Noting
13	**QUESTION THE DIRECTORS SESSION** A session for members of the public to ask questions of the Board of Directors			
14	**DATE AND TIME OF NEXT MEETING** Wednesday 29 March 2023 at 10.00am			
15	**DATE AND TIME OF FUTURE MEETINGS** Wednesday 31 May 2023 at 10.00am Wednesday 26 July 2023 at 10.00am Wednesday 27 September 2023 at 10.00am Wednesday 29 November 2023 at 10.00am			

Professor Sheila Salmon
Chair

Minutes of the Board of Directors Meeting held in Public
Held on Wednesday 30 November 2022
Held Virtually via MS Teams Video Conferencing

Attendees:

Prof Sheila Salmon (SS)	Chair
Paul Scott (PS)	Chief Executive
Alex Green (AG)	Executive Chief Operating Officer
Nigel Leonard (NL)	Executive Director of Major Projects and Programmes
Natalie Hammond (NH)	Executive Nurse
Zephan Trent (ZT)	Executive Director of Digital, Strategy and Transformation
Trevor Smith (TS)	Executive Director of Finance and Resources
Denver Greenhalgh (DG)	Senior Director of Corporate Governance
Janet Wood (JW)	Non-Executive Director
Manny Lewis (ML)	Non-Executive Director
Rufus Helm (RH)	Non-Executive Director
Mateen Jiwani (MJ)	Non-Executive Director
Stephen Heppell	Non-Executive Director
Jill Ainscough	Non-Executive Director

In Attendance:

Angela Horley	PA to Chief Executive, Chair and NEDs (minutes)
Elena Lokteva	
Rita Thakaria	Partnership Director, Adults Health and Social Care (Thurrock Council / EPUT / NELFT)
Yvonne Mubu	Head of UCRT Service
Parvathy Pillay	Deputising For Milind Karale
Marcus Riddell	Senior Director of Organisational Development (deputising for Sean Leahy)
Dianne Collins	Governor
Paula Grayson	Governor
Sharon Green	
John Jones	Lead Governor
Chris Jennings	Assistant Trust Secretary
James Wilson	Transformation Director – MSE Community Collaborative
Keith Bobbin	Governor
David Short	Governor
Johnny Townson	Senior Business Support Manager
Pippa Ecclestone	Governor
Megan Leach	Governor
Mark Dale	Governor
Jared Davis	Governor

SS welcomed Board members, Governors, members of the public and staff joining this virtual meeting and reminded attendees of Microsoft Teams meeting etiquette.

The meeting commenced at 10am

126/22 APOLOGIES FOR ABSENCE

Apologies were received from Sean Leahy, Milind Karale. It was noted that Manny Lewis will be late joining.

SS welcomed JA and SH two newly appointed NEDs. SS reflected that although Alison Rose-Quirie will be missed from the Board of Directors, it was good to welcome two new colleagues.

127/22 DECLARATIONS OF INTEREST

There were no Declarations of Interest.

128/22 PRESENTATION: URGENT CARE RESPONSE TEAMS

SS welcomed RT and YM to the meeting. AG had the pleasure to welcome and introduce RT and YM, stating that the joint position RT held with system partners was an absolute statement of EPUT and system partner's commitment to partnership. This is a new way of working in Health and Social Care and will tell us more about urgent care response teams. This has been developed by clinicians and leads in each community service area as a collaborative so there are consistent pathways across MSE. There is also a similar service in West Essex, both have local characteristics to respond to local health population. The services had also received a visit last year from the then Secretary of State for Health and Social Care who had commended the service.

RT advised that the slides displayed would show the journey of the Urgent Care Response Team (UCRT). YM advised that the UCRT was a collective name for community teams who respond to and treat patients in their own home, including nursing and care homes, with the aim of avoiding admission to hospital. This had begun as four existing community care teams, all with different operating models and service specifications. This has evolved to now having local place based teams working under the same name, with single strategic leadership and one access number allowing equity of access across MSE, as well as benefits of working at scale balanced with strong local knowledge and relationships with partners from our local delivery teams.

Benefits of UCRT for patients:

- Clinical crisis management for people to prevent the further deterioration of health and or the escalation to acute intervention.
- Social care crisis management to support people to remain independent in their own homes
- Reducing the risk of avoidable hospital attendance and admission
- Reducing the risk of readmission to hospital
- Enabling timely and seamless care closer to home
- Identifying and referral to appropriate agencies for individuals

Achievements and impact

- Admissions avoidance – the data shows that through January 2022 – August 2022 3519 admissions have been avoided through UCRT support.
- Attendance avoidance – data shows that through January 2022 – August 2022 5063 attendances have been avoided through UCRT support
- Improved performance reporting – improved business intelligence to support service developments through a single MSE wide PowerBI dashboard.
- Dedicated support for patients with falls since 2020 – purchased Raizer chairs and ensured consistent falls response offer across MSE
- Ambulance service partnership working
- National recognition for services – visit from Secretary of State and also featured on regional BBC news programme in July 2022.

RT wanted to articulate what the team have achieved from a system efficiency perspective. The team were clearly having an impact on patient experience and keeping people at home where possible, keeping well and being looked after in their own environment. Data can show consistently this year from January an increasing number of accepted referrals from team in MSE. The evolution of the

service also allowed the teams to build up clinical knowledge and understand clinical pathways and encourage an appetite as a system to keep people at home where possible. A number of schemes had been introduced to support this. Current forecast, anticipates there will be significant admission avoidance and bed days avoided with an estimated saving of £1.5m for the system in this financial year.

Next steps for service development.
A single point of access (SPA) team is based at Rochford, and is a key part of the programme of work. A time in motion study shows they are pivotal in how the team work across the system. Plans for service development include:

- Continue to optimise the pathways
- Demand and capacity analysis for future workforce
- Working with pendant alarm providers to optimise pathways
- Explore feasibility of primary care paramedic pilot
- Progress rapid response vehicle (RRV) pilot
- Increase access to care homes
- Bringing UCRT teams out to patients that have fallen and working with third sector to get support and make patients comfortable while wait for paramedics to attend.

For the benefit of the public, SS requested RT explain the term 'deconditioning'. RT advised that this was about a functional decline in people losing abilities they had previously that could have been avoided, RT clarified that this was not a medically induced decline but a decline impacted by the patient's environment.

LL welcomed the work of the team stating that it was essential to develop and expand services such as this that have such a demonstrable impact. When looking at recovering system financial balance these are the sort of services to be explored and scaled up. Services such as this are avoiding unnecessary admissions / attendances / bed days and this will help achieve system balance. LL continued that there has been significant research over the years in this area, i.e. predicting falls and reaching out to support patients to slow down their decline and avoid falls. This goes beyond pendant alarms, and there is scope to work with industry partners to see how far we can make this service even better than it is today.

RH thanked RT and YM for the interesting presentation, and queried whether this was a general service into which the acute team refers and whether there was a second stream for high risk patients?

PS agreed with LL that there was encouragement to drive the ambition further and use available data to help shape the service going forward. It can be difficult to turn theory into practice and congratulated all involved for taking the service to the level it has. PS suggested that one element that can hold services back was clinical relationships, PS queried what relationships were like with clinical colleagues? RT agreed that relationships were key, stating that initially this was challenging as there were different expectations and nervousness around maintaining sovereignty. The key was building trust, which the teams have done through fantastic leadership, and it has helped teams to spend time together across the system to understand the pressures each team were under and understand the make-up of each of the geographies. There are touch points throughout the day and relationships continue to be built. RT added that between EEAST and UCRT teams there is now mutual respect and trust.

In terms of technology, YM agreed that there was more that could be done. The team are engaging pendant alarm companies to raise awareness of how the team can support them and were looking at core pathways. Significant work was being undertaken around technology and exploration of what can support and enhance the service further. There is also scoping regarding how to extend the service to twilight / overnight so predictors would be helpful to identify those that are at risk or vulnerable. RT

added that there is also exploration of the use of ipads by care homes and point of care testing that is being explored to do diagnostic work in people's homes.

With regards to falls prevention, RT advised that the team had started to think very early on about predictors and opportunities to support those likely to experience a fall. It was acknowledged that during COVID there had been a shift to crisis focus rather than prevention; however the team were working with communities to educate on what are key signs of potential falls as well as more traditional models. There is also a community café in Thurrock where members of the team are on site to talk about issues people may have and what the main risks and potential impact are in regards to falls. There was a return to more preventative services and investment was being made in to this.

SS noted this fantastic example of innovation that has had a direct positive impact and thanked RT and YM on behalf of board for this presentation which had inspired us to think about things we are doing that have real benefit and make a real difference to the people we serve.

129/22 MINUTES OF PREVIOUS MEETINGS

The minutes of the meeting held 28 September 2022 were agreed as an accurate reflection of discussions held.

130/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and noted that there were no other matters arising that were not on the action log or agenda. Responses to two questions raised by governors were noted as follows.

Paula Grayson – System Deficit. TS thanked PG for the relevant question on the effect on EPUT of the system deficit. TS advised that EPUT were working actively with system partners on recovery plans whilst ensuring our patients are not adversely affected by this deficit. EPUT were engaged at various levels and this subject has been the focus of much attention at the Finance and Performance Committee. TS noted that EPUT were currently reporting a small year to date deficit, however this was in line with financial plans and the Trust continue to forecast a break even position at year end. TS reiterated that the Trust were determined our services will not be adversely impacted.

Paula Grayson – Patient Safety Dashboard / Power BI. ZT advised that Power BI is unified platform for business intelligence in the trust and was part of suite of applications provided by Microsoft which allows different data sets to be taken and used within interactive dashboards specific to the trust. PowerBI has been used to create a safety dashboard to support teams. The Business intelligence team are also using Power BI to develop other reports including a version of a Quality and Performance report. Dashboards are also interactive and user friendly to drill down into data in detail.

The Board discussed and approved the Action Log.

131/22 CHAIRS REPORT INCLUDING GOVERNANCE UPDATE

SS presented the report and highlighted the following:

- SS welcomed Jill Ainscough and Stephen Heppell to the Board of Directors. SS had the pleasure to complete the recent recruitment round for NEDs, and Governors were encouraged by the strength of the field applying to join the Board.
- In addition, SS was pleased to prospectively appoint Elena Lokteva who will work with Janet Wood with a view to filling the Audit Chair role in 2023 and will formally associate with the Trust in 2023.
- SS formally thanked departing NED Alison Rose-Quirie and wished her well in her new chapter.

- SS had pleasure in presenting two staff in Epping, Amanda New and Tracy Burn, with the Cavell Nursing award, SS advised that this was an inspirational team who show exceptional care to our patients. Tracy Burn was also recently awarded the Queen's Nurse Title, which is awarded for demonstrating high levels of commitment for nursing care. SS continued that the team were creating a legacy for the future, working with partners, students and new staff to continue to build and grow the team.
- SS was proud to note the recent recognition in the Position Practice Mental Health Collaborative national awards programme, SS extended congratulations to all involved on behalf of the Trust Board continuing that this demonstrates the drive to place service users and carers at the heart of everything we do.
- SS was also delighted to note that Dr Abdul Raoof had been appointed as an Associate Dean of the Royal College of Psychiatrists which was a fantastic accolade. NH added congratulations to Dr Raoof and acknowledged the tremendous support he had provided to the organisation, taking our local intelligence and learning and encouraging trainees to think differently in that space.

The Board received and noted the Chair's Report.

132/22 CEO REPORT

The CEO report was taken in combination with Quality and Performance Scorecard.

PS welcome SH and JA and looked forward to working collaboratively as part of the Trust Board.

PS acknowledged the distressing scenes seen with regards to EPUT services in the recent C4 Dispatches documentary. PS emphasised that the Trust have taken this extremely seriously and continue to follow up on issues identified, with a further paper on quality and safety on wards later in agenda. The Trust continue to focus on the Safety First Safety Always strategy to improve outcomes on wards. PS noted that all staff take on individual responsibility for the standards of care provided, and noted that working conditions is also a critical factor and to that end the Trust were investing time, effort and money to improve staffing levels and the time staff have to offer care and therapeutic offer within the Time to Care (TTC) programme. The aim of the TTC programme is to free up clinical time and redesign the workforce to support patients.

PS was encouraged by the improvement in stakeholder perceptions of EPUT as an organisation. Critical to improving health and care is trust in relationships and we look to continue to build on improved relationships to continue to improve patient care.

The Executive Team provided updates as follows:

Operational Services – Alex Green

- The Board has heard from UCRT some of the innovation happening in community areas. In the context of delivery of service in challenging environments, we continue to see innovation taking services forward every day. Often it is easy to be get caught up in the challenges but there is also some fantastic work happening.
- Some issues seen recently in performance continue to challenge us. In particular adult mental health inpatient capacity. Three indicators remain inadequate – Out of Area Placements, Bed Occupancy and Average length of stay, however AG advised that if this report was run including assessment units, it is more in line with the national benchmark.
- Two programmes of work are important to getting us to a place of sustained improvement – TTC which is focussed on a staffing model informed by a new way of delivering care and support and the Getting It Right First Time (GIRFT), working with the national team.
- AG reported that PICU benchmarks were all within the national target.

- Psychology waits continue to improve. Through the Accountability Frames, there has been a clear improvement in the trajectory we are delivering on. Specifically people waiting for individual psychology has improved.
- The Trust is also looking at innovation and outsourcing to improve the psychology positon.

JW wished to note on record PS and the executive team's response to the C4 Dispatches programme and the briefings that had been provided to NEDs to get assurance on actions and processes that were being followed. The NEDs were assured on how the Trust were responding in the here and now and also the extensive work with partners to keep them informed on the response to the programme. Follow up actions were now embedded in board sub-committee work.

JA was surprised to not see phrases "waiting list" or "backlog", and wondered how that fit in to these statistics. AG advised that challenged areas were acute areas and as such there is a constant turnover in those services. Where the Trust does see waiting times build up is in some community areas, such as the wait for psychology services highlighted. Whilst people are waiting services manage the risk and have contact during the waiting period while they wait to be admitted to the service. There is also visibility of these waits in Accountability Framework meetings. AG advised that mental health services do not report in the same way as an acute hospital would report waits for elective care. In regards to the graph, AG advised that each ward area has an establishment that it needs to staff to and reports on nursing capacity. Fill rates are reported with an over fill rate reported when there are high levels of observation that demand a higher level of staffing for a period of time. Is not part of the core establishment but reflects the staffing on the ward for a period of time to meet the patient need. SS confirmed that as part of the new NED induction, there would be an opportunity to drill down to executives and talk off line to understand the reporting.

SS noted the spike in Out of Area Placements, AG advised that this was due to sheer demand, acuity of demand and the number of people seen detained under MHA. AG assured that local provision is always considered first to keep patients in Essex, and there is oversight of waits on a daily basis as well as through the Accountability Framework. AG confirmed that the Trust is seeing activity in line with what regional and national colleagues were reporting. Discharge coordinators have direct contact and repatriate patients as soon as possible.

Nursing Directorate – Natalie Hammond

- NH reiterated the importance and use of technology and how this will drive us to be an intelligence led organisation.
- The Safety Strategy continues to be driven at pace and reported to ESOG and BSOG. NH celebrated where there were associated pieces of work to further drive our safety improvement, for example the EPMA project and also the safety dashboard. The safety dashboard is intuitive and a really important step to engage all in the organisation into our safety data and bring more clarity around workforce data per ward.
- NH confirmed that work continued on an update for the Board of Directors on the progress of the safety strategy including outcomes demonstrated from the safety improvement agenda.

Digital, Strategy and Transformation – Zephan Trent

- The Trust continue to make good progress on the strategic plan and strategy, including discussion of key themes at a public forum and an excellent joint board / governors meeting where feedback was discussed.
- In terms of engagement feedback, a draft framework for partner engagement is being developed built around the Target Operating Model (TOM)
- Transformation continues at pace. There have been over 125 submissions through the single front door of transformation, demonstrating the breadth of transformation taking place across the trust.
- Work is ongoing looking at how to improve designing lived experience into transformation.

- A prioritisation framework has been put in place looking at opportunity, benefit to patients and feasibility.
- Progress continues against the interim digital strategy in year 1, and this will be updated on conclusion of the strategy for the Trust.
- Progress continues on the business case on modernising and rationalising the electronic patient records in use across the trust. The Trust Board approved the outline strategic case and we now move into the second stage of the business case process to develop an outline business case working with partners.
- The patient experience team are running drop in days at the Linden Centre and Rochford, impact of these includes improving catering options, bringing more games and activities on to wards in collaboration with clinical teams and service users.
- It was noted that work around a redesigned complaints process had taken place in collaboration with people that have used the process in the past, this has helped develop a more early resolution focussed process that will go live later this year.

People and Culture – Marcus Riddell

- The use of temporary staff remains high, this is naturally a result of issues discussed earlier, the Trust were not complacent around the use of bank and agency and are looking to put in best practice process regarding use of agency and hope to realise some savings from this. The team also continue to explore bank incentives.
- As an update to the report, MR advised that the staff survey closed on 25 November, the response rate was reported at 42% however may be subject to an update following a final data cleanse by the external survey provider. This response rate is below last year but the Trust has more employees now compared to last year so there may have been more employees take the survey.
- Voting for strike action – there is no mandate to strike in EPUT due to the low turnout to the mandate. MR will continue to update from a system perspective.
- An emergency planning group has been established and will manage any strike action.
- Unions were not willing to negotiate on exempt services. Only once there is a mandate will this be discussed. MR will continue to update as things develop.

Major Projects and Programmes– Nigel Leonard

- The Essex Mental Health Independent Inquiry (EMHII) inquiry remains in phase 2 – collecting evidence from the trust and wide range of members of public and families. The Inquiry team have now written to all EPUT staff and some former staff requesting they come forward to speak to them. The Trust has ensured appropriate support is available for staff where needed. The Trust continue to engage and welcome the inquiry, which will result in benefits in terms of patient safety
- The autumn vaccination booster programme is now drawing to a close. NL confirmed that we are now in process having reached agreement with system colleagues and the regional team, to close some of the larger vaccination centres. There has been a significant drop in demand for vaccines. Vaccines continue to be available to the local population, through EPUT working alongside PCN, GP and local pharmacies. EPUT also have vaccination busses, the wellbeing team for hard to reach groups and the vaccination team also support GPs by delivering vaccinations to those that are housebound and in care homes, as well as pop up clinics.
- EPUT are the only lead provider in the region to achieve the target for vaccinations delivered, this is now reported at over 1.6m. The team are also taking the opportunity to co-administer where possible both the COVID and flu vaccines at the same time.
- The Trust will retain a residual service, there will be variations between what is provided in each system SNEE / MSE and this is currently under negotiation with system colleagues. The Team are also making plans for possible spring booster programme and potential annual programme should one follow.

JA congratulated the team on delivering such a significant number of vaccinations, and queried whether once centres had closed, would this be easy to step up if required? NL confirmed that some more than others, but each system had been asked to prepare for any potential surge that may occur. The staff bureau has been kept up and running and the service works on a bank model. Good relationships with site landlords are also being maintained to assist set up where required.

JW also congratulated the team on 1.6m vaccinations and the huge achievement over the last two years. There is some fantastic talent in the team, JW queried how do we keep that in NHS? NL confirmed that the team retain strong links in system, as well as retaining the staff bureau. There has been the opportunity to place some staff into acute settings and also some have joined EPUT substantively. NL confirmed that the team are also looking to continue to support school immunisations service, and there is a strong desire to keep staff engaged where possible.

LL queried what control mechanisms can be put in to place to minimise the impact of any strike action? NH agreed that this was a key question, although EPUT do not have workforce mandated to strike, there is also a need to maintain system partner support and continue to ensure our services are safe. Guidance has also been received regarding staffing risk assessment and deployment and actions will be taken accordingly. The Trust are in a ready state, with planning and response meetings in place.

As NED champ for EPRR, JW confirmed that she had reached out to leads for EPRR and will be involved in assurance conversations regarding how the Trust is managing risk. Similar process was followed for COVID and Brexit so this will help to give some assurance.

Finance – Trevor Smith
TS highlighted that the Trust continue to manage financial resources carefully over the remaining months of the year. It remained on target for its financial duties.

SS noted that it is evident services are under pressure and Executive Directors and the Senior Leadership Team are managing risks and taking us forward, SS thanked all for the good rounded update from colleagues and good questions from colleagues.

The Board received and noted the CEO's Report.

133/22	**QUALITY AND PERFORMANCE SCORECARD**

Discussed as above.

The Board of Directors received and noted the report.

134/22	**QUALITY AND SAFETY OF MENTAL HEALTH, LEARNING DISABILITY AND AUTISM INPATIENT SERVICES**

PS presented this important report that reflected some national issues around the BBC panorama broadcast into mental health services.

NH advised that Clare Murdoch, National Director of Mental Health, wrote to all trusts following the BBC panorama broadcast. NH confirmed that the Trust were taking action as follows:

- Will be fast track launch and is already initiated in organisation and patient safety programme
- From internal review, assurance is provided that the Trust have system processes and actions and show good governance in these areas.
- Increased Freedom To Speak Up (F2SU) visibility and increased resources within this area
- Review of the complaints management process has already been mentioned, this is truly coproduced by complainants who were in the system at the time. The Trust will have a network

supporting those who care for our patients and see where our intelligence is driven to continue to improve.
- Director of patient experience is doing good work in increasing the network of carers, volunteers and patient safety partners to draw experiences from our patients and staff as to how we can improve.
- Friday sees the next "Your Voice" meeting and we hope to have lively debate around safety and what safe services mean to us all.
- Seclusion and long term segregation is part of the framework and working group. The Trust has seen good progress in the reduction in prone restraint and continues to work in this space, with an ambition to be a no force first culture. Took guidance and checklist published by restraint network and we come out in a good space around how to improve restrictive practice but do have an action plan to continue to work through.
- Continue to work around guidance from CQC re Close Culture and will play over our services to see where further support is needed.
- Patient experience team are also doing enhanced work with the wards and our community teams.

SS agreed that this was an important document and it was important to follow through. PS stated that this was a really important piece of work and gives some level of assurance that there are good systems and processes in place throughout the organisation, however we are not complacent and have plans to improve and enhance. Safety is an area where we should always look for continued improvement and as such the Trust welcomed the work and strive for enhancements as we go forward.

SH was struck within reports how important data was and our ability to combine data from all sources and turn into a useful dashboard to make decisions is important going forwards. ZT completely agreed, stating that both NH and ZT shared that passion for using data to drive quality improvement. The Trust has made great progress on developing the draft data strategy which will be brought through governance in due course, key to this is driving how we use data and information to support clinical and operational decision making and improvement of our services. In the last 6 months we have been making ground on this journey and are committed to going further.

SS queried how the Trust Board could continue to engage with this? NH responded that there were quite wide and varied agendas that filter through the Board sub-committee structure and there is a piece then around how do we compile this together and look at in the round.

JW remarked that it was also important to note that key areas highlighted by the central team are areas embedded in the Trust's ongoing internal audit programme. In terms of data, following meeting with the MSE ICB audit chair it is clear that data will be the driver for strategic decision making, therefore it is essential to get the data right for organisation and system informed decisions.

The Board of Directors:

1. **Received and noted the contents of the report.**

135/22 END OF LIFE ANNUAL REPORT

NH reflected that the End of Life (EOL) Service is an excellent core service that we have within the organisation that is rated by the CQC as outstanding. There is dedicated leadership to EOL care which has broadened out its influence, education and training not only across EPUT services but across the system and nationally. The patient story draws us in regarding the complexity and how we try and break down barriers to work together. Tower Ward has a gold standard framework – this is very hard to achieve and rare in an older age mental health ward. NH felt assured that we are active in the space of EOL and can evidence that from the report.

AG commented that this was a brilliant report, and it was heartening to see the progress of EOL care in MH. This has been an outstanding area for us in physical services in the past but it was good to now see it coming to the fore in mental health and addressing parity issues. There is learning from EOL care delivered at home during the pandemic and the community team came in to their own during that time. This demonstrates how committed we are to continuing to deliver EOL care.

JA agreed that this was a great report, and queried how it could be used more widely? JW suggested that should she have a family member going in to care, she would like to read this report and give comfort. NH confirmed that this report will be taken to all system quality surveillance groups; there are also a number of reports shared on the Trust website.

LL noted that again this contributes to achieving system balance. If we offer outstanding EOL services we should be promoting and ensuring this is taken up in the system.

NH extended formal thanks to all those who deliver care in EOL services, whether that be specific palliative teams or the growing workforce delivering EOL care, including Substance Misuse team supporting patients in EOL. NH also recognised the leadership of Dr McDowell and Tracy Reed.

The Board of Directors:

1. **Noted the contents of the report.**
2. **Approved the End of Life Care Annual Report for 2021/22**

136/22 LEARNING FROM DEATHS – MORTALITY REVIEW QUARTERLY UPDATE

NH advised that this was the first time the Trust were reporting against the new policy and procedural guidance. The mortality agenda was sat disparate from other pieces of work such as EOL and PSIRF where we learn from incidents. The policy and procedure has been altered to align and combine all areas that contribute to learning from deaths. The intention is that we should start to see all learning from deaths from all services that will feed into one report for board. NH noted that we have increased the stage 2 learning process, this will further enrich our learning and provide a base for improvement. NH reiterated that this was a regular quarterly report with a change in format to reflect the focus on learning.

JW reflected that it was good to see a move from being about data to learning and the impact of this, JW commented that it would be good to see more of that in reports. NH agreed and hoped that with the new process we will start to get richer learning channelled through a single portal.

The Board of Directors:

1. **Received and noted the contents of the report.**

137/22 FINAL CHARITY ACCOUNTS 2021/22

TS annual report and accounts have been through Charitable Funds Committee and Audit Committee following independent review by auditors. Recommend submit by deadline of January approved.

SS thanked the finance team for their support. Following the departure of the outgoing chair of charitable funds Amanda Sherlock, SS formally noted that Dr Mateen Jiwani will pick up role of Chair of Charitable Funds Committee going forward.

The Board of Directors:

1. **Received and noted the contents of the report.**
2. **Approved the final Charity Annual Report and Accounts for 2021/22**

3. **Approved the Letter of Representation for signing by the Chair of the Audit Committee and Executive Chief Finance and Resources Officer**
4. **Approved the going concern concept as the basis of accounts preparation**
5. **Did not request any further information or action.**

138/22 BOARD ASSURANCE FRAMEWORK (NOVEMBER 2022)

DG presented the report which detailed a high level summary of significant risk. Each BAF risk is linked to detailed programme of work monitored through board committees. Updates have been pulled from executive feedback and discussions at committees. The industrial action risk is currently being assessed and dependent on risk exposure score will depend whether this comes to BAF as this sits behind EPPRR.

New risks:

- Loggists, we are rebuilding our stock of trained loggists and working with region to get training in place.
- Capacity of safeguarding team – potential risk for future if do not address

SS flagged earlier the strike action risk for the Corporate Risk Register (CRR) – DG confirmed that is being taken forward and whether this is escalated to CRR was dependent on assessment of risk and the risk impact score, DG confirmed that the process for assessment will be followed. SS thanked DG and felt that the process was finessing and getting good rigour.

LL agreed that this was developing well, and reports better than previously, LL suggested that going forward the team should also keep an open mind as to how assurance reports become more dynamic based on the work being done on PowerBI. LL wished to see a strategic matrix relating to an operational matrix.

RH referred to the people risk and queried at what point do we raise the risk level for a risk based on what we are seeing in terms of metrics. DG confirmed that this was based on assessment by the group that holds the risk, in this case PECC. MR confirmed that discussion took place at PECC and it is usual for the BAF to be a standing item at PECC.

The Board of Directors:

1. **Approved the full BAF summary report for November 2022.**

139/22 STANDING COMMITTEES

(i) **Audit Committee**

JW advised that the internal audit programme continues to be worked through. Assurance was given to Board that while moderate assurance is received, the Committee were not highlighting significant areas of risk.

The Board received and noted the report and confirmed acceptance of assurance provided.

(ii) Finance and Performance Committee

LL highlighted that EPUT are on course to achieve a break even position at year end and were very much on plan. There is a challenge with the financial position within the system. Regarding capacity and performance the Trust continues to be under pressure, winter pressure seems to have arrived earlier and there does not seem any likelihood of this easing. The committee continue to keep a close watch on performance and look at strategies how to

mitigate that. LL provided assurance that the situation is under control, and felt assured the team has capability and resources to deliver.
The Board received and noted the report and confirmed acceptance of assurance provided.

(iii) Quality Committee
RH welcomed two initiatives regarding the move from Mortality Review to a learning report, and an interesting initiative working on a system level between MH and CHS and working together to improve both physical and MH support for patients.
The Board received and noted the report and confirmed acceptance of assurance provided.

(iv) People, Equality and Culture Committee including Terms of Reference Approval
ML stated that it was good to note that the PEC had discussed preparations for potential industrial action, and were aware this is a key corporate area to focus on.
The Board received and noted the report and confirmed acceptance of assurance provided.

(v) Board Safety Oversight Group
Following the departure of NED Alison Rose-Quirie, SS has picked up the role of chair of this group on interim basis and will work with colleagues to decide who is best placed to take forward. The spotlight has been on ligature risk reduction, culture of learning and progress against the safety strategy in preparation for the report to Board in quarter 4. This report will be looking at what has been achieved in year 1 and 2 and performance against key metrics, but also what will be the focus of year 3. The group had also discussed and noted the Mental Health Emergency Department in the MSE system has led to change in path for the time line to March 2023 for delivery. SS had met with the chair of Princess Alexandra Hospital and shared ongoing work. In terms of International recruitment – the group had been kept up to date on how this will affect people positively in terms of staffing and support, PECC was also keeping close to this, and BSOG were looking at from perspective of safety improvements.
The Board received and noted the report and confirmed acceptance of assurance provided.

140/22 RISK MANAGEMENT AND ASSURANCE FRAMEWORK 2020 – 2023 (INTERIM UPDATE SEPTMBER 2022)

DG presented the Risk Management and Assurance Framework advising that the revised document took account of recommendations from independent reviews and assessments in the systems and processes underpinning our management of risk and robust assurance arrangements. It reflects NHS England / Improvement (NHSE/I) Well Led Framework, Code of Governance and Department of Health and Social Care (DHSC) requirements (approval process) and guidance. As part of Trust internal controls, it underpins all EPUT activities with clear risk and escalation processes to ensure the Board of Directors remains sighted on significant risks.

The Board received and approved the Risk Management and Assurance Framework 2020-23 (interim update 2022).

141/22 LIGATURE RISK MANAGEMENT Q2 REPORT

AG presented the paper which outlined ligature risk reduction activities for Q2 including internal and external governance arrangements, approach to learning, environmental enhancement and change in culture.

One action remains outstanding in terms of CQC recommendations and is on track to deliver. We continue to assess ourselves against CQC guidance and the governance of the Ligature Risk Reduction Group (LRRG) has been reviewed to ensure the right balance between enhancing environment and having assurance that the right people are in the right place to deliver.

With regards to continuous learning, the LRRG had received a comprehensive report looking back at incidents and taking forward learning. The Trust also continues to respond to national and safety alerts.

Ligature Risk Reduction e-learning compliance has improved to 98% and we also continue to deliver bespoke training to staff. Coproduction continues with a lived experience ambassador participating in ligature risk assessments.

SS noted the encouraging work and the excellent news that there is service user involvement in the process.

The Board of Directors:

1. **Noted the contents of the report.**
2. **Confirmed acceptance of assurance given in respect of actions identified to mitigate risks.**
3. **Did not request any further information or action.**

142/22 CQC COMPLIANCE UPDATE

DG presented the report confirming that as usual the report had been presented and discussed at both the Executive Team and Quality Committee meetings and therefore detail was also included within the Quality Committee assurance report. CQC activity is continuous with many enquiries and information requests received. Following the C4 Dispatches broadcast, the CQC commenced an inspection programme across core services and inpatient areas.

SS acknowledged that the core services unannounced inspection may be a pre-runner of a potential Well- Led visit and queried whether there was any intelligence as to when this might take place. DG expected this to be mid-January.

ML noted the significant level of demand from the CQC for detailed responses, and acknowledged that the Trust in general was usually good in terms of responding to urgent actions, however queried whether appropriate corporate support was in place with capacity to meet deadlines? DG confirmed that all enquiries are responded to and the information return was in hand. DG continued that there was a very tight turnaround and it is imperative to have attention to detail so as to ensure the correct information is submitted. DG confirmed that all executive directors were overseeing data within their portfolios.

The Board of Directors:

1. **Noted the contents of the report.**

143/22 SAFE WORKING OF JUNIOR DOCTORS QUARTERLY REPORT (JULY – SEPTEMBER 2022)

PS presented the report which was considered and well received at PECC. ML agreed that this was endorsed and congratulated Dr Sethi on the level of detailed assessment, appraisal and accuracy in monitoring our trainee doctors and demonstrating thoroughness of process.

The Board of Directors received and noted the contents of the report.

Signed: …… Date: ……

144/22 STANDING ORDERS FOR THE COUNCIL OF GOVERNORS

DG presented the report which had been presented to the Council of Governors. DG highlighted the following changes:

- Removal of reference to Monitor
- Change in language to be gender neutral

The Board of Directors:

1. **Received and approved the contents of the report.**

145/22 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) ENERGY RESILIENCE QUESTIONNAIRE

NL presented the report for noting, confirming that it had been presented to the relevant sub committees prior to Trust Board. NL continued that this was a self-assessment questionnaire with an additional 20 standards added to core standards since 2021. The Trust had self-assessed overall as compliant. 5 standards were assessed as partially compliant and there are action plans underway for each of those.

The Board of Directors:

1. **Received and noted the contents of the report.**

146/22 USE OF CORPORATE SEAL

DG confirmed that the corporate seal was used once with regards to release of covenant of Runwell, this had been worked through by TS team and is part of the financial forecast going forward.

The Board of Directors:

1. **Received and noted the contents of the report.**

147/22 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

There were no items circulated to the Board since the last meeting.

148/22 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE RISK REGISTER OR ANY ITEMS THAT NEED REMOVING

There were no new risks identified to be added to the Risk Register, nor any items that should be removed that were not discussed as part of the BAF discussions.

149/22 REFLECTION ON EQUALITIES AS A RESULT OF DECISIONS AND DISCUSSIONS

PS reflected on discussions stating that they could be looked at through three lenses – access to services, experience of staff and patients and health inequalities. In all three areas there were threads where inequalities were being identified and addressed. Access to UCRT services, reports around MH and LD safety and end of life care demonstrate attention to that in relation to experience. The

Trust continues to work on EDI with staff groups, reflections around inclusivity of patients and families. PS continued that this is mostly implied, and there is scope to consider being more explicit to attention to equality in our papers and conversations.

150/22 CONFIRMATION THAT ALL BOARD MEMBERS REMAINED PRESENT DURING THE MEETING AND HEARD ALL DISCUSSION (SO REQUIRMENT)

It was noted that all Board members had remained present during the meeting and heard all discussions with the following exceptions:

11.29 – 11:30 – PS left
11:29 – MJ joined
12:00 SH left
12:11 ML joined
12:19 Dr Pillay left

SS wished to thank on behalf of the board Pippa Ecclestone for her time as deputy lead governor. PE has been a sterling support to the Trust. SS also noted that Pam Madison had been elected as public governor and welcomed PM into the Deputy Lead Governor role.

151/22 ANY OTHER BUSINESS

There was no other business.

152/22 DATE AND TIME OF NEXT MEETING

SS thanked all for joining the meeting.

The next meeting of the Board of Directors is to be held on Wednesday 25 January 2023, which will be held virtually via the MS Teams video conferencing facility.

153/22 QUESTION THE DIRECTORS SESSION

Questions from Governors submitted to the Trust Secretary prior to the Board meeting and also submitted during the meeting are detailed in Appendix 1.

The meeting closed at 12:40.

Signed: …… Date: ……

Appendix 1: Governors / Public / Members Query Tracker (Item 153/22)

Governor / Member / Public	Query	Response provided by the Trust
John Jones	PECC Report – "committee will focus on employee experience and wellbeing" to what extent have you consulted the employees first hand to satisfy that aim of the committee	ML responded that deep dives on core issues for workforce are undertaken, with the last committee meeting focussed on learning development and employee experience and wellbeing. Predominantly these focus on operational responses to staff, however will also see strategic items such as WRES and WDES and pushing through anti-harassment policies, strategic items around Time to Care and recruitment including international. The workforce dashboard describes how well the Trust engages with employees and there are also the staff survey and pulse survey to get a good feel around what staff feel working for EPUT. ML added that this was part of a comprehensive process and would be happy to talk more outside of the meeting.
John Jones	CEO Report – "dramatic decrease in use of prone restraint" given target of 0 by end March 2023, there aren't any figures, are we likely to reach that target?	NH advised that within the response to Claire Murdoch's letter is a chart around where the prone restraint line is and was pleased to say this was close to zero. The Trust have sustained the prone restraint reduction position, and in January last year had seen 88% reduction. Further detail will be included within the Safety Strategy Update in January. NL confirmed that the executive team monitor data and do periodically see prone restraint reported, but within seven days get a report as to why this may have occurred. The Trust continues to share the ambition of absolutely zero, but recognise there may be isolated incidences that are reported and explored.
Pippa Ecclestone	When will there be an update on how EPUT involvement of working at the Lighthouse Centre is progressing?	AG advised that there is regular oversight of the work at Accountability Framework meetings within the MSE Community Care Unit. There was also recently a business case approved by the system for resources to take improvements forward and develop new care pathways. The end of Q4 will be an end of year evaluation of the service but AG provided assurance that this is monitored regularly. AG acknowledged that it was challenging but progressing well and the service was in a better place since transferring to EPUT. TS added that there had also been a presentation and review at F&P so there has been quite a lot of oversight. JW and MJ had visited as part of the schedule of NED Visits and were impressed with the leadership, a few issues were highlighted but nothing flagged as red risk.

Signed: …… Date: ……

In the Chair

Jason (Guest)	This looks like a great model in working in a collegiate way to reduce the demands on other services. How are you/ are you using Patients with lived experience to evaluate this model? Is there an opportunity for co-production? Are people with lived experience involved in meetings?	Service Users were involved in the development of the service. There will be a video presented to the Board of Directors in January 2023 providing experiences of a service user. The Trust will also monitor service user experience in the usual way, through Friends and Family Test, service visits, patient forums etc. in partnership with the Community Collaborative.
Jared Davis	Any strikes in neighbouring areas might draw on the number of agency nurses available. We rely on the agency nurses to compliment those on the Bank register. The knock-on effect will possibly affect EPUT.	The strikes have not yet had an impact on the Trust, including agency nurses. However, the Trust is currently reviewing the impact of planned future strikes and a further updated will be provided at the Board of Directors meeting in January 2023.
Paula Grayson	Given the national anxiety about NHS staffing, there will need to be continuing innovation in how we attract positively, recruit efficiently and retain motivated staff. When appropriate, please can we have an update on what local methods could replace Kickstart, how apprenticeships are delivering staff and an update on how our international recruitment becomes retention of these skilled staff.	Manny Lewis has advised that he was happy to follow up with Paula outside of the Board meeting.
Elena Lokteva	Power BI is a great source to keep an eye on leading indicators and to triangulate information. Do EPUT NEDs have access to Power BI?	LL responded that NEDs do not yet have access.

Signed: …… Date: ……

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Board of Directors Meeting 30 November 2022)

Lead	Initials	Lead	Initials	Lead	Initials

Requires immediate attention /overdue for action	
Action in progress within agreed timescale	
Action Completed	
Future Actions/ Not due	

Minutes Red	Action	By Who	By When	Outcome	Status Comp/ Open	RAG rating
No Open Actions						

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Agenda Item No: 5

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	25 January 2023

Report Title:	**Chair's Report (Including Governance Update)**					
Executive/ Non-Executive Lead:	Professor Sheila Salmon, Chair of the Trust					
Report Author(s):	Angela Horley, PA to Chair, Chief Executive Officer and Non-Executive Directors (NEDs)					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	~~Yes/~~ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes/~~ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report provides a summary of key headlines and information for sharing with the Board and stakeholders and an update on governance developments within the Trust.	**Approval**	
	Discussion	✓
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1. Note the content of the report.

Summary of Key Issues

The report attached provides information in respect of:

- Care Quality Commission
- Essex Neuromodulation Service
- Rainbow Unit
- Service Visits

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			✓
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**~~YES~~/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
CAMHS	Children and Adolescent Mental Health Services	NED	Non-Executive Director
CQC	Care Quality Commission		

Supporting Reports/ Appendices /or further reading
Main Report

Lead
 Professor Sheila Salmon **Chair of the Trust**

Agenda Item: 5
Board of Directors Part 1
25 January 2023

CHAIR'S REPORT (INCLUDING GOVERNANCE UPDATE)

1.0 PURPOSE OF REPORT

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust.

2.0 CHAIR'S REPORT

2.1 Care Quality Commission (CQC)

The CQC have recently carried out unannounced inspections of some of our services, which were follow ups to previous inspections carried out towards the end of 2022. The CQC is conducting a Well Led inspection of EPUT in this month, focussing on the governance, management and leadership of the Trust. This inspection will be seeking evidence that EPUT is structured to provide high quality care for patients that we encourage learning, innovation and are operating with an open and fair culture. The results of the inspection will be available in due course. I am conscious that the demands on staff and services are particularly challenging during the winter months. On behalf of the Board, I extend heartfelt thanks to everyone involved for their engagement with the CQC inspectors during this period.

2.2 Essex Neuromodulation Service

The new Essex Neuromodulation Service at Brentwood Resource Centre officially opened in December. The first of its kind within the East of England, the service offers pioneering new treatments for patients living with long term depression for who medication has proven ineffective. The Board and I are extremely proud of the team for their efforts and were delighted to attend the official launch where we toured the clinic and heard from a patient whose life has been transformed thanks to Neuromodulation treatment. This new service is an example of how EPUT are leading the way in providing innovative treatments to those in need and helping us achieve our vision of becoming the leading health and wellbeing service in the provision of mental health and community care.

2.3 Rainbow Unit

The Rainbow Mother and Baby Unit at the Linden Centre in Chelmsford is now one of the only perinatal mental health wards in the country to be able to provide appropriate care for bariatric patients. A new room has been designed with patient safety and comfort in mind and has a specially adapted bed, chair and bathroom facilities. On my visits to the Rainbow Unit, I have been impressed at the care provided by this fantastic team and am delighted that EPUT are leading the way in providing specialist perinatal mental health care for bariatric patients.

2.4 Therapy Dogs

We have been working with Essex Therapy Dogs to support therapeutic care for our service users. The dogs recently spent three hours visiting and engaging with patients across five acute inpatient wards – four at the Trust's Linden Centre and one at Crystal Centre, both in Chelmsford. The team has also visited our Rochford site.

Pet therapy has been proven to have many benefits for mental health and help people to feel calm, provide comfort and help soothe emotions, reduce boredom, lower anxiety levels and bridge communication gaps. It was the first time the Essex Therapy Dogs team had visited the two centres and they spent time playing with the patients. Our patient experience team are looking to extend this activity to other inpatient wards

2.5 Service Visits

The NEDs and I are pleased to be able to continue our schedule of visits to services across the Trust. Since the last Board meeting, visits have taken place to the Lighthouse Child Development Centre, Brockfield House and Willow Ward. The value of these visits cannot be underestimated and provide a real insight into challenges faced by our staff at the coal face, but also are an opportunity for the Board members to see first-hand the excellent care provided by our dedicated staff.

3.0 LEGAL AND POLICY UPDATE

Items of interest identified for information:

3.1 NHS England's Operational Planning Guidance for 2023/24

Please see the link below for a copy of the latest planning guidance that sets out a new and improved relationship between local systems based on the right level of accountability from the NHS to government, the arms-length bodies and the taxpayer, but also with the right level of local determination to set tailored priorities for local communities.

For Information: Link

3.2 Monitoring the Mental Health Act

Please see the link below for a copy of the report published on 1 December 2022. This report sets out the activity and findings from engagement with people subject to the MHA and review of services registered to assess, treat and care for people detained using the MHA during 2021/22.

For Information: Link

4.0 RECOMMENDATIONS AND ACTION REQUIRED

The Board of Directors is asked to:

1. Note the content of this report.

Report prepared by:

Angela Horley
PA to Chair, Chief Executive and NEDs

On behalf of:
Professor Sheila Salmon, Chair

		Agenda Item No: 6
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	**Chief Executive Officer Report**					
Executive/ Non-Executive Lead:	Paul Scott, Chief Executive Officer					
Report Author(s):	Paul Scott, Chief Executive Officer					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	~~Yes/~~ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes/~~ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
This report provides a summary of key activities and information to be shared with the Board.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report

Summary of Key Issues

The report attached provides information in respect of Covid-19, Performance and Strategic Developments.

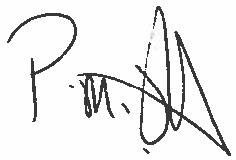
Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Main Report

Lead
 **Paul Scott** **Chief Executive Officer**

Agenda Item: 6
Board of Directors Part 1
25 January 2023

CHIEF EXECUTIVE OFFICER REPORT

1.0 INTRODUCTION

I would like to take this opportunity to extend the Board's thanks to EPUT's staff, volunteers and partners for the compassion, dedication and resilience they have shown to our patients and each other throughout last year. 2022 presented us with another challenging year with extraordinary pressures as we continued to recover from the impact of the pandemic alongside rising demand for our services. Yet, as always, colleagues rose to the challenge and continued to provide care and compassion to some of the most vulnerable people in our communities each and every day. Throughout a time of unprecedented and unrelenting strain, we launched new services, embraced innovative technology, transformed the environments of some of our inpatient wards and strengthened our partnership working – all to provide the best quality care to the communities we serve. I am immensely proud, and full of admiration, of the response and sacrifices made by all colleagues during this time.

2023 will undoubtedly pose new challenges but we remain focussed on ensuring it will be another year of continued transformation for EPUT, releasing more time to care, harnessing new technology and bringing more staff to work on our wards. We will continue to build on our existing strategies with the implementation of our overall Strategic Plan 2023 to 2028, and drive the development of integrated services with our partners across the health, social care and voluntary sectors.

2.0 UPDATES

2.1 Strategic Plan

Following an extensive engagement programme with service users, carers, families, staff and external partners, the overall Strategic Plan 2023 to 2028 is presented to the Board today for its approval. This is an ambitious and dynamic plan which will have a positive and powerful impact on the communities we serve, focused on transforming our services, developing our workforce and strengthening our partnerships, particularly with our service users and families.

The plan centres on delivery through collaboration and is fully aligned with system strategies and supports the aims and ambitions of our partners across the East of England. A communications plan has been developed to launch, explain and embed the strategic plan, supported by a series of engaging videos and visual content demonstrating how the plan will be put into action. This will be followed by a series of roadshows in order to engage with both internal and external stakeholders, in face to face and virtual events.

It is the result of a significant investment of time and work from our colleagues and partners, and I would like to extend my sincere thanks for all their efforts in developing this hugely exciting and compelling story of EPUT's future direction, which sets out our commitment in delivering our vision "To be the leading health and wellbeing service in the provision of mental health and community care".

2.2 Essex Mental Health Independent Inquiry

I was disappointed to read the concerns raised by Dr Strathdee Chair of Independent Inquiry into Mental Health Deaths into Essex, in her recent open letter. I have responded directly, setting out the measures we have taken to ensure that we serve the Inquiry well. I have also made suggestions for improving the way in which we can work together more effectively. It is extremely important to The Trust and those families involved that the Inquiry is able to fulfil its aims.

I have spoken to colleagues in the NHS as well as the Secretary of State for Health and Social Care to explain my views and hear suggestions for moving forward

Arrangements for Supporting the Independent Inquiry

I am very confident we have put in place strong measures to support the Inquiry, this includes a dedicated team with Executive level leadership as well as:

- An independent Director has been appointed to scrutinise our arrangements - reporting directly to our Audit Committee
- A set of principles agreed by the Trust Board to underpin our commitment to openness, honesty and transparency
- Appointment of experienced legal advisors to ensure adherence to our principles within the framework of the law

Staff engagement
While Dr Strathdee has indicated concerns around the numbers of current and former staff coming forward to give evidence I wanted to be clear that we have encouraged staff to engage fully and give evidence (something acknowledged by the Inquiry team). We have taken a number of steps to reassure, support and encourage our staff to engage with the Inquiry – these include:

- Live internal broadcast and written statements from CEO
- Pastoral support in place for staff
- Use of Trust database to write to all staff
- Arrangement for legal support as needed

Moving forward
My focus is on what we can do to re-vitalise the current Inquiry and deliver the answers that service users, families and carers rightly expect. I have already offered to meet all of the families involved and my door remains open to those who have yet to take up the invitation.
I have recommended a number of steps to ensure the Independent Inquiry is able to deliver on its terms of reference:

The Inquiry team should be are equipped with the right expertise and capacity I fully support an increase in resources and expertise available to the Inquiry Chair.

There is appropriate Information Sharing Protocols, governance and escalation protocols put in place by the Inquiry team.
In order to drive better **staff engagement with the Inquiry** I have suggested the following:

- The Inquiry team write to staff directly inviting them to a specific session and works with the Trust to facilitate a more open approach to encourage staff to come forward.
- We work with the Inquiry team to create focus groups for staff to feedback or gain confidence about the Inquiry
- That the Inquiry team escalate directly to me if staff refuse to respond to an invitation to give evidence so that we can have follow up conversations, offering support, reassurance and clarity around our expectations around engagement
- Inquiry team to commit to staff engagement sessions and to take up our offer of a platform to directly speak to our staff
- We have also had offers to help the Inquiry team from Integrated Care Board leaders.

Summary
We have publicly stated that we support the Inquiry and it is in the interests of our patients, staff and the wider Trust, that it is able to fulfil its terms of reference.
We believe that we have clearly and fully cooperated with the Independent Inquiry and have suggested ways of working together more effectively in the future.
We remain concerned about calls for a Public Inquiry with the consequent delays and costs – when we need to be focussed on continued improvements to services at a time of rising demand in numbers and complexity of cases.

Next Steps
I will seek to arrange a meeting with the Chair of the Inquiry to encourage more engagement with us and to see how we can collectively overcome the challenges she has identified in her letter.

2.3 CQC inspection

Last week, CQC conducted a three day Well-led inspection of the trust. Centred around governance, management and leadership, the CQC are focussed on ensuring we are structured to provide high quality

care for patients and service users and that we encourage learning and innovation and a fair and open culture.

A number of our Senior Leadership Team, including Non-Executive and Executive Directors were invited to speak to the CQC to reflect on their views and experiences through an approach of openness and transparency.

EPUT is a learning organisation and we know that it is only by sharing our experiences that we can continually improve the services we offer for those who rely on us. This means not only sharing things that have gone well but also where we need to improve and the actions we have put in place to do this. We look forward to the outcome of the visit with their report being published later in the year.

2.4 Time to Care Update

Work is underway to pilot eight ideas to help release more time to care for patients on mental health inpatient wards. Staff have identified and shaped the projects, which are the first to be implemented as part of the Time to Care programme. The ideas being worked on include:

- **Ward Manager Development Programme –** we are creating a development programme for ward managers to develop their leadership skills so they can best support their teams and patients. The first module will be piloted in ten wards – Larkwood, Longview, Beech, Stort, Chelmer, Causeway, Tower, the Christopher Unit, Poplar Adolescent Unit, and the Basildon Mental Health Assessment Unit.
- **Safe Staffing Dashboard –** a new Safe Staffing central dashboard for clinical staff will give teams easy access to information about staffing levels on the wards.
- **Improved Handover Process –** we are working to introduce a standard approach to handovers and list of core handover behaviours. These will be piloted in Fuji, Cedar, Kelvedon and Finchingfield wards and Poplar Adolescent Unit.
- **Improved Sitrep Process –** specialist Services Situation Reports (SitReps) will follow the acute SitRep model and use SafeCare, real-time daily staffing level software, to ensure safer staffing is discussed through a standardised approach, matching staffing levels to acuity. The pilot wards are Stort, Chelmer, Longview, and Alpine.
- **Role Review and Implementation –** we are developing new roles and changing existing roles to give staff more time to focus on patient care, reducing the time they need to spend on administration and tasks outside of their role. We aim to start piloting from next month in Roding, Finchingfield, Meadowview, Ardleigh, Forest and Hadleigh wards, Poplar Adolescent Unit, Basildon Mental Health Assessment Unit, Edward House and the Rainbow Unit.
- **Improved Bed Management –** we are trialling an updated version of the SMART bed capacity reporting tool, SMART V2, in Stort and Chelmer wards later this month. Staff will update it with patient flow activity, so all information on demand and capacity will be stored in one system. We also plan to run trial SitReps using SMART and, if successful, aim to roll out SMART V2 across the Trust.
- **Access to Shared Care Record –** we are looking to give more staff across the Trust access to Shared Care Record, which provides a consolidated view of patient records. This will give medical staff and prescribers a full patient medical history (including during out of hours), help pharmacists to easily prescribe medication, and reduce time medics and pharmacists spend on discussing medication.
- **Digital System Documentation, Capabilities and Skills Assessment –** we aim to trial online forms later this month, to save time manually copying information from paper forms and printing and scanning paper documents.

3.0 OTHER NEWS

3.1 Changing Futures Rough Sleepers Initiative

A new service that aims to improve the quality of life for rough sleepers is now operating across Chelmsford and Maldon. Working in partnership with Chelmsford, Essex and Maldon Councils, the Changing Futures Rough Sleepers Initiative delivers interventions that support rough sleepers to improve their health and

wellbeing, move towards securing accommodation, and provides wraparound health and social care support to help them get back on their feet.

Our Rough Sleeper Mental Health Navigator supports rough sleepers with identified mental health problems, and ensures they receive timely and appropriate support, by facilitating access to physical health services, liaising with the Primary Care Network Mental Health teams and accompanying them to appointments if required.

Similar Rough Sleeper Initiatives operate in Braintree, Epping and Southend, and the Braintree and Epping team recently won a 'Working in Partnership' award at the Essex Housing Awards.

3.2 Basildon Mental Health Unit - Building Better Healthcare Awards

A project to improve accommodation and enhance safety at Basildon Mental Health Unit has won a national award. Funded by the Department of Health and Social Care as part of national fund to remove dormitory accommodation in mental health facilities, the £12.5million project fitted the unit with 16 individual bedrooms, each with a private shower and toilet, Oxehealth technology to monitor patients' vital signs, and custom built furniture with safety features. It also included new therapeutic outside spaces, additional safety features throughout the unit, and a de-escalation room, which has reduced the number of incidents and the need for physical restraint.

The project won the Best Patient Safety Initiative category in the Building Better Healthcare Awards earlier this month. It was also shortlisted in the Best Interior Design and Best External Environment categories.

We are committed to transforming the environments in which we care for our service users as we know it makes a huge difference to their experience. Both service users and staff were instrumental in contributing to the design of the new unit, and this award is recognition for the hard work and dedication they have all shown, resulting in an excellent facility.

3.3 Disability History Month

Last month we supported Disability History Month. It was an opportunity to raise awareness and celebrate the achievements of people living with a disability as part of our ongoing work to improve our Workforce Disability Equality Standard (WDES), and ensure EPUT is open, inclusive and a place where everyone feels like they belong.

To mark this we held a range of events throughout the month sharing experiences of staff with disabilities, encouraging leaders to support staff, and guide colleagues on how to use a Reasonable Adjustment Passport.

Our Disability and Mental Health Network has played a key part in supporting staff with disabilities, long term conditions and neurodiversity in the organisation. Our WDES data shows an improvement in staff accessing the formal capability process due to ill health, as well as an increase in staff reporting that their manager has put reasonable adjustments in place to support them in the workplace.

4.0 PERFORMANCE AND OPERATIONAL ISSUES

4.1 Operations – Alex Green, Executive Chief Operating Officer

Our operational teams working across our systems have worked tirelessly to support the significant system pressures during this period. Working with our MSE Community Collaborative partners we have continued to have good flow and capacity through our Urgent Care Response Teams (UCRT) and virtual wards. In West Essex we have implemented 66 virtual hospital beds which are already delivering some early success with some excellent patient feedback and the UCRT service continues to achieve the national KPI of seeing 70% of patients within 2 hours.

There continues to be high demand for our inpatient and urgent care mental health services and as a result, patients placed out of area remains high. We have recruited additional resources to focus on safe transfers of care for people who are clinically fit for discharge. Average length of stay and occupancy levels have remained stable and there are lower numbers of people with delayed transfers of care. All PICU indicators are within the national benchmark and there has been positive movement for the second month on registered staff day fill rates.

Our IAPT access numbers are still falling below target, although we have performed better comparably against the national average and we are confident that innovative strategies including digital approaches will support improvement

I am pleased to report a second month of improvement against the target for CPA reviews delivered through a range of actions and continued use of MAST to ensure the oversight and timely review of our most vulnerable patients in the community.

4.2 Safety and Quality – Natalie Hammond, Executive Nurse

EPUT Culture of Learning (ECOL
The learning Lessons Team continue to focus on imbedding learning across the Trust and responding to both positive and negative experiences. Regular safety alerts and newsletters are shared across the Trust so that we ensure a dynamic transfer of knowledge.

Safety First, Safety Always Review
We are currently reviewing our safety first, safety always strategy and will bring a refreshed strategy to the board at the end of March.. This is being developed with support from key stakeholders across the Trust and includes testimonials from our service users. It is also supported by our performance data and KPIs for safety so we can demonstrate the quantitative and qualitative benefits we have delivered.
There are a number of transformational safety developments to bring to the attention of The Board:
Development of a safety dashboard which is supported by implementation of Power BI. This provides staff with relevant data to make informed and effective decisions. ()
In partnership with Oxehealth, we have implemented their Oxevision system and developed an electronic observations platform. As a result, 91% of staff agreed safety has improved, 90% stated that it had enabled them to prevent an incident from occurring and 94% stated they could identify incidents they may not have known about before.
Enhancing Environments – We have had a continued focus on ligature risk reduction and have as a result of this seen a ~30% reduction in the number of fixed point ligatured in 2022 compared to 2020.

Embedding Gold Standard Operating Procedures (SOPs) – working in collaboration with Carradale Futures to produce and embed gold standard SOPs. Carradale bring a depth of experience in not only creating SOPs but also through their work with General Practitioners to simplify and document procedures to improve efficiency and safety.

Electronic Prescribing and Medicines Administration (ePMA)–Restart our ePMA programme.., An ePMA specialist Pharmacist has joined the project team to provide subject matter expertise to the development of a full business case ahead of submission to the Trust Board in March 2023. Once this receives full approval, the full implementation is expected to take approx. 18 months.

4.3 Medical Directorate – Dr Milind Karale, Executive Medical Director

Mental Health Urgent Care Department (MHUCD) – The new MHUCD will be a new service within the urgent care pathway at EPUT to support increasing system pressures in the Mid and South Essex (MSE) system. This service will provide a bespoke facility for adults experiencing mental health crisis as an alternative to local emergency departments via internal and external referral, professional conveyance and self-referral. The service is due to go live on 13 March with a soft launch to enable pathways and new ways of working to be embedded within the new team.

Key successes of the project to date include:

- Agreed design of the MHUCD and re-design of the MHAU site in the Basildon mental health building
- Relocation of MHAU to Grangewater to enable construction to commence.
- Strip of the site and construction of the internal layout including new walls, windows, and utilities.
- Completed and received approval from NHSE for a capital BID for £1.2m
- Completed a submission and approval of a SOC for system allocation of £2.7m revenue and £1.3m of capital funding
- Developed the required project structures, timelines and governance processes including operations, staffing, estates, data and IT and lived experience coproduction
- Undertaken a review of the MHUCD together with the urgent care patient pathways to determine service specifics and future patient pathways including facilitation of workshops.
- Review and development of the MHUCD staffing model aligned with other services within the MHUCD pathways to plan best use of revenue funding and workforce resources
- Development and subsequent approval of the business case
- Review and development of digital record keeping specifications for use within MHUCD and ensured this is reflected in the digital work stream plan
- Recruitment of the MHUCD workforce including development of job descriptions, the creation of required interview panels and overseeing the progress against the staffing work stream plan working with the team to develop mitigation to risks and issues as they arise
- Undertaken data driven review, planning and formation of the MHUCD referral and discharge pathways within EPUT, the system and voluntary sector partners to feed into the standard operating procedure (SOP).
- Facilitated engagement and review of transport contracts within EPUT and the system to support the service from the go live date
- Supported the collation of the draft SOP and related procedures via workshops, task and finish groups, research and leadership meetings
- Created focused task and finish groups in key areas to develop and discuss detailed aspects of the service. These include physical health integrated pathways with MSE and management of violence with key police stakeholders

Neuromodulation Service – The new EPUT Neuromodulation Service at the Brentwood Resource Centre was officially inaugurated on 07 December 2022. The service is the first of its kind in East of England, providing latest treatment modalities for treatment resistant depression. Treatments such as repetitive transcranial magnetic stimulation (rTMS) and vagal nerve stimulation (VNS) can be provided for patients whose symptoms have not improved by standard treatments.

During the launchAlex Green, Paul Scott and I heard about the compliments the Team have received from patients, and about their aspiration to develop a strong training and research arm with strong links with local ARU. We also had the opportunity to hear and watch a demonstration from Thomas Carlile, our expert by experience who has benefitted from rTMS, who gave a demonstration of how having rTMS looks and feels like.

The evidence-based treatments that the Essex Neuromodulation Service offers will prove invaluable in improving the quality of life of patients suffering with treatment resistant depression.

Perinatal Update – Dr Reena Gupta was invited to speak at the national conference in Malta 'Understanding the Complexities of perinatal and infant mental health' held on 24 and 25 November 2022 and gave a series of presentations and workshops during the two days to a diverse and engaged audience which included doctors, nurses, psychologists, trainees, maternity professionals and commissioners. The conference was inaugurated by the President Emeritus Marie Louise Coleiro.

4.4 Digital, Strategy and Transformation – Zephan Trent, Executive Director of Digital, Strategy and Transformation

Strategy – Our strategic plan for 2023 to 2028 will be presented to the Board today for its approval. This has developed considerably in the last two months as we have continued to respond to feedback

our service users, staff and partners. This includes strategic plans for our Care Units which have been developed with local leadership teams through an extensive engagement programme with service users, carers, families, staff and external partners, and informed by a review of national policy and partner strategies and analysis of service demand.

The process for developing our Operational Plan for 2023/24 commenced in December and has been informed by the publication of national guidance from NHS England. Building on the approach adopted last year we will continue to strengthen the alignment between activity, financial and workforce planning and work closer with our system partners to ensure alignment between trust and ICB plans.

We are also working with our ICBs to support the development of Joint Forward Plans for the next five years in line with national guidance. Our strategic plan for 2023 to 2028 makes us well placed to contribute to this process.

Transformation – We continue to develop our approach to change and transformation at the Trust. Following a review of our new end-to-end change methodology, we have implemented a number of changes to strengthen the process including a clearer framework for prioritisation based on the opportunity and feasibility of new projects and their alignment with our strategic and operational plans.

We have also restructured the transformation team to support our new operating model. Each care unit will have a named business partner to support local transformation and ensure alignment with trust priorities. This model will come into effect from February.

Our Time to Care programme continues to progress at pace with work on our staffing model, process improvements and digital/technology improvements well underway. We are working together with staff and lived experience representatives to deliver this change.

Digital – We are pleased that the planning for a new electronic patient record system is progressing well alongside our partners the wider system. The draft outline business case is being reviewed and is on track to be taken to the March board.

Our aspiration to make more use of data intelligence to drive transformation is taking shape in the form of the new data strategy. We developed this further through a recent board seminar and are focused on how data can be an enabler for change to transform how we care for our patients.

We are already using Microsoft PowerBI to make our data and insight more accessible to our staff including a new safety and safer staffing dashboard which is being used to support our culture of learning programme.

Patient Experience – The patient experience team is continuing to work on its People Participation offer across all services, developing a network of peer networks, to support and enhance I Want Great Care. In addition to this, we have played a key role in the development of the Trust's strategic plan, helping to put service users, families and carers at its centre. As part of the Time to Care programme we are preparing to pilot new Peer Support roles at the Linden Centre over the coming months, putting our strategic commitments into action.

We continue to make significant progress with the new complaints process with a full team now recruited, trained, and operational. The primary focus for January has been to clear the backlog of complaints, and implement the new process, supported with an updated policy and procedure.

4.5 People and Culture – Marcus Riddell, Acting Executive Director of People and Culture

Industrial Action – Since previously reported, the threshold for a mandate for industrial action in EPUT was not achieved in the Trade Union ballots by the RCN, Unison, GMB or CSP which have now closed. The ballot of Junior Doctors by the British Medical Associate (BMA) opened on

9 January 2023 and will close on 20 February 2023. The BMA have indicated that where mandates are met there will be 72 hours of industrial action commencing in early March 2023. The BMA have informed us that there are 57 EPUT workers eligible to vote in the BMA ballot.

Whilst the mandate for industrial action was not met within EPUT we remain cognisant of the strength of feeling across our workforce. To date, there has been no unexpected absences on the days where strike action has been taken.

HR Operations – Operational planning guidance was issued from NHS England on 23 December and the Trust is working closely with the three Integrated Care Systems to ensure submissions for workforce are relevant to the care group requirements and aligned as far as practicably to the Time to Care programme outputs. The first draft submissions are required by the three ICSs by early February with a further final submission to region later in March.

Care Group Workforce Improvement planning will conclude by the end of January with each of the care group's leadership team. We are currently identifying the specific workforce priorities for each care group, focussing on recruitment, leadership development and culture, in line with the care group strategic plans. Inpatients plan was finalised in December and is progressing as planned. Data forecasting at Trust level will be disaggregated into care group specific datasets that can be utilised in Accountability Frameworks to track and monitor progress against plan.

Recruitment – We met our plan and recruited 184 nurses from overseas by 31 December 2022, and intend to recruit a further 45 by the end of March 2023, in addition to 24 AHPs. Following receipt of confirmation of another NHSE funding round, we are considering our options for recruiting more overseas nurses in the next financial year.

Equality Diversity and Inclusion (ED&I) – As part of the Trust's measures to tackle violence and discrimination, a new debrief is in place for all incidents of racially-motivated aggression and abuse against staff. All staff affected will be supported and are encouraged to report these incidents to a Clinical Manager and the Police. A suite of materials has also been developed to provide guidance and tips on how to prevent discriminatory behaviour.

Annual Staff Survey 2022 – For EPUT, the final response rate for the 2022 Annual Staff Survey was 42% which is 2547 returned surveys in comparison to the 2602 returned in 2021. We await the full national results from the co-ordination centre after the embargo is released in March, and will update the Board at the next available meeting.

4.6 Major Projects – Nigel Leonard, Executive Director of Major Projects and Programmes

Covid-19 Vaccination Programme – Since the last update in November 2022 EPUT has continued to contribute a vital role to the Covid-19 Vaccination Programme, although this is now transitioning from a standalone delivery model to become part of business as usual.

With the exception of The Lodge, all of the Covid-19 Vaccination Centres have now been decommissioned due to the formal end of the autumn booster programme in December 2022 and the general fall in demand meaning that large scale vaccination centres were no longer offering value for money. The Lodge will continue to offer selected bookable and walk in weekend dates in quarter four as part of the ongoing evergreen offer. Other delivery models such as pop up sessions, outreach and roving clinics and the vaccination busses will be used as and when demand dictates.

EPUT's autumn booster campaign was successful achieving a total of over 161k vaccinations and at the time of writing EPUT is the only lead provider in the region and one of few nationally to exceed its commissioned vaccination target. This brings EPUT's overall vaccination total since the start of the campaign to just under 1.6m.

Going into Quarter 4 (2022-23) EPUT has been commissioned by Mid & South Essex to continue to offer services under the evergreen offer, and has been awarded the full amount of funding.

At the time of writing a JCVI announcement is expected to detail the recommendations for 2023 spring and autumn booster campaigns, for which East of England regional colleagues have already asked that we make planning assumptions based largely on the 2022 cohorts. If this comes to fruition then EPUT would expect to once again compliment the other local delivery pillars (largely, GPs, PCNs and community pharmacists) in Mid & South Essex and Suffolk and North East Essex in delivering the commissioned programme.

4.7 Finance – Trevor Smith, Executive Chief Finance and Resource Officer

Income and Expenditure
The Trust is reporting a £1.4m Year to Date deficit which is in line with its plan. During the period the Trust has improved efficiency performance and has delivered a £2.7m non-recurrent scheme.

The Trust continues to forecast a year end breakeven position consistent to its plan.

Capital & Cash
The Trust's Year to date capital spend is £6.4m. This is in line with the Trust's re-forecasted plan projections.

The Trust continues to forecast delivery of its capital programme with increased capital expenditure now occurring in order to achieve this.

There remain sufficient cash resources to support operational activities.

Other
National planning guidance for 2023/24 has been received and internal budget setting processes are underway including discussions with Commissioners and the ICB to agree 23/24 contracts and income levels.

Report prepared by
Paul Scott
Chief Executive Officer

		Agenda Item No: 7a
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	Quality and Performance Scorecards					
Executive/Non-Executive Lead:	Paul Scott Chief Executive Officer					
Report Author(s):	Jan Leonard Director of ITT					
Report discussed previously at:	Finance and Performance Committee Quality Committee					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	All inadequate and requiring improvement indicators.	
State which of the following Strategic risk(s) this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register?	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	Continued monitoring of Trust performance through integrated quality and performance reports.	

Purpose of the Report		
This report provides the Board of Directors • The Board of Directors Scorecards present a high level summary of performance against quality priorities, safer staffing levels, financial targets and NHSI key operational performance metrics and confirms quality / performance "inadequate indicators". • The scorecards are provided to the Board of Directors to draw attention to the key issues that are being considered by the standing committees of the Board. The content has been considered by those committees and it is not the intention that further in depth scrutiny is required at the Board meeting.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required
The Board of Directors is asked to: 1. Note the contents of the reports. 2. Request further information and / or action by Standing Committees of the Board as necessary.

Summary of Key Issues
Performance Reporting This report presents the Board of Directors with a summary of performance for month 9 (December 2022) The Finance & Performance Committee (FPC) (as a standing committee of the Board of Directors) have reviewed performance for December 2022. Six inadequate indicators (variance against target/ambition) have been identified at the end of December 2022 and are summarised in the Summary of Inadequate Quality and Performance Indicators Scorecard. • Safer Staffing • Inpatient MH Capacity Adult & PICU • IAPT Access Numbers • Out of Area Placements • Psychology • Temporary Staffing There are two inadequate indicator which are Oversight Framework indicators for December 2022. • Out of Area Placements • Temporary Staffing(Agency) There are two inadequate indicators in the EPUT Safer Staffing Dashboard for December 2022. • Day Registered Fill Rates • Number of wards with fill rates of <90% There are no inadequate indicators within the CQC scorecard. The CAMHS improvement planning group has continued to meet to take forward the actions and as at 21 December 2022 all 25 actions have been reported as completed. Within the Finance scorecard there are no items RAG rated inadequate for December. Where performance is under target, action is being taken and is being overseen and monitored by standing committees of the Board of Directors.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			✓
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			✓
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			✓
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
ALOS	Average Length Of Stay	FRT	First Response Team
AWoL	Absent without Leave	FTE	Full Time Equivalent
CCG	Clinical Commissioning Group	IAPT	Improving Access to Psychological Therapies
CHS	Community Health Services	MHSDS	Mental Health Services Data Set
CPA	Care Programme Approach	NHSI	NHS improvement
CQC	Care Quality Commission	OBD	Occupied Bed days
CRHT	Crisis Resolution Home Treatment Team	OT	Outturn

Supporting Documents and/or Further Reading
Quality & Performance Scorecards

Lead
 Paul Scott **Chief Executive Officer**

Essex Partnership University NHS Foundation Trust

Trust Board of Directors
EPUT Integrated Quality and Performance Score Cards
December 2022

Are we Safe? | Are we Effective? | Are we Caring? | Are we Responsive? | Are we Well Led?

Report Guide

Use of Hyperlinks

Hyperlinks have been added to this report to enable electronic navigation. Hyperlinks are highlighted with an underscore (usually blue or purple colour text), when a hyperlink is clicked on, the report moves to the detailed section. The back button can also be used to return to the previous place in the document.

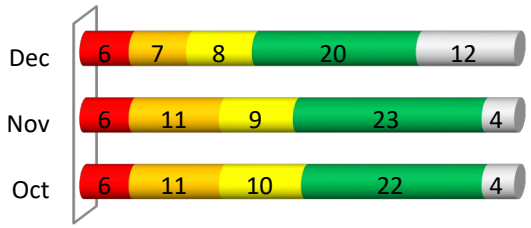
How is data presented?

Data is presented in a range of different charts and graphs which can tell you a lot about how our Trust is performing over time. The main chart used for data analysis is a Statistical Process Chart (SPC) which helps to identify trends in performance a highlight areas for potential improvement. Each chart uses symbols to highlight findings and following analysis of each indicator an assurance RAG (Red, Amber, Green) rating is applied, please see key below:

Statistical Process Control (Trend Identification)					
Variation				Assurance	
Common Cause – no significant change	Special Cause or Concerning nature or higher pressure due to (H)igher or (L)ower values	Special Cause of improving nature of lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting and passing and falling short of the target	Variation indicators consistently (P)assing the target	Variation Indicates consistently (F)alling short of the target
Assurance (How are we doing?)					
Meeting Target EPUT is achieving the standard set and performing above target/benchmark	Requiring Improvement EPUT is performing under target in current month/ Emerging Trend	Inadequate EPUT are consistently or significantly performing below target/benchmark / SCV noted / Target outside of UCL or UCL	Variance Trust local indicators which are at variance as a whole or have single areas at variance / at variance against national position	For Note These indicate data not currently available, a new indicator or no target/benchmark is set	Indicators at variance with National or Commissioner targets. These have been highlighted to Finance & Performance Committee.

SECTION 1 - Performance Summary

Summary of Quality and Performance Indicators

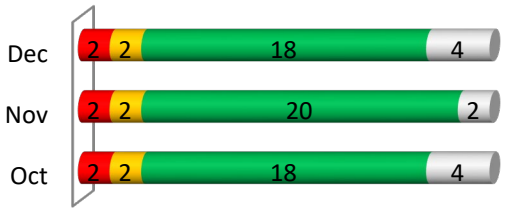


December Inadequate Performance

- Safer Staffing
- Inpatient MH Capacity Adult & PICU
- IAPT Access Numbers
- Out of Area Placements
- Psychology
- Temporary Staffing

Due to staff absences a large proportion of the Risk December data is unavailable. These have been RAG rated grey.

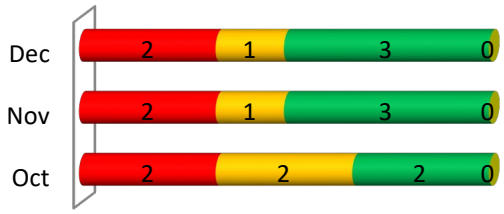
Summary of Oversight Framework Indicators



December Inadequate Performance

- Out of Area Placements
- Temporary Staffing (Agency)

Summary of Safer Staffing Indicators



Two inadequate items identified within the Safer Staffing section for Day Qualified Staff & Fill Rates.

This data is collected from SafeCare.

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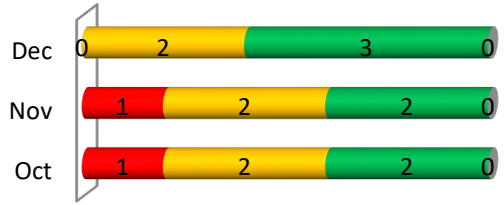
Summary of CQC Indicators

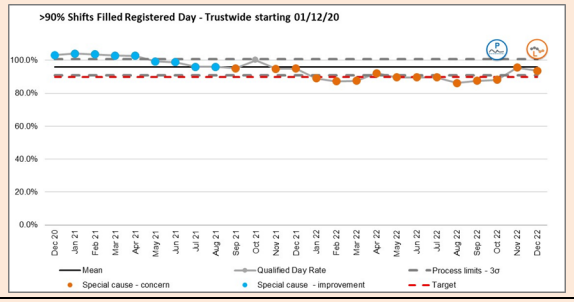
CAMHS Action Plan
The CAMHS improvement planning group has continued to meet to take forward the actions and as at 21 December 2022 all 25 actions have been reported as completed.
Galleywood Ward & Willow Ward
The Trust is awaiting the full draft feedback report following the inspection.
Core Services
The Trust is awaiting the draft feedback report following the inspection.

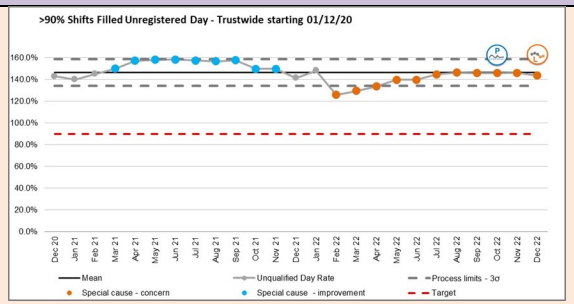
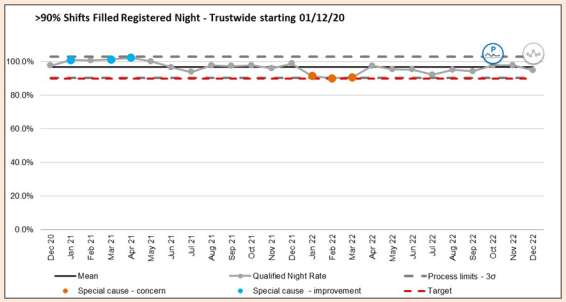
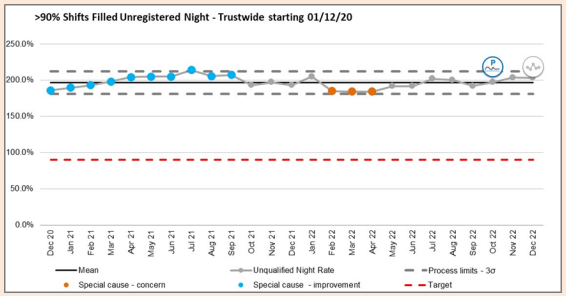
Finance Summary

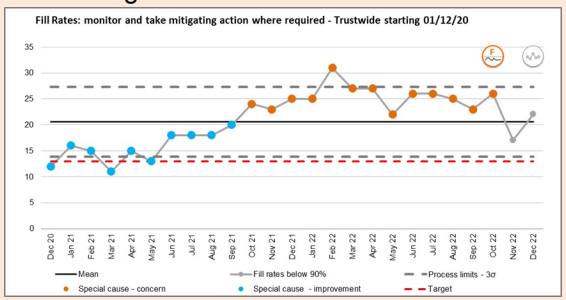
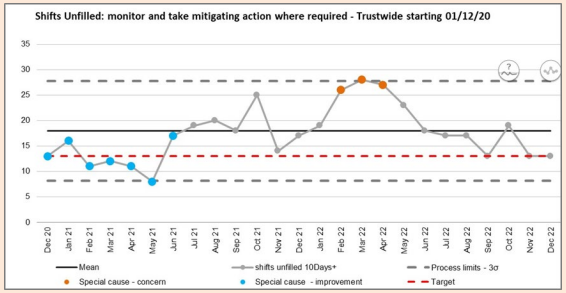


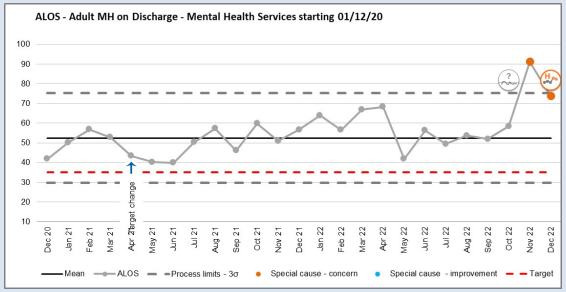
December Inadequate Performance
There are no Finance Indicators noted as inadequate.

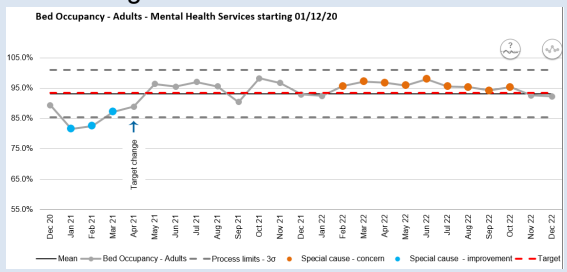
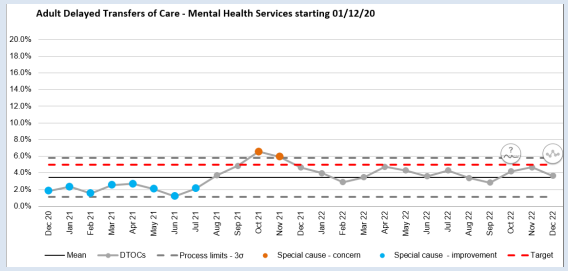
SECTION 2 - Summary of Inadequate Quality and Performance Indicators Scorecard

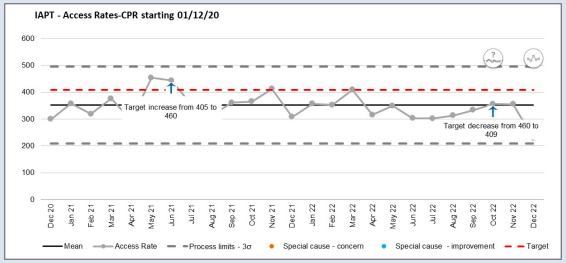
Safe Indicators							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
1.7 Safer Staffing Committee: Quality Indicator : National Data Quality RAG: **Blue**	**Inadequate** There has been a sustained improvement in the Day Registered Staff Fill Rates which has met target for two months, however it will remain inadequate until three months of consecutive target attainment is achieved. One further measure regarding wards with fill rates of less than 90% remains below target and has increased in December to 22 wards. Work progresses with Deloitte on the Time to Care programme and this includes work to improve the systems and structures used within the 2x daily sitrep calls. This work looks to utilise SafeCare to save clinical time spent on collating data and is now being rolled out and piloted on Stort, Chelmer, Longview, and Alpine. As part of this work the wards maintain a 7 day forward view of staffing and pressures to ensure mitigations are in place in advance. In addition, work streams continue to be underway to ensure our wards are safely staffed and clinical time is used appropriately, these include Getting it Right First Time (GIRFT), International Recruitment, and KPMG initiatives. Dashboards are also being developed across multiple teams to provide real time information to support clinical colleagues and allow ward staff to access information as and when they need it. Wards continue to use bank and agency staff to fill vacancies and unfilled shifts where possible. Ward staffing is continuously monitored through x2 daily sitrep calls and any issues are escalated through this route. Please be assured that any staffing issues raised on these calls are able to be mitigated immediately to ensure safe practice.						
	1.7.1 Day Qualified Staff Fill Rate 90% of above	93.6%	🔴	Trend below target 	N/A	Special cause of concern, trend of decrease.	
	1.7.2 Day Unqualified Staff Fill Rate 90% of above	143.6%	🟢	Trend above target = good	N/A	Assurance of consistently Passing target	

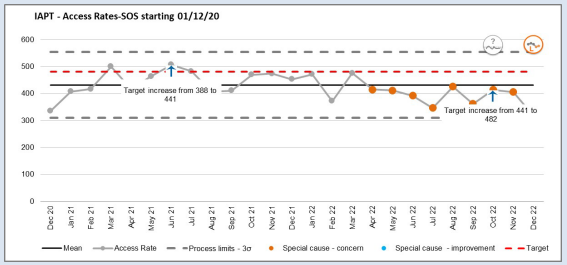
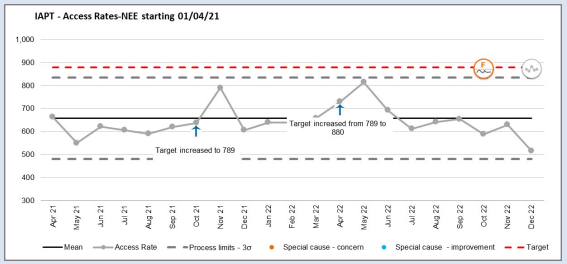
Safe Indicators							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
							
	1.7.3 Night Qualified Staff Fill Rate 90% of above	94.9%	●	Trend above target = good 			
	1.7.4 Night Unqualified Staff Fill Rate 90% of above	202.9%	●	Trend above target = good 	N/A		

Safe Indicators							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
	1.7.5 Fill Rates: We will monitor fill rates and take mitigating action where required	22	●	Below Target = Good 	N/A	Special cause of concern for number of wards with less than 90% fill rates.	
	1.7.6 Shifts Unfilled: We will monitor fill rates and take mitigating action where required	13	●	Below Target = Good 	N/A	13 wards where there were more than 10 days with shifts unfilled.	

Effective Indicators							
RAG	**Ambition / Indicator**	**Position M9**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
2.9 Inpatient Capacity Adult & PICU MH Committee: Quality Indicator: Local Data Quality RAG: TBC	**Inadequate** Adult average length of stay reduced in December however remains outside the benchmark of <35 with performance at 73.7 (91.1 in November). There were 79 discharges, 29 of whom were long stays (60+ days). There has been no change in discharge numbers and less long stays in December. Length of Stay data continues to be run to include the Assessment Units, this resulted in a December position of 51.2, which continues to be outside the <35 target. A weekly consultant led meeting has been introduced to review all clients clinically ready for discharge and to assess length of stay. Adult occupancy rates witnessed no significant change at 92.2% in December, compared with 92.6% in November. This remains within the benchmark of <93.4%. A positive decrease can be seen in adult delayed transfers of care performance with December at 3.7% which continues to be within the benchmark of <5%. There were 9 clients formally delayed in December, reduced from 12 in November. All PICU inpatient indicators are within benchmark in December. Inpatient capacity continues to be managed and monitored by the Trust Flow and Capacity team. Multiple projects and work streams are underway to continue to address pressures within inpatient services. Client length of stay now has increased oversight through daily dashboard updates and clients with extended lengths of stay (28+ days) continue to be reviewed. Meetings with system partners remain in place to ensure there is appropriate oversight to system flow and pressures, and to progress delayed transfers of care.						
	2.9.2a Adult Mental Health ALOS on discharge less than NHS benchmark **Target: <35** (Adult Acute Benchmark 2020 35)	73.7 days		Below Target = Good 		79 discharges in December (29 of whom were long stays (60+ days)).	TBC

Effective Indicators							
RAG	**Ambition / Indicator**	**Position M9**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
	2.9.4 % Adult Mental Health Bed Occupancy below national benchmark **Target: 93.4%** (Adult Acute Benchmark 2020 93.4%)	92.2%	●	Below Target = Good 	●		N/A
	2.9.3 % Adult Mental Health Delayed Transfers of Care below national benchmark **Target: 5%** (Adult Acute 2020 Benchmark 5%)	3.7%	●	Below Target = Good 	●	Additional work is ongoing to ensure all delays are recorded on Systems.	N/A

Effective Indicators							
RAG	**Ambition / Indicator**	**Position M9**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
2.16 IAPT Committee: FPC Indicator: National Data Quality RAG: **Green**	**Inadequate** Access numbers across all three areas has been highlighted as inadequate due to sustained non-compliance with targets. Services are currently achieving approximately 78% of the access targets. Whilst below target, this is greater than the national average achievement of 71%. Castle Point and Rochford is currently performing at 229 accessing services in December, against a target of 409. Southend is reporting 318 in December, against a target of 482. North East Essex reports 516 accessing services in December, against a target of 880. There are a number of actions that are being undertaken outside of the standard service approach to promotion and development; Services consistently receive high volumes of referrals however the drop out from registration to first appointment is 32% (an average across all services). The Trust is developing processes to reduce this dropout rate by encouraging patients to choose and book their own appointment via an online booking appointment facility. The service has implemented a chatbot function to the website in partnership with Limbic AI. This development went live mid December and has generated 639 referrals across all services. This innovation allows the Limbic chatbot to electronically triage a patient referral and once completed the patient can then choose and book their assessment appointment. This has seen a reduced dropout rate of 16% from registration to first appointment. In addition, to encourage new referrals there are online self-referrals available via the website for patients wishing to engage with online CBT with our digital partners at Ieso digital health. This has resulted in 2,930 self-referrals across all services YTD. The service is also currently undergoing a large scale audit of patient engagement and data quality reviews to ensure all patient contacts are entered correctly as per the IAPT manual.						
	2.16.1 IAPT Access Rate CPR CCG **Target – 409**	229		Above Target = Good 			

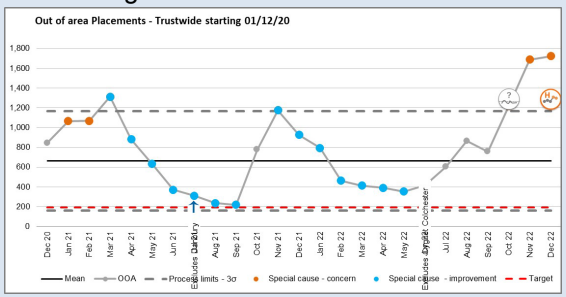
Effective Indicators							
RAG	**Ambition / Indicator**	**Position M9**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
	2.16.2 IAPT Access Rate SOS **Target – 482**	318	●	Above Target = Good 	●		
	2.16.3 IAPT Access Rate NEE **Target – 880**	516	●	Above Target = Good 	●		

<table>
<tr><th colspan="8">Responsive Indicators</th></tr>
<tr><th>RAG</th><th>Ambition / Indicator</th><th colspan="2">Position M9
Perf | RAG</th><th>Trend</th><th>Nat RAG</th><th>Narrative</th><th>Recovery Date</th></tr>
<tr><td rowspan="2">4.5 Out of Area Placements

Committee: FPC
Indicator: Oversight Framework
Data Quality RAG: Amber</td><td colspan="6">Inadequate
December has seen a further increase in out of area bed days, 1,722 (excluding Danbury & Cygnet). The Trust does currently have a cap on admissions applied to two wards following the CQC inspections.

The current NHSE/I target has been set to 0 placements by the end of March 2023. There remains challenges in place for the atainment of this however the Trust is reassured that neighbouring organisations also face similar challenges in reducing their placements.
The Trust does have comprehensive action plans in place to reduce placements, improve flow, and release capacity.

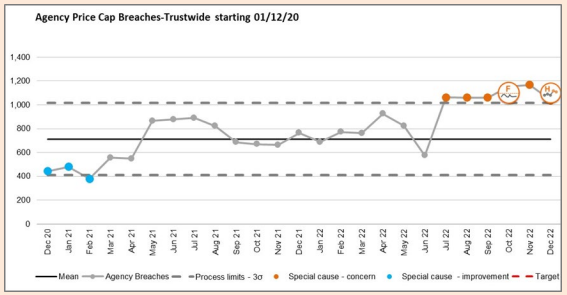
24 new clients were placed OOA (23 Adult & 1 PICU) in December, and following the repatriation of 27 (24 Adult & three PICU), there were 56 remaining (50 Adult & 6 PICU) OOA at the end of the month.</td></tr>
<tr><td>Reduction in Out of Area Placements

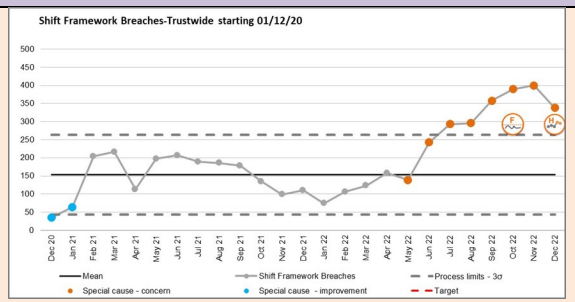
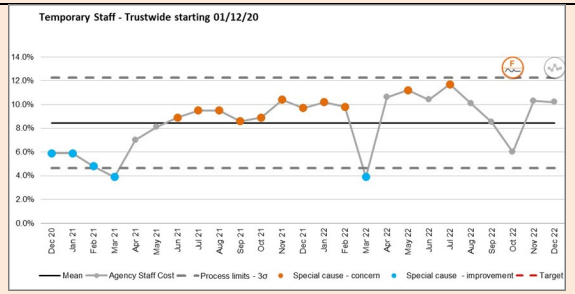
Target: Reduction to achieve 0 OOA by end of March 2023</td><td>1,722 Days</td><td></td><td>Below Target = Good
 
</td><td></td><td>Reducing Out of Area Placements forms part of EPUT's "10 ways to improve safety" initiative.

Data excludes patients placed on Danbury Ward & Cygnet Colchester.</td><td>Mar 2023</td></tr>
</table>

Responsive Indicators		
RAG	**Ambition / Indicator**	**Position M9**
4.10 Psychology Committee: Quality Indicator: Local Data Quality RAG: **Blue**	4.10 Clients waiting on a Psychology waiting list	The Psychology Accountability Framework meeting to review December data is yet to take place (scheduled for the 23rd January), therefore the below information pertains to November performance. Within South East the number of people waiting to access first meaningful contact across both the Adult Community Psychology (ACP) and complex needs pathways remain significantly lower than a year ago; a 63% and 89% reduction respectively. This remains stable. The number of people waiting for therapy following assessment continues to be reduced by 26% comparative to this time last year. In month there is a slight increase in people waiting for the complex needs pathway, accountable to the current STEPPS group now reaching session 16/20 sessions, with the next group starting in the new year. People continue to access DBT at module intakes. Projections indicate a further reduction in waits by Feb 23 and four CAP apprentices have passed their end point assessment and the service has gained 1.5 days additional capacity per CAP. Job plans are being updated to accommodate an additional group (trauma stabilisation/STEPPS) per week as well as additional individual/assessment caseloads. This will further and recurrently boost capacity from November onwards. Within South West the number of people waiting for intervention has also reduced from this time last year at almost a 50% reduction. Risk calls continue to be made to those waiting (not on CPA) and to ensure any additional needs have a care plan and are documented. Recruitment and retention continues to present a challenge when working to reduce and mitigate waits however a number of plans are in place to address this; • Recruitment has been completed for 3 year high intensity psychotherapeutic counselling training – to increase staffing model (longer term recruitment plan). • Recently re-evaluated Care Therapist role to a High Intensity Psychotherapeutic Counsellor, which should widen recruitment opportunities. • Long term utilisation of agency staffing, however recent switch as part of direct engagement model has impacted on retention. • Paper submitted to the Executive Team in support of outsourcing clinical capacity to Xyla digital therapies. This would generate additional clinical capacity to assess and treat 3,558 patients. • Service has undertaken quantitative audit of step 3 and step 2 clinical capacity. Now in the process of producing a qualitative analysis. The waiting times performance is monitored through the Psychology Accountability Frameworks meetings.

Responsive Indicators		
RAG	**Ambition / Indicator**	**Position M9**
		Waiting List: South East – There are 225 clients awaiting intervention. Individual therapy currently has the longest average wait time at 9 months, there are 119 clients waiting for this. South West – There are 231 awaiting intervention. EMDR therapy currently has the longest wait at 23 months. There are 5 clients waiting for EMDR therapy.

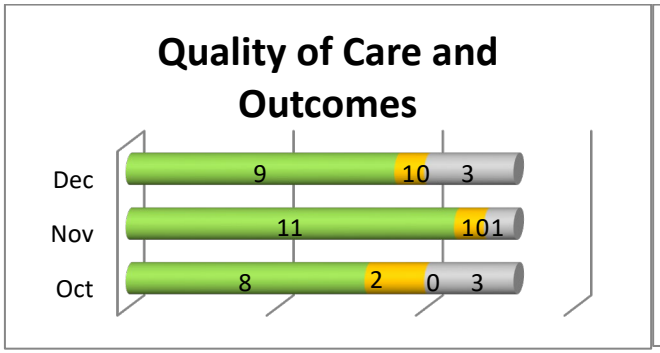
Well-Led Indicators							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
5.7 Temporary Staffing (Agency) Committee: FPC Indicator: Oversight Framework Indicator Data Quality RAG: Green	**Inadequate** In December both agency cap and shift framework indicators continue to breach targets. There were 1039 agency cap breaches and 338 shift framework breaches in November. There were also 231 cases that breached both framework and price cap. For non-medical price cap and framework breaches continue to be primarily due to band 6 and 7 CPN roles across the Trust. Framework breaches are the result of long term engagement of agency workers through 6 different agencies. Recruitment and HR Business Partners are working with managers on recruitment strategy and updates on usage is provided to them on a monthly basis All breaches have service director approval. For medical staff there are vacancies at consultant level and despite recruiting some new doctors, staff are currently covering 13 vacant consultant posts with agency workers and there are still some posts the Trust is unable to source locums for and therefore internal cover is relied upon. There are locums covering junior doctor gaps due to sickness absence and maternity leave, in addition there are agency workers covering the backlog of work in the paediatric Lighthouse service. The Trust has been successful in recruiting doctors at specialty doctor level however as these doctors are coming from overseas, there is a requirement to backfill until they start, it is anticipated that locum spend at this level will reduce once they start work early in 2023. Currently all agency doctors are above capped rates and rates are still rising. The regional agency mental health hub has been inactive for the last 2 years and after meeting in October, it is hoped that monthly meetings will be reinstated so the Trust can gain intel on what other Trusts are being charged, the plan is to reduce rates by working together. All breaches have been signed off by the Chief Medical Officer and the Chief Executive Officer. The proportion of temporary staff (Agency) has remained consistent in December at 10.2%, (10.3% in November). The Operations and Medical directorates continue to have the highest spend on agency staff.						
	5.7.1 Agency Cap Breaches Shift Price Cap **Target = 0**	1039		Below Target = Good 	N/A	547 of these breaches were pertaining to the Medical staffing group.	
	5.7.2 Shift Frame-work **Target = 0**	338		Below Target = Good	N/A		

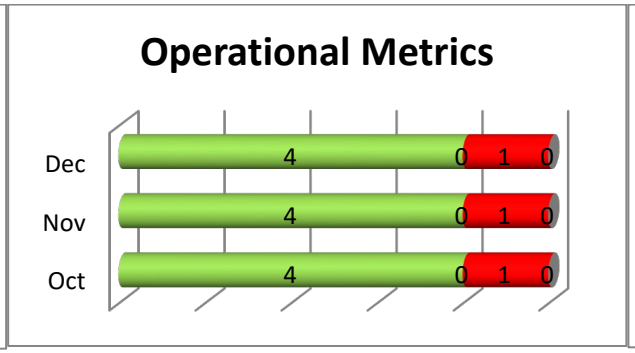
Well-Led Indicators							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
							
	5.7.3 Proportion of temporary Staff (Provider Return) No Oversight Framework Target	10.2%			N/A	The Operations and Medical directorates have the highest spend on agency staff for the month	

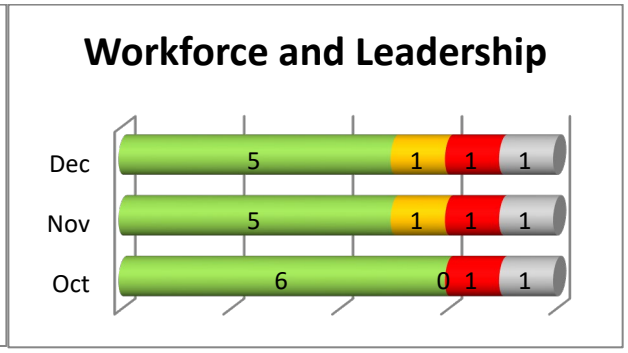
SECTION 4 - OVERSIGHT FRAMEWORK

Click here to return to summary page

Please note this reporting is against the national Oversight Framework published in August 2019. A new NHS System Oversight Framework has been published and a project is underway to develop reporting for this.





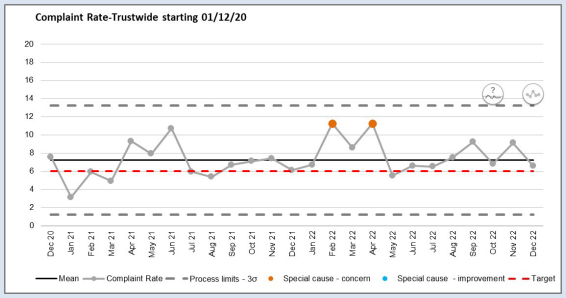


Inadequate

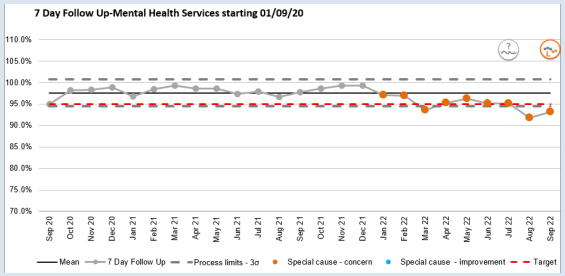
- Out of Area Placements
- Temporary Staffing (Agency)

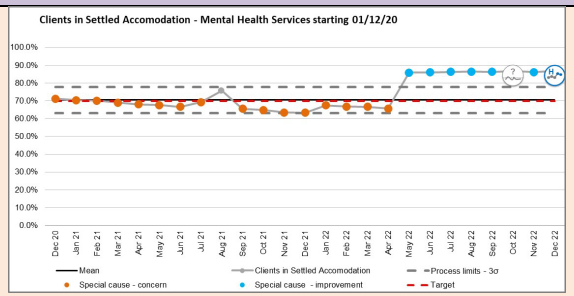
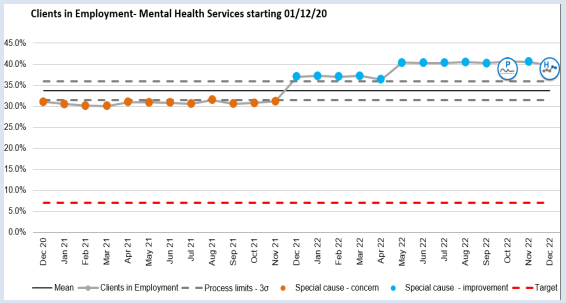
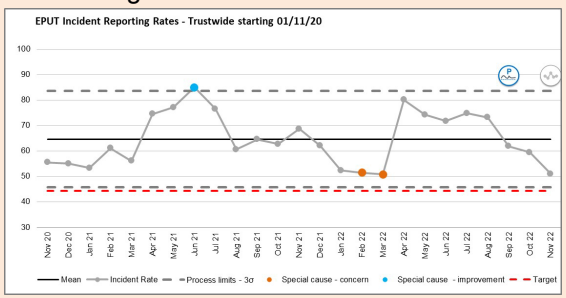
Requires Improvement

- Complaint Rate
- Staff Sickness

Quality of Care and Outcomes							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
5.1.1 CQC Rating Committee: FPC Data Quality RAG: **Green**	Achieve a rating of Good or better	Good	●	The Trust is fully registered with the CQC. A restriction has been imposed onto the registration for the Adult Acute service.			
	No action plans past timescale		●	**CAMHS Action Plan** The CAMHS improvement planning group has continued to meet to take forward the actions and as at 21 December 2022 all 25 actions have been reported as completed. **Galleywood Ward & Willow Ward** The Trust is awaiting the full draft feedback report following the inspection. **Core Services** The Trust is awaiting the draft feedback report following the inspection.			
4.1.1 Complaint Rate Committee: FPC Indicator: Oversight Committee Data Quality RAG: **Green**	4.1.1 Complaint Rate **OF Target TBC** Locally defined target rate of 6 each month	6.6	●	Below Target = Good 	●		N/A
5.6 Staff FFT Committee: FPC Data Quality RAG: **Green**	National Quarterly Pulse Survey Results	The Staff FFT has been replaced with the National Quarterly Pulse Survey. In the most recent publication released in July, 449 responses were received in total. Response rates have seen a positive increase with 109 more respondents than Q1. A robust communications campaign has supported this and we also encouraged staff to fill in the survey at meetings, inductions and training. This support our drive to embed feedback and the NQPS as BAU and work will continue to develop the campaign after the National NHS Staff Survey has taken place. Quarter 4 will launch in January 2023. We received 301 unique comments. Key themes of comments: 70 in relation to rest/break areas, 66 in relation to support for staff, 27 relating to working from home, 24 relating to management, 14 relating to staffing, and 22 in					

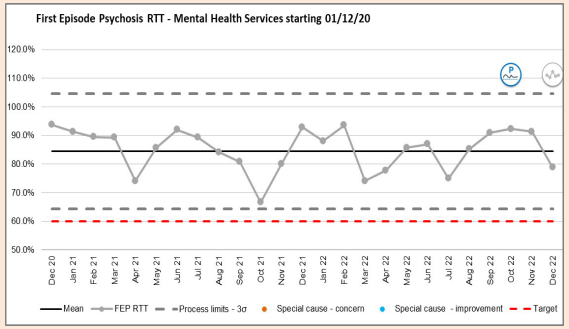
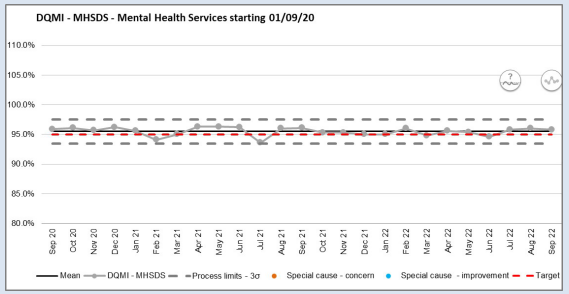
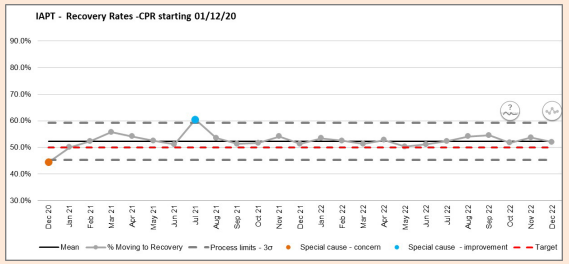
Quality of Care and Outcomes							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
		relation to training. Staff requesting adequate areas to rest and take breaks is still a notable theme through the comments.					
1.1 Never Event Committee: Quality Indicator: OF Data Quality RAG: **Blue**	0 Never Events **2021/22 Outturn 0**	0	●	Year to Date 0	●		N/A
1.6 Safety Alerts Committee: Quality Indicator: OF Data Quality RAG: **Green**	There will be 0 Safety Alert breaches **2020/21 Outturn 0**		●	Year to November there have been no CAS safety alerts incomplete by deadline.	●	Due to staff absences this data is not yet available for December.	N/A
3.1 MH Patient Survey Committee: Quality Indicator: Oversight Framework	Positive Results from CQC MH Patient Survey	The 2021 survey results have now been published. 1,250 EPUT clients were invited to take part, and 324 responded. This is a response rate of 27%. EPUT achieved “about the same” for 26 questions in the 2021 survey when compared with other Trusts. 2 questions scored “somewhat worse than expected”. These 2 questions fell under the NHS Talking Therapies domain.					

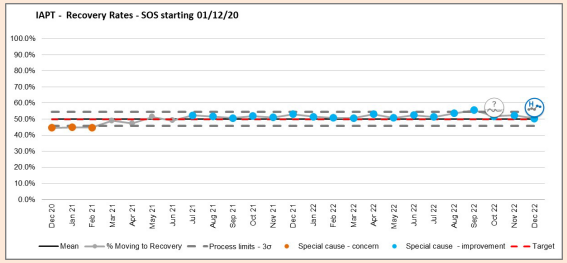
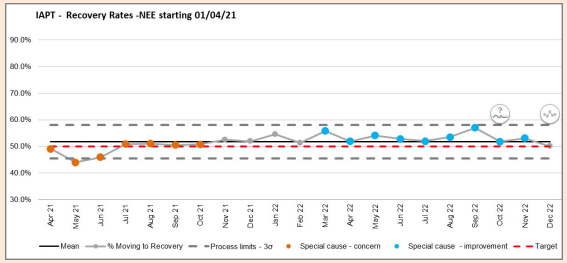
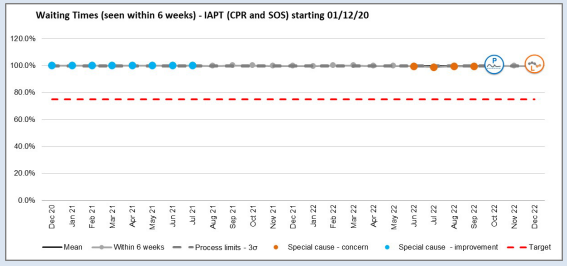
Quality of Care and Outcomes							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
Data Quality RAG: **Green**							
3.3 Patient FFT Committee: Quality Data Quality RAG: **Green**	3.3.1 Patient FFT MH response in line with benchmark Target = 88% (Adult Acute 2020 Benchmark 88%)	93.8%	●	I Want Great Care was implemented across the Trust from 23rd January 2022. We are awaiting further FFT configuration. We are hoping to hear from the I Want Great Care team shortly.	●	93.8% for the positive score in December. This is currently not split between MH and CHS.	
	3.3.2 Patient FFT CHS response in line with benchmark Target = 96%				●		
2.8.1 Mental Health Discharge Follow up Committee: Quality Data Quality RAG: **Blue**	2.8.1 Mental Health Inpatients will be followed up within 7 days of discharge **Target 95% Benchmark 98%** (Adult Acute 2020 Benchmark 98%)		●	Above Target = Good 	●	Data currently unavailable Discharge follow ups form part of EPUT's "10 ways to improve safety" initiative.	
2.4 MH Patients in Settled Accommodation Committee: Quality	We will support patients to live in settled accommodation **Target 70% (locally set)**	86.8%	●	Above Target = Good	●		N/A

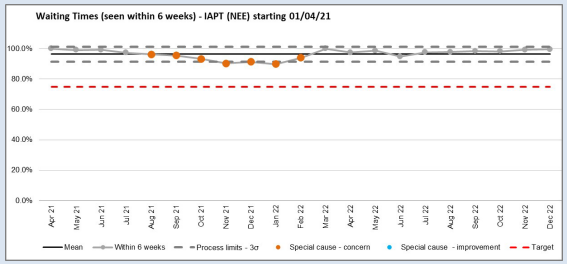
Quality of Care and Outcomes							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
Indicator: Oversight Framework Data Quality RAG **Green**							
2.5 MH Patients in Employment Committee: Quality Indicator: OF Data Quality RAG: **Green**	We will support patients into employment **Target 7% (locally set)**	39.8%	●	Above Target = Good 	●		N/A
1.8 Incident Rates Committee: Quality Data Quality RAG: **Amber**	Incident Rates will be in line with national benchmark **>44.33** Benchmark		●	Above Target = Good 	●	Due to staff absences this data is not yet available for December.	
1.15 Admissions to Adult Facilities of under 16's	0 admissions to adult facilities of patients under 16	0	●	Zero admissions in December	N/A		N/A

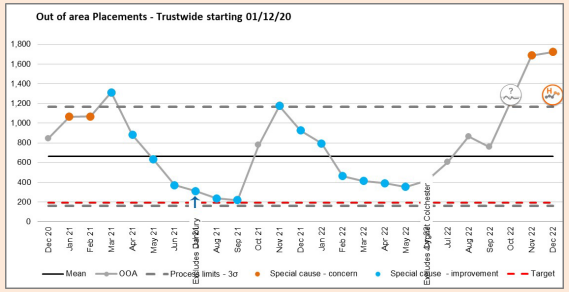
Quality of Care and Outcomes							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
 Committee: FPC Indicator: Oversight Framework Data Quality RAG: **Green**							

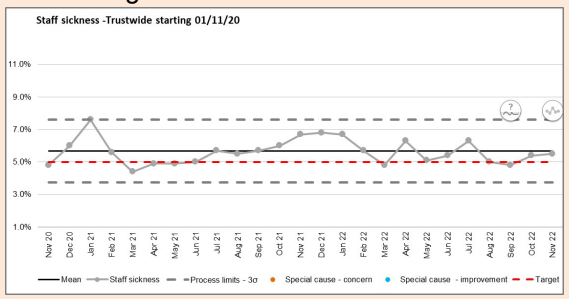
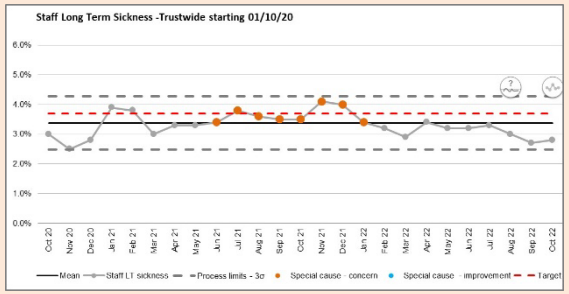
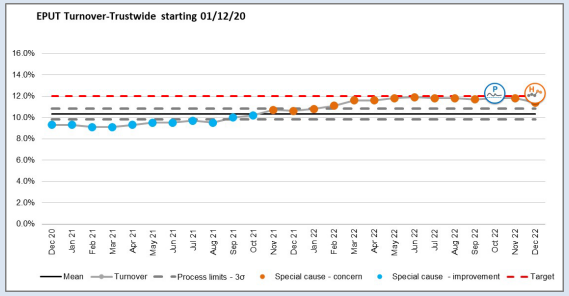
Click here to return to Summary

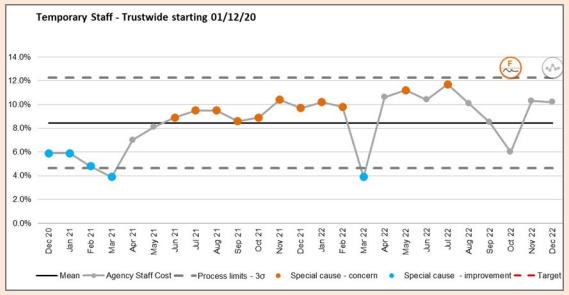
Operational Metrics							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
4.6 First Episode Psychosis Committee: Quality Data Quality RAG: **Green**	All Patients with F.E.P begin treatment with a NICE recommended package of care within 2 weeks of referral **Target 60%**	78.8%	●	Above Target = Good 	●	December performance represents: 26 / 33 patients.	N/A
2.2.1 Data Quality Maturity Index Committee: FPC Data Quality RAG: **Green**	2.2.1 Data Quality Maturity Index (MHSDS Score – Oversight Framework) **Target 95%**	95.8%	●	Above Target = Good 	●	Latest published figures are for September 2022. A Data Quality Improvement Plan for Mental Health has been produced to identify the areas of the MHSDS that we can improve upon.	
2.16.4/5/6 IAPT Recovery Rates Committee: FPC	2.16.4 IAPT % Moving to Recovery CPR **Target 50%**	52%	●	Above Target = Good 	●		

Operational Metrics							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
Indicator: National Data Quality RAG: **Green**	2.16.5 IAPT % Moving to Recovery SOS **Target 50%**	50.3%	●	Above Target = Good 	●		
	2.16.6 IAPT % Moving to Recovery NEE **Target 50%**	50%	●	Above Target = Good 	●		
2.16.7/8 IAPT Waiting Times ● Committee: FPC Data Quality RAG: **Green**	2.16.7 % Waiting Time to Begin Treatment – 6 weeks CPR & SOS **Target 75%**	99.5%	●	Above Target = Good 	●		

Operational Metrics							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
	2.16.8 % Waiting Time to Begin Treatment – 6 weeks NEE **Target 75%**	99.5%	●	Above Target = Good 	●		
2.16.9/10 IAPT Waiting Times ● Committee: FPC Data Quality RAG: **Green**	2.16.9 % Waiting Time to Begin Treatment – 18 weeks CPR & SOS **Target 95%**	100%	●	Above Target = Good	●		
	2.16.10 % Waiting Time to Begin Treatment – 18 weeks NEE **Target 95%**	100%	●	Above Target = Good	●		
4.5 Out of Area Placements ●	December has seen a further increase in out of area bed days, 1,722 (excluding Danbury & Cygnet). The current NHSE/I target has been set to 0 placements by the end of March 2023. There remains challenges in place for the atainment of this however the Trust is reassured that neighbouring organisations also face similar challenges in reducing their placements. The Trust does have comprehensive action plans in place to reduce placements, improve flow, and release capacity. 24 new clients were placed OOA (23 Adult & 1 PICU) in December, and following the repatriation of 27 (24 Adult & three PICU), there were 56 remaining (50 Adult & 6 PICU) OOA at the end of the month.						

Operational Metrics							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
Committee: FPC Indicator: Oversight Framework Data Quality RAG: **Amber**	Reduction in Out of Area Placements **Target: Reduction to achieve 0 OOA by end of March 2023**	1,722 Days	●	Below Target = Good 	●	Reducing Out of Area Placements forms part of EPUT's "10 ways to improve safety" initiative. Data excludes patients placed on Danbury Ward & Cygnet Colchester.	Mar 2023

Workforce and Leadership							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
5.3.1 Staff Sickness Committee: FPC Indicator: Oversight Framework Data Quality RAG: **Blue**	5.3.1 Sickness Absence consistent with MH Benchmark 6% **EPUT Target <5.0%**	5.5%	●	Below Target = Good 	●	The sickness figures are reported in arrears to allow for all entries on Health Roster. Sickness has increased slightly this month in line with usual seasonal trends. National data August 2022: The overall sickness absence rate for England was 5.0%. This is lower than July 2022 (6.1%) and slightly lower than August 2021 (5.1%). Anxiety/stress/depression/other psychiatric illnesses is consistently the most reported reason for sickness absence (25.5%). EPUT reported lower than the England average for this period at 4.8%.	
	5.3.2 Long Term Sickness Absence below 3.7% **Target 3.7%**	3.0%	●	Below Target = Good 	N/A		
5.2.2 Turnover Committee: FPC Data Quality RAG: **Green**	5.2.2 Staff Turnover (Benchmark 2020 MH 12% / 2017/18 CHS 12.1%) **OF Target TBC** **Target <12%**	11.4%	●	Below Target = Good 	●	Special Cause of concerning nature of higher pressure due to higher values. Performance remains outside of the limits of expected variation. Reducing Turnover forms part of EPUT's "10 ways to improve safety" initiative	N/A

Workforce and Leadership							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
5.7.3 Temporary Staffing (Agency) Committee: FPC Indicator: Oversight Framework Indicator Data Quality RAG: **Green**	**Inadequate** The proportion of temporary staff (Agency) has remained consistent in December at 10.2%, (10.3% in November). Recruitment and HR Business Partners are working with managers on a recruitment strategy and updates on usage is provided to them on a monthly basis.						
	5.7.3 Proportion of temporary Staff (Provider Return) No Oversight Framework Target	10.2%			N/A	The Operations and Medical have the highest spend on agency staff for the month	

Workforce and Leadership							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
5.5 Staff Survey Committee: FPC Indicator: Oversight Framework Data Quality RAG: **Green**	5.5 Outcome of CQC NHS staff survey					The 2022 Staff Survey launched on the 22nd September 2022 and has now closed. This year the biggest change was bank only workers being able to participate. The results of the survey will be produced in spring 2023. **<u>Information from the 2021 Staff Survey</u>** The Staff Survey ran from September to November 2021. This year saw the biggest change in how results were formalised. The themes have been aligned to the People Promise which means in some areas we are unable to compare results against previous years. The Trust was measured against nine themes in the 2021 Survey. EPUT scored above average in three themes, in line with average on three themes, and below average against three themes. **Actions:** • Internal Communications Campaign to share results after embargo is lifted. This is to be a regular item moving forward to ensure engagement and staff feedback is a continuous topic and agenda item at EPUT. A clear focus on 'you asked, we delivered'. • Focus groups with staff to understand the survey results co-create solutions/ actions to tackle from areas of focus below, share good practise and work on improvements in their local areas. • Focus groups to support with the development of a trust wide action plan. • Update to Engagement Champions with a focus on their role in sharing results and supporting with 'you asked, we delivered'.	

Workforce and Leadership							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				

Areas of Focus:

- We are recognized and rewarded-Pay, benefits, recognition and value.
- We each have a voice that counts-autonomy, empowerment, control and raising concerns.
- We are a team-Team working and Line management
- Morale-in relation to work pressures and particularly retention of staff.
- Discrimination in relation to ethnicity

Highlights of each theme:

Theme: We are Compassionate and Inclusive	**Score**
89% agree or strongly agree and 2% above average. In reference to questions about compassionate culture, we can celebrate the fact that people are fulfilled and can understand how their day-to-day role affects service users.	Average

Theme: We are Recognised and Rewarded	**Score**
My level of pay; 31.9% were satisfied or very satisfied and is 6% below the average. In employee surveys, questions on pay are traditionally lower scoring. There is an opportunity for us at EPUT to look at our overall benefits package for staff.	Below Average

Theme: We each have a voice that counts	**Score**
I am trusted to do my job; 92.1% agree or strongly agree and 1% above average. This is a positive story around autonomy and control and a very high scoring question.	Below Average

Theme: We are Safe and healthy	**Score**
I am able to meet all the conflicting demands on my time at work; 49% agree or strongly agree and 5% above average. This question really captures the context of how we are performing in comparison to other organisations like us. Work and staffing pressures are not unique to EPUT and actually, with this question, the average was 44.9%.	Above Average

Theme: We are always Learning	**Score**
It helped me to improve how I do my job; 25.2% selected yes definitely to this question on appraisals and this was 5% above average. This is a positive message on the impact of the new appraisal process.	Average

Workforce and Leadership							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				

Theme: We work flexibly	**Score**
I can approach my immediate manager to talk openly about flexible working; 78.3% selecting agree or strongly agree and 1% above average. Conversations around flexible working with line managers is scoring very well and is a positive message for work-life balance.	Average

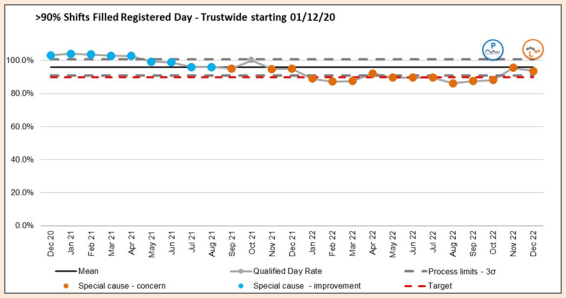
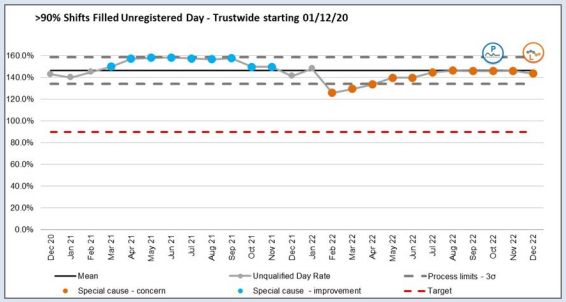
Theme: We are a team	**Score**
My immediate manager takes a positive interest in my health and wellbeing; 77.2% said agree or strongly agree In reference to the questions on line management, there is a positive message that shows that even through unprecedented circumstances and change, managers are showing resilience. Line managers often get a tough time, but the results show that managers are supporting.	Below Average

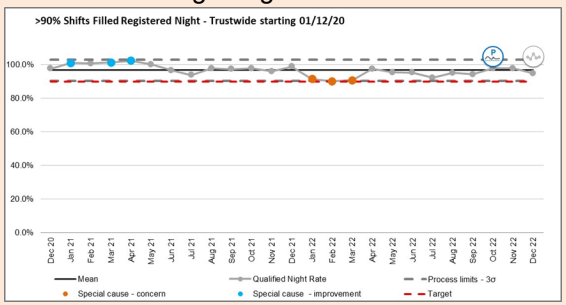
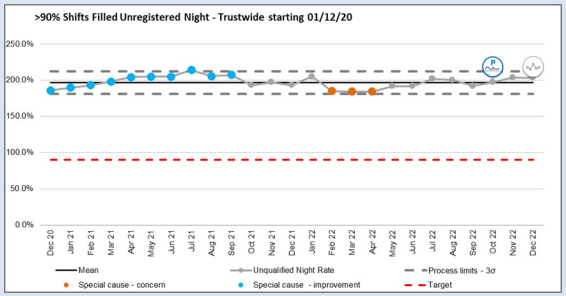
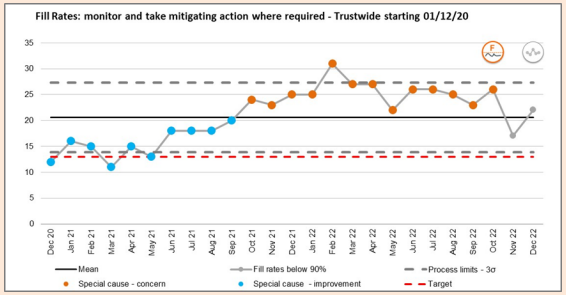
Theme: Staff Engagement	**Score**
I am enthusiastic about my job; 72% selected often/always and 2% above average. In reference to questions about motivation, here we can see that there is an opportunity for us here at the trust as despite the pressures our staff members are facing, they are still passionate about their roles and purpose.	Above Average

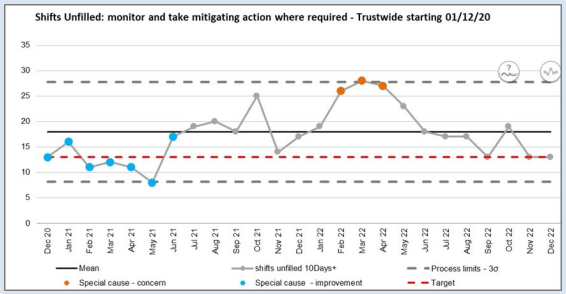
Theme: Morale	**Score**
I will probably look for a job at a new organisation in the next 12 months; 20.5% agreed/strongly agreed. In reference to questions relating to retention/ thinking about leaving, this area warrants concern as we already have staffing levels pressures.	Above Average

SECTION 5 - SAFER STAFFING SUMMARY

Click here to return to summary page

Safer Staffing							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
Please note that the below indicators do not include apprentices or aspiring nurses who are awaiting their pin and who are currently working on the wards. Safe staffing performance continues to be monitored by the Quality SMT and Quality Committee.							
Day Qualified Staff	We will achieve >90% of expected day time shifts filled.	93.6 %		Trend below target 		The following wards were below target in December: Adult: Ardleigh, Chelmer, Finchingfield, Galleywood, Adult Assessment: Peter Bruff CAMHS: Larkwood, Longview CHS: Cumberlege Centre, Beech & Poplar Nursing Home: Rawreth Court, Older: Ruby, Henneage Specialist: Edward House, Alpine, Rainbow, Fuji	N/A
Day Un-Qualified Staff	We will achieve >90% of expected day time shifts filled.	143.6%		Trend above target = good 		The following wards were below target in December: Adult: Finchingfield, Galleywood CHS: Avocet, Beech, Cumberlege, Poplar Specialist: Aurora, Rainbow Nursing Home: Rawreth Court	N/A

Safer Staffing							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
Night Qualified Staff	We will achieve >90% of expected night time shifts filled	94.9%		Trend above target = good 		The following wards were below target in December: Adult: Ardleigh, CHS: Cumberlege CAMHS:, Larkwood, Longview, Nursing Home: Rawreth, Clifton Lodge Specialist: Alpine, Rainbow Older: Tower, Beech, Henneage	N/A
Night Un-Qualified Staff	We will achieve >90% of expected night time shifts filled	202.9%		Trend above target = good 		The following wards were below target in December: CHS: Beech, Cumberledge Adult: Galleywood Specialist: Rainbow	N/A
Fill Rate	We will monitor fill rates and take mitigating action where required	22		Below Target = Good 	N/A	The following wards had fill rates of <90% in December: Adult: Ardleigh, Chelmer, Finchingfield, Galleywood Adult Ass: Peter Bruff CAMHS: Larkwood, Longview Nursing Homes: Rawreth Court,Clifton Lodge Specialist: Aurora, Alpine, Edward House, Fuji, Rainbow	N/A

Safer Staffing							
RAG	**Ambition / Indicator**	**Position M09**		**Trend**	**Nat RAG**	**Narrative**	**Recovery Date**
		Perf	**RAG**				
						CHS: Cumberledge, Poplar, Avocet, Beech Older: Henneage, Ruby, Tower, Beech	
Shifts Unfilled	We will monitor fill rates and take mitigating action where required	13		Below Target = Good 	N/A	The following 13 wards had more than 10 days without shifts filled in December: Adult: Ardleigh, Gosfield, Willow Adult Assessment: Peter Bruff, Basildon Assessment CAMHS: Poplar, Larkwood Older: Topaz, Tower, Henneage PICU: Christopher Unit Specialist: Fuji, Edward House	N/A

Fill Rates

	Day Rates		Night Rates		Day Rates		Night Rates		Day Rates		Night Rates	
	Oct-22				Nov-22				Dec-22			
	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED
TARGET >90%												
MH ADULT ACUTE												
ARDLEIGH WARD	55.8%	129.9%	61.6%	132.9%	60.8%	122.5%	74.7%	134.0%	45.8%	113.2%	62.5%	127.8%
CEDAR	87.3%	217.1%	108.1%	232.7%	108.5%	249.6%	107.0%	241.7%	102.9%	225.2%	107.6%	244.3%
WILLOW	83.7%	213.2%	119.4%	328.5%	115.3%	198.7%	108.2%	301.9%	108.0%	251.9%	97.3%	236.7%
CHELMER WARD	91.7%	347.2%	95.9%	661.3%	94.4%	365.5%	96.2%	633.0%	85.2%	367.3%	91.0%	658.3%
FINCHINGFIELD WARD	40.3%	68.9%	199.6%	155.1%	52.8%	82.9%	200.1%	177.1%	36.2%	77.1%	177.3%	201.7%
GALLEYWOOD WARD	60.9%	103.3%	98.4%	152.6%	53.8%	82.1%	98.3%	99.2%	63.5%	53.9%	93.3%	83.3%
GOSFIELD WARD	77.6%	239.3%	97.4%	403.2%	99.9%	230.0%	106.5%	412.4%	115.5%	234.5%	106.5%	428.3%
KELVEDON	107.9%	287.4%	116.0%	359.7%	117.5%	250.5%	108.7%	319.6%	142.3%	237.7%	114.5%	301.6%
STORT WARD	114.5%	192.3%	102.2%	387.0%	106.8%	215.8%	106.9%	449.4%	111.0%	226.3%	109.9%	446.7%
CHERRYDOWN	99.4%	262.9%	100.4%	382.1%	103.6%	319.0%	99.9%	463.3%	101.3%	336.5%	101.1%	442.8%
MH ASSESSMENT UNIT												
BASILDON MHAU	89.2%	362.1%	111.5%	435.2%	98.6%	346.0%	103.6%	411.9%	126.0%	345.6%	106.1%	418.5%
PETER BRUFF UNIT	78.8%	212.3%	92.3%	269.0%	68.3%	246.8%	98.4%	314.4%	63.9%	254.7%	98.4%	283.0%
MH OLDER ADULT												
BEECH (ROCHFORD)	69.3%	164.2%	90.4%	344.0%	97.5%	180.4%	106.3%	353.8%	97.7%	180.2%	84.9%	396.0%
GLOUCESTER	103.2%	136.8%	100.0%	181.5%	101.8%	112.0%	100.1%	138.6%	111.2%	131.2%	100.0%	183.1%
HENNEAGE WARD	84.2%	280.2%	91.8%	493.0%	70.5%	270.4%	93.4%	442.6%	69.0%	257.1%	84.8%	393.0%
KITWOOD WARD	111.4%	161.7%	139.3%	162.2%	120.3%	170.0%	143.3%	201.7%	122.1%	173.1%	138.4%	206.5%
MEADOWVIEW	74.4%	185.2%	92.0%	251.2%	90.1%	219.5%	99.9%	294.4%	100.6%	196.1%	100.0%	277.9%
RODING WARD	101.1%	162.9%	145.2%	156.1%	98.8%	140.1%	153.0%	115.0%	105.9%	139.6%	154.8%	140.3%
RUBY WARD	82.7%	300.1%	189.9%	230.6%	82.1%	249.6%	190.0%	171.5%	72.6%	234.4%	193.4%	182.0%
TOPAZ WARD	102.1%	116.1%	97.1%	346.8%	130.9%	126.6%	100.0%	450.3%	148.7%	153.3%	103.4%	465.7%
TOWER	60.8%	159.9%	61.2%	176.0%	112.8%	149.2%	83.6%	170.7%	106.4%	150.5%	62.4%	172.9%
MH ADULT PICU												
CHRISTOPHER UNIT	145.3%	194.2%	98.4%	253.7%	155.9%	182.4%	96.5%	237.7%	158.8%	160.4%	97.4%	201.7%
HADLEIGH PICU	118.7%	254.5%	112.1%	471.2%	119.7%	282.3%	135.4%	521.0%	108.7%	299.1%	112.8%	510.9%
MH ADULT REHAB												
IPSWICH ROAD	108.8%	102.8%	101.1%	196.8%	95.4%	95.6%	107.9%	197.0%	93.5%	94.2%	99.0%	187.5%
CAMHS SERVICES												
LARKWOOD	73.2%	163.7%	70.5%	232.1%	89.3%	198.6%	70.0%	151.1%	77.4%	171.2%	62.3%	150.7%
LONGVIEW	72.5%	148.9%	68.5%	102.2%	90.8%	162.8%	69.4%	248.6%	70.1%	165.8%	65.3%	258.1%
POPLAR	100.0%	77.2%	95.2%	107.4%	99.0%	236.2%	95.0%	277.1%	101.9%	234.0%	91.1%	301.7%

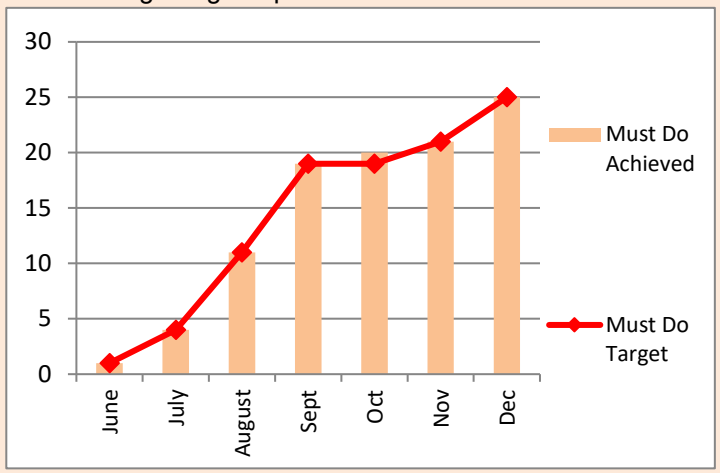
	Day Rates		Night Rates		Day Rates		Night Rates		Day Rates		Night Rates	
	Oct-22				Nov-22				Dec-22			
	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED	REGISTERED	UNREGISTERED
TARGET >90%												
SPECIALIST SERVICES												
EDWARD HOUSE	86.0%	137.8%	98.4%	116.0%	81.7%	156.2%	100.0%	142.6%	82.3%	156.1%	103.3%	133.1%
ALPINE	98.5%	125.0%	79.8%	113.1%	98.7%	131.6%	92.9%	104.6%	83.2%	104.9%	78.0%	110.6%
AURORA	100.7%	96.1%	100.0%	100.0%	99.4%	97.5%	100.0%	100.0%	110.1%	89.2%	100.0%	103.6%
CAUSEWAY	109.2%	134.4%	94.9%	111.9%	137.1%	128.6%	99.5%	114.1%	113.4%	117.3%	91.2%	108.2%
DUNE	95.1%	141.6%	93.8%	101.9%	98.3%	123.3%	95.2%	103.0%	95.0%	135.6%	100.1%	116.1%
FOREST	150.9%	130.1%	85.6%	96.8%	136.2%	112.9%	88.2%	96.7%	138.9%	105.3%	91.4%	93.6%
FUJI	87.1%	216.1%	94.5%	200.4%	97.9%	213.2%	102.6%	201.8%	85.8%	204.0%	92.9%	201.1%
LAGOON	85.5%	111.6%	91.2%	98.6%	94.4%	111.1%	97.1%	108.6%	92.0%	133.9%	104.0%	144.4%
ROBIN PINTO UNIT	111.3%	127.6%	95.9%	212.9%	144.2%	114.4%	101.7%	220.3%	130.2%	111.0%	106.5%	238.7%
WOODLEA CLINIC	126.4%	120.7%	147.3%	142.9%	131.7%	134.0%	142.9%	142.1%	124.2%	137.5%	183.9%	122.8%
RAINBOW UNIT	97.3%	67.7%	50.6%	80.5%	105.4%	92.7%	51.7%	118.2%	89.9%	48.5%	48.4%	68.2%
LEARNING DISABILITY SERVICES												
HEATH CLOSE	87.4%	132.7%	93.6%	135.5%	94.1%	133.3%	96.4%	110.0%	97.5%	122.8%	102.3%	136.6%
NURSING HOMES												
CLIFTON LODGE	99.6%	119.4%	90.2%	211.8%	126.6%	114.0%	93.6%	228.9%	114.2%	115.5%	88.7%	238.7%
RAWRETH	92.5%	88.1%	50.0%	172.7%	96.6%	94.9%	53.5%	192.4%	90.9%	87.6%	53.6%	192.0%
COMMUNITY HEALTH SERVICES												
CUMBERLEGE ICC	59.5%	58.4%	67.4%	81.9%	55.9%	54.5%	65.5%	79.3%	64.9%	54.6%	64.5%	81.2%
AVOCET	120.3%	97.5%	101.6%	145.4%	113.9%	87.0%	98.3%	116.1%	124.2%	83.9%	99.8%	110.8%
BEECH WARD	88.5%	94.4%	93.5%	91.2%	93.1%	88.8%	98.3%	86.1%	87.2%	86.5%	98.7%	84.3%
PLANE	105.2%	101.4%	103.5%	99.1%	100.7%	102.2%	106.7%	104.4%	107.0%	118.3%	100.0%	102.1%
POPLAR UNIT	100.0%	77.2%	95.2%	107.4%	96.9%	76.3%	101.7%	119.5%	87.1%	73.3%	98.6%	115.7%

Click here to return to summary page

SECTION 5 – CQC

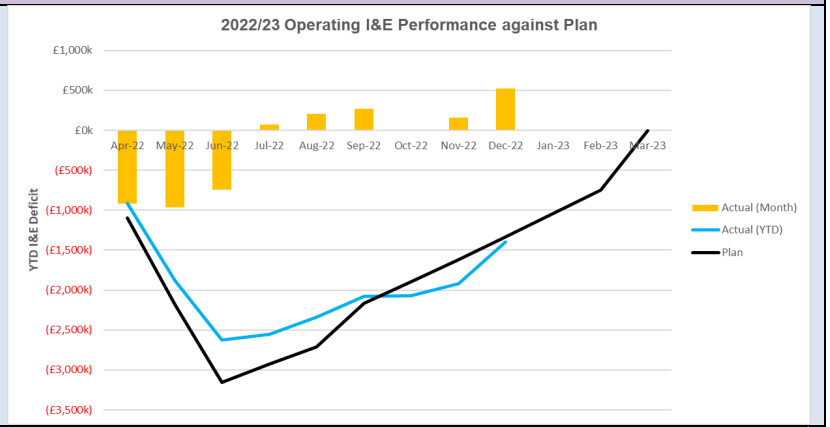
Click here to return to summary page

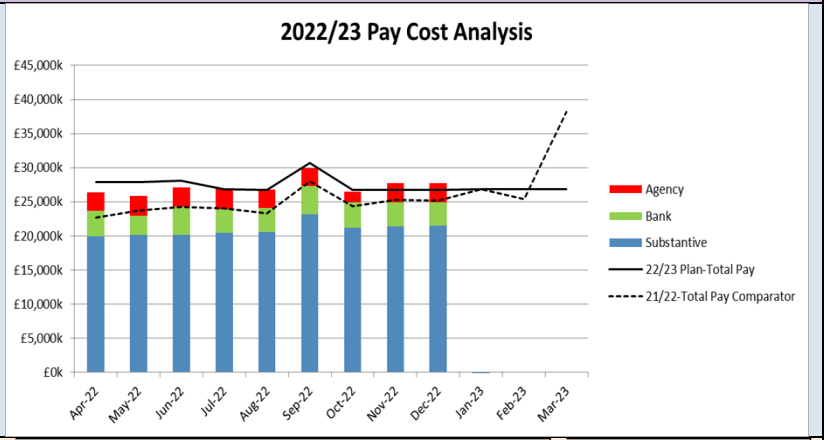
The CAMHS improvement planning group has continued to meet to take forward the actions and as at 21 December 2022 all 25 actions have been reported as completed.

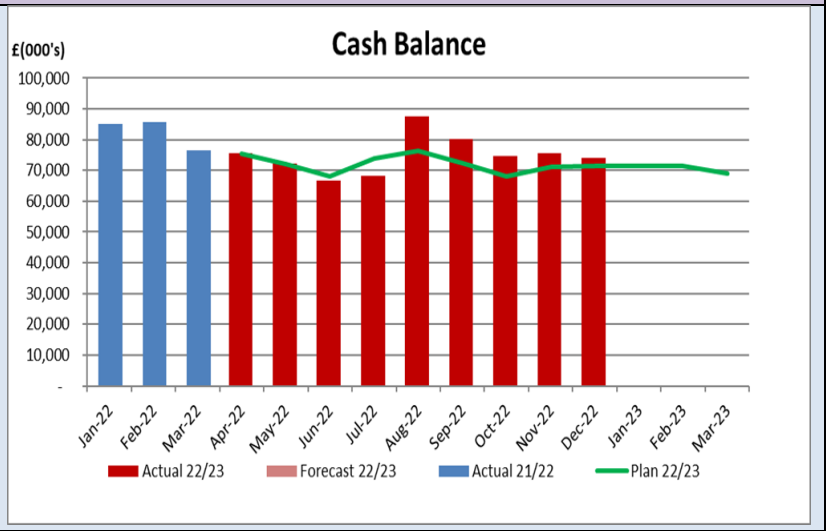
RAG	Ambition / Indicator	Position M9	Trend (above target = good)	Narrative
CQC Must do Actions	There will be 0 CQC Must Do actions past timescale	At the end of December 0 actions were past timescale	Achieve target = good performance 	0 CQC Must Do actions are past timescale at the end of December 2022

SECTION 6 - Finance

Click here to return to summary page

<table>
<tr><th>RAG</th><th>Ambition / Indicator</th><th>Position</th><th>Trend</th></tr>
<tr><td>Income and Expenditure</td><td>Income and Expenditure</td><td>During the period the Trust reported a £0.5m surplus which was £0.2m better than plan. The Year to Date position is £1.4m, consistent with plan. The Trust continues to forecast a year end breakeven position and delivery of its plan.</td><td> 
</td></tr>
<tr><td>Efficiency Programmes</td><td>Efficiency programme</td><td>During the period the Trust delivered a significant (£2.7m) scheme which has improved efficiency delivery. The Year to Date position is £7.8m against the plan of £11.2m, £3.3m behind plan. Additional mitigations continue to be identified to support the efficiency programme.</td><td>
<table>
<tr><th></th><th>Efficiencies £000</th><th>YTD Plan £000</th><th>YTD Delivery £000</th><th>YTD Variance £000</th></tr>
<tr><td></td><td>£000s</td><td>£000s</td><td>£000s</td><td>£000s</td></tr>
<tr><td>Identified</td><td>7,087</td><td>3,822</td><td>2,060</td><td>(1,761)</td></tr>
<tr><td>Unidentified</td><td>10,203</td><td>7,348</td><td>5,773</td><td>(1,575)</td></tr>
<tr><td>Total</td><td>17,289</td><td>11,170</td><td>7,833</td><td>(3,337)</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>RAG</th><th>Ambition / Indicator</th><th>Position</th><th>Trend</th></tr>
<tr><td>Temporary Staffing</td><td>Temporary Staffing Costs</td><td>In month temporary staffing was £6.3m (£6.3m in M8); bank spend £3.5m (M8 £3.5m) and agency spend £2.8m (M8 £2.8m). Increased deployment of International Recruitment nurses to operational areas has occurred and is assisting in reducing temporary staffing costs.</td><td> 
</td></tr>
<tr><td>Maximising Capital Resources</td><td>Maximising Capital Resources</td><td>The Trust has incurred capital expenditure of £6.4m, this is consistent with re-forecast plans. Increases in capital expenditure has occurred and the Trust continues to forecast delivery of the programme.</td><td>
<table>
<tr><td>Capital</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Annual Plan £000</td><td>YTD Original Plan Plan £000</td><td>Actual £000</td><td>Variance £000</td><td>YTD Reforecast Plan Plan £000</td><td>Actual £000</td><td>Variance £000</td></tr>
<tr><td>2021/22 Carry Forward</td><td>2,319</td><td>2,187</td><td>1,072</td><td>1,115</td><td>1,423</td><td>1,072</td><td>352</td></tr>
<tr><td>Business As Usual</td><td>3,873</td><td>3,857</td><td>1,552</td><td>2,305</td><td>1,695</td><td>1,552</td><td>144</td></tr>
<tr><td>Strategic Schemes</td><td>5,064</td><td>3,592</td><td>3,016</td><td>576</td><td>2,626</td><td>3,016</td><td>(390)</td></tr>
<tr><td>Charge against Allocation</td><td>11,256</td><td>9,636</td><td>5,640</td><td>3,997</td><td>5,745</td><td>5,640</td><td>105</td></tr>
<tr><td>Critical Cybersecurity</td><td>39</td><td>39</td><td>39</td><td>0</td><td>20</td><td>39</td><td>(20)</td></tr>
<tr><td>High Dependency Units</td><td>0</td><td>0</td><td>96</td><td>(96)</td><td>142</td><td>96</td><td>46</td></tr>
<tr><td>Mental Health ED</td><td>0</td><td>0</td><td>489</td><td>(489)</td><td>235</td><td>489</td><td>(254)</td></tr>
<tr><td>The Lakes - HBPOS</td><td>0</td><td>0</td><td>100</td><td>(100)</td><td>50</td><td>100</td><td>(50)</td></tr>
<tr><td>New Leases (fleet)</td><td>877</td><td>877</td><td>0</td><td>877</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>PFI Residual Interest</td><td>113</td><td>85</td><td>85</td><td>0</td><td>85</td><td>85</td><td>0</td></tr>
<tr><td>Net CDEL</td><td>12,285</td><td>10,637</td><td>6,448</td><td>4,189</td><td>6,276</td><td>6,448</td><td>(172)</td></tr>
<tr><td>Variance (%)</td><td></td><td></td><td></td><td>39%</td><td></td><td></td><td>(3%)</td></tr>
</table>
</td></tr>
</table>

RAG	Ambition / Indicator	Position	Trend
Cash Balance	Positive Cash Balance	Cash balance as at the end of M9 was £74m against a plan of £71.3m, £2.7m above plan.	

END

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Agenda Item No: 7b

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	25 January 2023

Report Title:	Learning from Deaths – Summary of Quarter 2 2022/23 Data and Learning					
Executive/ Non-Executive Lead:	Natalie Hammond, Executive Nurse					
Report Author(s):	Michelle Bourner, Learning from Deaths Co-ordinator					
Report discussed previously at:	Learning from Deaths Oversight Group Learning Oversight Sub-Committee Quality Committee					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	None	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	Yes	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	Not applicable	
Describe what measures will you use to monitor mitigation of the risk	Not applicable	

Project reports only:	
If this report is project related please state whether this has been approved through the Transformation Steering Group	Not applicable

Purpose of the Report		
This report presents to the Board of Directors: • Information relating to the context of mortality data and surveillance under the Trust's new Learning from Deaths arrangements; • Data relating to deaths recorded on Datix for Q2 2022/23 (1st July – 30th September 2022) together with updated information on the progress of mortality reviews for previous periods; and • Examples of learning and action taken as a result of learning from deaths since the last report to the Board of Directors.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report; and
2 Request any further information or action.

Summary of Key Issues

1. The Trust implemented a new Learning from Deaths Policy and Procedural Guidelines from 1st April 2022. The attached report provides information relating to the context and impact of these arrangements on the collation and reporting of data enabling the Trust to undertake mortality surveillance.

2. The report presents information that the Trust is nationally mandated to report to public Board meetings on a quarterly basis – ie the number of deaths in scope, the number reviewed and the assessment of problems in care; as well as the learning realised from reviewing deaths. Additional information is also included within the Trust's quarterly reports to provide additional assurance on inpatient / nursing home deaths and on the timeliness of learning from deaths processes within the Trust.

3. The new learning from deaths arrangements included a new definition for deaths which would be in scope for consideration for **mandatory** individual mortality review in the Trust (and thus also included within data reporting). This is detailed in paragraphs 2.1 – 2.2 of the attached report. In addition to these mandatory requirements, services are being encouraged to report on Datix (the Trust's incident management system) all deaths that are reported to them / brought to their attention. This increases the Trust's ability to learn from deaths locally, to undertake mortality surveillance and to identify potential learning opportunities.

4. It should be noted that all data in this report is taken as at 10/11/22 (as it is reported to the Learning Oversight Sub-Committee and Quality Committee prior to presentation to the Board). Any updates to information after this date will be included in future reports.

5. There were a total of **96** deaths reported on Datix for Q2 (including those not mandated for report). Full details are included in Section 3.

6. Of the 96 deaths reported on Datix in Q2, 7 were inpatient deaths and 6 were nursing home deaths. At the time of preparing the Quality Committee report, 3 of the 7 inpatient deaths and all 6 of the nursing homes deaths had been confirmed as due to natural causes. There were two inpatient deaths for which the confirmed cause of death was awaited from the Coroner and two which were due to unexpected unnatural causes. These deaths are all subject to Patient Safety Incident Response Framework (PSIRF) reviews.

7. A total of 188 out of the 195 deaths reported on Datix for Q1 and Q2 have been subjected to a Stage 1 review by local services (remaining n.7 being pursued). This level of reflection on clinical practice by services, introduced under the new learning from deaths arrangements, has strengthened the Trust's learning. The breakdown, at paragraph 3.4 of the attached report, of the level (Stage) of review to which deaths are ultimately being subjected, indicates that the increase in the proportion of deaths being subjected to a Stage 2 Clinical Case Note Review (and decrease in those being closed at Stage 1 desktop review or reviewed at Stage 3 full PSIRF arrangements), as compared to the previous mortality review arrangements, has continued for Q2. This is an intended outcome of the new arrangements as it enhances the Trust's ability to learn from deaths as a broader range of deaths are being subjected to clinical case note review.

8. The significant majority of deaths under the previous Mortality Review arrangements (2017 – 2022) have been assessed as having no problems in care (score 6). Under the new Learning from Deaths arrangements implemented from 1st April 2022, the previous 6 point scale for assessing problems in care has been replaced with the Royal College of Psychiatrists structured judgement review tool version which requires determination of whether a death was "more likely than not to have resulted from problems in care delivery or service provision" by EPUT. To date, there are no deaths that have

been assessed as being more likely than not to have resulted from problems in care delivery or service provision.

9. The Learning from Deaths Oversight Group also oversees information on deaths of patients under the EPUT element of the Essex Drug and Alcohol Partnership (EDAP) services. This information is included in the Q2 data in the attached report. It should be noted that these deaths are all subject to a collaborative multi-agency review process.

10. All learning disability and autism deaths are subject to review under the national LeDeR mortality review processes – again data is included in the attached Q2 report.

11. As the scope of deaths included has changed from the previous mortality review arrangements (see bullet point 3 above), there is no historic data prior to Q1 2022/23 against which to make comparisons for mortality surveillance purposes. As a result, the data for Q2 has also been analysed using previous scope arrangements in order to provide assurances that the Trust is not experiencing increases in death numbers across key services against historic data. This is detailed in Section 4 of the attached report. This indicates that figures for Q2 are in line with quarters not impacted by COVID-19 in previous years.

12. Given the shorter period of time elapsing between Q1 and Q2 reports to the Quality Committee (one month), the position in terms of previous years' deaths remains very similar to that reported in the last report with 5 having been concluded since the last report. At the time of writing the report, there were 29 deaths remaining open under the previous mortality review arrangements.

13. Details of key learning themes emerging and examples of actions taken as a result are included in the attached report. A full report on learning from deaths is presented to the Learning Oversight Sub-Committee on a monthly basis. This report also now incorporates learning from LeDeR, EDAP, end of life care and PSIRF death reviews to provide a holistic overview of all learning. From December 2022, the Learning from Deaths Co-ordinator joined the Learning Collaborative Partnership to directly feed in learning emerging from the review of deaths, to identify synergy with learning emerging from other workstreams and to ensure agreed actions for Trustwide learning. They are also to be directly involved in the development of the Trust's Safety Improvement Plans.

14. The format of future reports relating to learning from deaths is currently under review and thus the report for Q3 is likely to take a revised format, strengthening the focus on learning outcomes.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	✓
Data quality issues	✓
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	

Service impact/health improvement gains			✓
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			N/A
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
LDOG	Learning from Deaths Oversight Group	MRSC	Mortality Review Sub-Committee
EPUT	Essex Partnership University NHS Foundation Trust	LOSC	Learning Oversight Sub-Committee
LeDeR	National Mortality Review Programme for Learning Disability Deaths	SMI	Severe Mental Illness
PSIRF	Patient Safety Incident Response Framework	EDAP	Essex Drug and Alcohol Partnership

Supporting Reports/ Appendices /or further reading

Report on Mortality Data and Learning from Deaths for Q2 2022/23

"National Guidance on Learning from Deaths" *Quality Board March 2017*
https://www.england.nhs.uk/wp-content/uploads/2017/03/ngb-national-guidance-learning-from-deaths.pdf

"Implementing the Learning from Deaths framework: Key requirements for Trust Boards" *NHS Improvement July 2017*
https://improvement.nhs.uk/uploads/documents/170720_Implementing_LfD_-_information_for_boards_proofed_v2.pdf

Lead

Natalie Hammond
Executive Nurse

Agenda item: 7b
Board of Directors Part 1
25 January 2023

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

LEARNING FROM DEATHS
PUBLICATION OF MORTALITY DATA AND LEARNING
QUARTER 2 2022/23

1.0 PURPOSE OF REPORT

1.1 This report sets out:

- Information relating to the context of mortality data and surveillance under the Trust's new Learning from Deaths arrangements;
- Data relating to deaths recorded on Datix for Q2 2022/23 (1st July – 30th September 2022) together with updated information on the progress of mortality reviews for previous periods; and
- Examples of learning and action taken as a result of learning from deaths since the last report to the Board of Directors.

1.2 The format of future reports relating to learning from deaths is currently under review and thus the report for Q3 is likely to take a revised format, strengthening the focus on learning outcomes.

2.0 2022/23 MORTALITY DATA - CONTEXT

2.1 From 1st April 2022, new arrangements for learning from deaths were implemented across the Trust. This included a new definition for deaths which would be in scope for consideration for **mandatory** individual mortality review in the Trust (and thus also included within data reporting). This is as follows:

- All deaths that have occurred within Trust inpatient services (this includes mental health, community health and learning disability inpatient facilities).
- All deaths in a community setting of patients with recorded learning disabilities or autism. *All deaths of patients with recorded learning disabilities or autism, whether in an inpatient or community setting, will be referred into the national LeDeR programme and are thus subject to different review processes than other Trust deaths.*
- All deaths meeting the criteria for mandatory review under the Trust's Patient Safety Incident Response Framework (PSIRF) – both the nationally and locally determined categories. The review undertaken under the PSIRF constitutes the review of the death for the purposes of the Learning from Deaths Policy and Procedural Guidance.
- Any other deaths of patients in receipt of EPUT services not covered by the above that meet the national guidance criteria for a Stage 2 Clinical Case Note Review. These deaths will be any deaths where:
  - Family, carers or staff have raised concern about the care provided; or
  - The death was unexpected and the individual:
    - had a diagnosis of psychosis (including schizophrenia, bi-polar, episode of non-organic psychosis, personality disorder, complex and severe depression) or eating disorder during the last episode of care;
    - was an inpatient at the time of death or had been discharged from EPUT inpatient care within the last 30 days;

- was under the care of a Crisis Resolution Home Treatment Team at the time of death.

2.2 In addition, deaths of clients under the care of services provided by EPUT as part of the drug and alcohol services care pathway (EDAP) are subject to specific reporting and mortality review processes including a collaborative multi-agency review. These deaths are therefore also included within mortality surveillance data.

2.3 Regardless of the above mandatory requirements for a formal review, services are being encouraged to report on Datix (the Trust's incident management system) all deaths that are reported to them / brought to their attention. This increases the Trust's ability to learn from deaths locally, to undertake mortality surveillance and to identify potential learning opportunities. These reported deaths are also included in the data for Q1 & Q2 2022/23.

2.4 As the scope of deaths included has changed from the previous mortality review arrangements, there is no historic data prior to Q1 2022/23 against which to make comparisons for surveillance purposes. As a result, the data for Q1 & Q2 has not only been analysed in its totality under the new arrangements (detailed in Section 3 of this report) but also against previous scope arrangements to provide assurances that the Trust is not experiencing increases in death numbers across key services against historic data (detailed in Section 4 of this report). A decision will be taken in due course as to the period of time that analysis should be undertaken under both methodologies (ie at what point the Trust is satisfied that there is sufficient historic data under the new arrangements to provide assurances).

2.5 The Trust's established mortality data dashboard was amended from 1st April 2022 to enable recording of data in line with the new arrangements, whilst still retaining the ability to use the process as a validation exercise to ensure deaths are reported on both Datix and clinical information systems and that learning disability deaths have been reported to the national LeDeR mortality review programme.

2.6 It should be noted that all data in this report is taken as at **10/11/22** when the Q2 report was prepared for the Learning Oversight Sub-Committee and Quality Committee. Any updates to information after this date will be included in future reports.

3.0 Q2 2022/23 MORTALITY DATA – NEW SCOPE AND ARRANGEMENTS

3.1 There were a total of **96 deaths** reported on Datix for Q2 2022/23 under the new arrangements (including those not falling within the scope for mandatory reporting). This is consistent with the total number of deaths reported for Q1 (n. 99) and there are no significant variances between Q1 and Q2 data.

3.2 Of the 96 deaths reported in Q2, 7 were inpatient deaths and 6 were nursing home deaths. At the time of preparing the Quality Committee report, 3 of the 7 inpatient deaths and all 6 of the nursing homes deaths had been confirmed as due to natural causes. There were two inpatient deaths for which the confirmed COD was awaited from the Coroner and two which were due to unexpected unnatural causes. These deaths are all subject to Patient Safety Incident Response Framework (PSIRF) reviews.

3.3 All deaths reported on Datix (whether within "scope" for mandatory reporting or not) are now subjected to a Stage 1 review (or equivalent under EDAP / LeDeR) by a

senior clinician in the service (ie the Datix incident handler). Out of the 195 deaths reported for Q1 and Q2, 188 had had a Stage 1 review undertaken at the time of writing the report for the Quality Committee (23/11/22). This local service led review of service provision is an addition under the new learning from deaths arrangements and is significantly strengthening the ability to learn from deaths and to identify any deaths that would benefit from a more detailed Stage 2 Clinical Case Note Review (or Stage 3 PSIRF consideration). The timeliness of completion of Stage 1 reviews continues to be closely monitored on a monthly basis by the new Learning from Deaths Oversight Group and any concerns addressed.

3.4 The following Stages of review are being applied to the deaths reported on Datix occurring between 01/04/22 and 30/09/22 (some still subject to approval by Care Group Quality & Safety Groups):

Table 1: Breakdown of level ("Stage") of review Q1 & Q2 2022/23 deaths being subjected to

Level of review	Number of deaths Q1&Q2	As a percentage of total deaths Q1&Q2
Closed at Stage 1	**81**	**42%**
Automatically referred for Stage 2 review	31	16%
Manually referred for a Stage 2 review	15	8%
Total Stage 2	**46**	**24%**
Review taking place under **PSIRF** processes	28	14%
Review taking place under EDAP processes	14	7%
Review taking place under LeDeR	7	4%
Under determination	19	10%
Total	**195**	

3.5 The above table indicates an increase in the proportion of deaths being subjected to a Stage 2 Clinical Case Note Review and a decrease in those being closed at Stage 1 desktop review or reviewed at Stage 3 full PSIRF arrangements, as compared to the previous mortality review arrangements. This is an intended outcome of the new arrangements as it enhances the Trust's ability to learn from deaths as a broader range of deaths are being subjected to clinical case note review.

3.6 The increase in the proportion of deaths being reviewed under Stage 2 does however have an impact on clinical staffing resourcing and it has been necessary to increase the pool of reviewers to be approached to undertake these reviews. The majority of Stage 2 reviews have now been commissioned with only a small number remaining for identification of a reviewer.

3.7 The following table denotes the proportion of reviews of deaths that have been concluded and those that remain open at the date of writing this report. This is as follows:

Table 2: Number of reviews closed – Q1 & Q2 2022/23:

	Closed	Open
Q1 2022/23	47 (48%)	52 (52%)
Q2 2022/23	41 (43%)	55 (57%)
Total 2022/23 YTD	**88 (45%)**	**107 (55%)**

The deaths still open to review are predominantly those which are being reviewed via the Patient Safety Incident Response Framework (PSIRF arrangements), the EDAP multi-agency collaborative review process, the LeDeR national mortality review process and those that have been referred for a Stage 2 clinical case note review.

3.8 **Stage 2 reviews -** There are a total of 23 deaths in Q2 that have been identified for Stage 2 mortality clinical case note review. The majority of Stage 2 reviews have now been commissioned with only a small number remaining for identification of a reviewer. A new small sub-group reporting to the Learning from Deaths Oversight Group will undertake the scrutiny and approval of completed Stage 2 reviews. It is anticipated that the majority of these Stage 2 reviews will be completed (and thus learning be identified) in early 2023.

3.9 **LeDeR reporting validation -** It has been validated that all learning disability deaths requiring mandated LeDeR referral in Q1 and Q2 have been reported to the national LeDeR programme.

3.10 **Problems in care assessment -** Under the new Learning from Deaths arrangements implemented from 1st April 2022, the previous 6 point scale for assessing problems in care has been replaced with the Royal College of Psychiatrists structured judgement review tool version which requires determination of whether a death was "more likely than not to have resulted from problems in care delivery or service provision" by EPUT. All deaths closed at Stage 1 are automatically deemed to be less likely than not to have resulted from problems in care. The likelihood of deaths having resulted from problems in care is assessed as part of the Stage 2 review and PSIRF review processes – as such, any deaths subject to Stage 2 or PSIRF review processes have not yet been determined. The current position is therefore as follows (subject to approval by Q&S Groups):

Table 3: Breakdown of whether Q1 & Q2 2022/23 deaths deemed more likely than not due to problems in care by EPUT

Q1&Q2 deaths deemed less likely than not to be due to problems in care by EPUT	Q1&Q2 deaths deemed more likely than not be to due to problems in care by EPUT	Q1&Q2 deaths for which problems in care assessment under determination
88 (45%)	-	107 (55%)

4.0 Q2 2022/23 MORTALITY DATA – PREVIOUS SCOPE AND ARRANGEMENTS (FOR BENCHMARKING AND ASSURANCE PURPOSES)

4.1 An analysis has been undertaken of the Q1 & Q2 data using the previous "scope" categories and reporting groupings, in order to identify any trends of potential concern in relation to death numbers in established categories (as historic data under the new groupings does not yet exist). This indicates that reported numbers of deaths are in line with numbers reported under the previous arrangements for periods not impacted by COVID-19 and that the service breakdown also remains consistent with previous months.

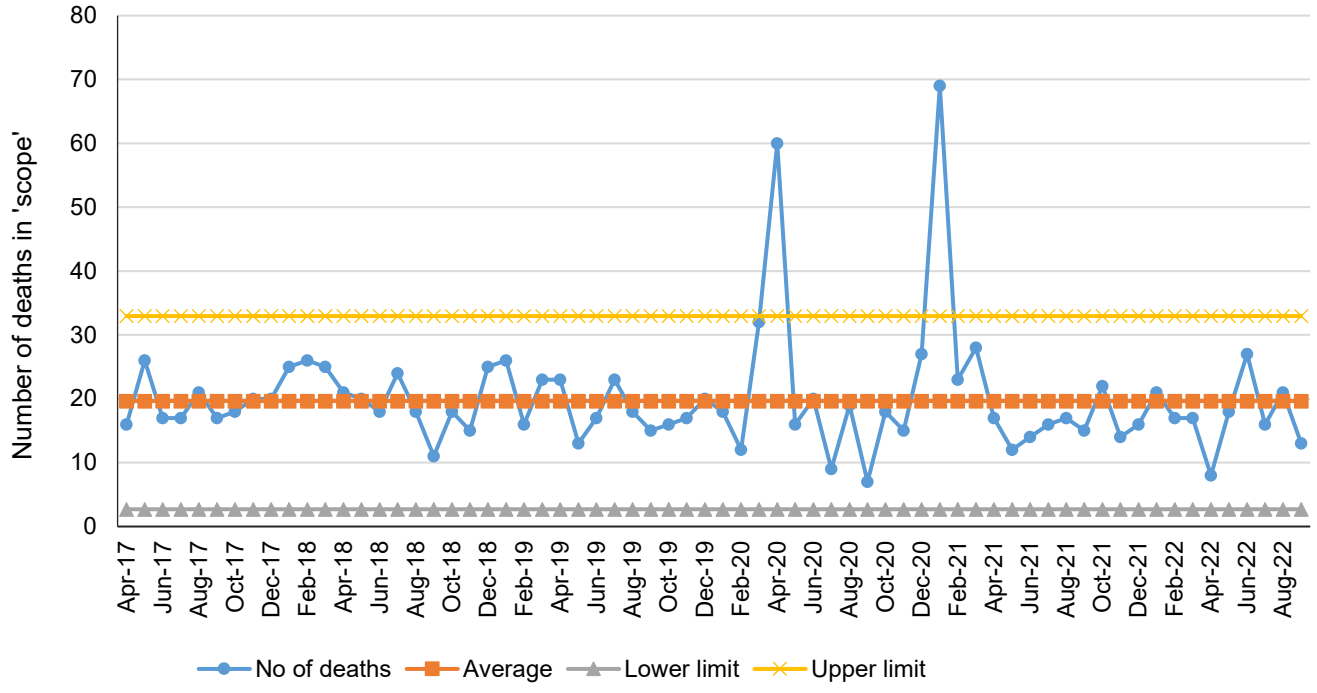
4.2 Details of the Q1 & Q2 deaths which fall within the previous scope are as follows:

Table 4: Q1 & Q2 2022/23 deaths falling within previous Mortality Review Policy scope

Period	Total 2018/19	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	Total 2019/20	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	Total 2020/21	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	Total 2021/22	April 2022	May 2022	June 2022	2022/23 Q1	July 2022	Aug 2022	Sept 2022	2022/23 Q2
Deaths in scope	235	53	56	57	62	228	96	35	60	120	311	43	48	50	55	196	8	18	27	53	16	21	13	51

4.3 Figure 1 below shows the total number of deaths that fell within the scope of the previous Mortality Review Policy each month in a Statistical Process Control diagram. The "control limits" (depicted by the horizontal dotted lines) are calculated via a defined statistical methodology and have been set based on 20 months historical mortality data (April 2017 – November 2018). This statistical tool is designed to help managers and clinicians decide when trends in the number of deaths should be investigated further. If the number of deaths in the month falls outside of the control limits this is unlikely to be due to chance and the cause of this variation should be identified and, if necessary, eliminated. Figure 1 below indicates that the number of deaths in scope in Q1 & Q2, using the previous scope, fall within control limits.

Figure 1: Control chart of EPUT deaths "in scope" of Mortality Review Policy



5.0 UPDATE ON PROGRESS ON CLOSURE OF DEATHS IN PREVIOUS YEARS (2017/18 – 2021/22)

5.1 The following tables outlines progress in closing deaths in previous years:

Table 5: Closed deaths 2018/19 – 2021/22

Year	Total deaths	Total closed	*(Figure in previous quarterly report)*	Closed at Grade 1 (DPRG)		Closed at Grade 2 (CNR)		Closed at Grade 3 (CIR)		Closed at Grade 4 (SI/PSIRF)		Under determ
2017/18	248	248	*(248)*	148	60%	11	5%	1	0.5%	88	35%	0
2018/19	235	235	*(234)*	148	63%	18	8%	0	0%	69	29%	0
2019/20	228	228	*(228)*	145	64%	16	7%	1	0.5%	66	29%	0
2020/21	311	307	*(307)*	226	73%	9	3%	0	0%	72	23%	1
2021/22	195	170	*(165)*	120	62%	1	0.5%	0	0%	49	25%	12

Table 6: Deaths remaining open 2018/19 – 2021/22

Year	Total deaths	Total open	*(Figure in previous quarterly report)*	Open Grade 2 (CNR)		Open Grade 4 (SI/PSIRF)		Open DPRG / queries	
2017/18	248	0	*(0)*	0	0%	0	0%	0	0%
2018/19	235	0	*(0)*	0	0%	0	0%	0	0%
2019/20	228	0	*(0)*	0	0%	0	0%	0	0%
2020/21	311	4	*(4)*	*3	1%	0	0%	1	0.5%
2021/22	195	25	*(30)*	*7	4%	**6	3%	12	6%

* 9 of these to be included in thematic review of non-patient safety incident deaths of people with SMI – to be undertaken January 2023 ** 5 = PSIRF in progress and 1 = stopclocked PSIRF

5.2 The following table outlines the current position in terms of "problems in care" scores under the previous arrangements for deaths occurring 01/04/18 – 31/03/22. All outstanding scores deemed as under determination are being pursued.

Table 7: Problems in care scores breakdown 2018/19 – 2021/22

Score	2018/19 Number	2018/19 (as a %)	2019/20 Number	2019/20 (as a %)	2020/21 Number	2020/21 (as a %)	2021/22 Number	2021/22 (as a %)
6 - definitely less likely than not	194	83%	176	77%	256	82%	121	62%
5 - slight evidence	22	9%	29	13%	23	7%	1	0.5%
4 - not very likely	11	5%	16	7%	8	3%	0	0%
3 - probably likely	6	3%	4	2%	0	0%	0	0%
2 - strong evidence	1	0.5%	0	0%	0	0%	0	0%
1 - definitely more likely than not	0	0%	0	0%	0	0%	0	0%
Under determination	1	0.5%	3	1%	15	5%	25	13%
PSIRF not scored	N/A	N/A	N/A	N/A	9	3%	48	25%
TOTAL	235	-	228	-	311	-	195	-

5.3 The above table indicates that the significant majority of deaths have been assessed as definitely less likely than not to have had problems in care which may have contributed to the death (score 6).

5.4 Those deaths assessed with a score lower than a 6 all had action plans associated with the findings of the review / investigation and their implementation was monitored.

5.5 Investigations under the Patient Safety Incident Response Framework (PSIRF) focus on quality learning outcomes and no "score" is allocated. This is reflected in the 2020/21 and 2021/22 columns in the table above.

6.0 LEARNING

6.1 A full report on learning from deaths is presented to the Learning Oversight Sub-Committee on a monthly basis. As well as learning from the Stage 1 and Stage 2 reviews under the new Learning from Deaths arrangements, this report now incorporates learning from LeDeR, EDAP, end of life care and PSIRF death reviews. This provides a holistic account of all learning emerging from deaths and has enabled the analysis of themes of learning emerging from all reviews.

6.2 The Learning from Deaths Co-ordinator became a member of the Trust's Learning Collaborative Partnership in December to directly feed in learning emerging from the review of deaths, to identify synergy with learning emerging from other workstreams and to ensure agreed actions for Trustwide learning. They are also to be directly involved in the development of the Trust's Safety Improvement Plans.

6.3 Key learning themes emerging from the review of deaths and some examples of actions being taken as a result include the following:

Key learning theme emerging	**Example of action being taken**
Physical health – the majority of deaths are from physical health causes, reinforcing importance of the effective management of physical health for mental health patients.	*The Learning from Deaths Co-ordinator is working closely with the Deputy Director of Quality and Safety leading on the physical health care agenda and is now a member of the Physical Health Sub-Committee to ensure learning is reflected in actions taken forward. The Trust's Nurse Consultant - Physical Health is facilitating a multi-agency workshop in February to share and explore learning from non-patient safety incident deaths of people with serious mental illness (SMI) and will be undertaking a further thematic review of deaths of patients within this group this month for report in the Spring.*
Communication - There are opportunities to strengthen communication to improve care of service user and following death (eg notification of death): • Within teams (ie across team members). • Between Trust teams (inc between inpatient and community settings, between providers of mental health and physical health care).	*A Trust team has reviewed their internal team processes including communication as a direct result of learning from the review of a death.* *The Learning Collaborative Partnership is exploring whether an internal system-based solution can be developed and introduced to support automated sharing of appropriate information between different services involved in the care of the same individual.*

• With partner agencies – acute, GP, social care, voluntary sector.	*An Integrated Care Board (ICB) representative, representing all 3 Essex ICBs, has joined the Learning from Deaths Oversight Group which will strengthen our ability to achieve solutions across different care providers.*
Record keeping – eg need to document reason for any closure of a referral, need to record next of kin in records, recording follow up phone calls.	*All the examples of learning in relation to record keeping are being fed into the development of the Trust's Safety Improvement Plans. A specific example of local action taken is a refinement has been made to a clinical system to flag an alert to the clinicians if the next of kin details field is not completed as a prompt to discuss this and seek details from the service user. This has also been discussed in the Learning Partnership Collaborative and the level of proactive promotion of the training workshops available in relation to record keeping has been increased.*
Referrals – eg ensuring partners are aware of roles available in EPUT to which referrals can be made.	*Again all examples of learning in relation to referrals ae being fed into the development of the Trust's Safety Improvement Plans. A specific example of a local action taken in response to specific learning is the service lead working with other services and partners to raise awareness of roles available within their service to which referrals could be made.*

6.4 Within reviews, examples of good practice were also noted including:

- Many deaths are expected deaths and there was positive feedback from families and carers in terms of end of life care.
- Good quality record keeping.
- Regular reviews, assessments discussed in timely manner.
- Good communication with patients and relatives, regular correspondence.

6.5 Over the coming months, it is anticipated that the volume of learning will increase as the **Stage 2 reviews** are completed and have been subject to the scrutiny and approval governance processes. This will be reflected in future reports to the Board of Directors.

7.0 ACTION REQUIRED

7.1 The Board of Directors is asked to:

- Note the contents of the report; and
- Request any further information or action

Report prepared by:
Michelle Bourner, Learning from Deaths Co-ordinator
On behalf of:
Natalie Hammond, Executive Nurse

		Agenda Item No: 7c
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	**Operating Plan Update**					
Executive/ Non-Executive Lead:	Alex Green, Chief Operating Officer Zephan Trent, Executive Director of Strategy, Transformation & Digital Trevor Smith, Executive Chief Finance Officer					
Report Author(s):	Anna Bokobza, Director of Strategy Lauren Gable, Director of Finance - Commercial					
Report discussed previously at:	Executive Team, Audit Committee, Finance and Performance Committee					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	BAF42 – Financial Plan & COVID	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	
	SR2 People (workforce)	
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Project reports only:	
If this report is project related please state whether this has been approved through the Transformation Steering Group	N/A

Purpose of the Report		
The purpose of this report is to update the Board of Directors on the process for development of the operational plan for 2023/24.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to

- Note the update on operational planning for 2023/24.

Summary of Key Issues

- The operational planning process for 2023/24 has commenced; detailed planning guidance was published by NHS England on 23 December 2022
- Building on the progress achieved last year, the proposed process for this year builds from that of last year and is designed to further increase alignment between financial, workforce and activity planning and support delivery of the early commitment in care unit strategic plans
- The local context for development of collaborative strategies and plans across local partnerships is complex and it is critical that EPUT's strategy and the wider mental health agenda is referenced appropriately

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	✓
Data quality issues	N/A
Involvement of Service Users/Healthwatch	✓
Communication and consultation with stakeholders required	✓
Service impact/health improvement gains	✓
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**	N/A
Governance implications	✓
Impact on patient safety/quality	N/A
Impact on equality and diversity	N/A
Equality Impact Assessment (EIA) Completed NO If YES, EIA Score	N/A

Acronyms/Terms Used in the Report			
ICB	Integrated Care Board	ICP	Integrated Care Partnership
JFP	Joint Forward Plan		

Supporting Reports/ Appendices /or further reading

Operational Planning for 2023/24
Appendix A: National NHS Objectives 2023/24

Lead

Alex Green
Chief Operating Officer,

Zephan Trent
Executive Director of Strategy, Transformation & Digital

Trevor Smith, Chief Finance Officer

Agenda Item: 7c
Board of Directors Part 1
25 January 2023

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

OPERATIONAL PLANNING FOR 2023/23

1. Background

1.1 Annual planning guidance was issued by NHS England on 23 December 2022, with financial guidance following and a compressed timescale for agreeing plans with Integrated Care Boards (ICB). It is anticipated that first drafts will be produced by each ICB for early February 2023 and a final submission to NHS England towards the end of March 2023, with executive sign off.

1.2 The key requirements described in the national planning guidance are summarised in appendix A. The national priorities for 2023/24 will be to:

- Recover our core services and productivity;
- As we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP); and
- Continue transforming the NHS for the future.

2. EPUT Service Portfolio

2.1 With regard to EPUT's service portfolio key headlines include:

- Increasing referrals into urgent community response from all key routes, with a focus on maximising referrals from 111 and 999 calls, creating single points of access where not already in place.
- Expanding direct access and self-referral into community health services where GP involvement is not clinical necessary, with requirements for some key services by September 2023.
- Primary Care targets for delivery by general practice under the Specialist Services care unit.
- Improving access to mental health support for more Children and Young People.
- Increasing the number of adults and older adults accessing IAPT services.
- 5% year on year increase in the number of adults and older adults supported by community mental health services.
- Working towards eliminating out of area placements.
- Improve access to perinatal mental health services.
- 75% of over 14s with Learning Disabilities receiving an annual health checks.

- <30 adults with Learning Disabilities per million in the population in inpatient units, and <12 for under 18s.

2.2 EPUT's process for operational planning commenced on 16 December 2022. This year it will be coordinated and facilitated by senior managers from Strategy, Finance, Digital and the People & Culture directorates, building from last year's process to further increase the alignment between financial planning, workforce planning, contracting with ICBs and delivery against the Trust's strategic objectives in year one of its new five-year strategy. The plans will be led by the Care Units. This will be a clinically and operationally led and corporately enabled process.

2.3 The objectives for the kick off workshop, which included care unit and corporate leadership teams, were to:

- Inject increased value into the annual planning cycle.
- Agree a set of principles to underpin the approach for this year.
- Introduce baseline activity, finance and performance data by care unit.
- Co-design the planning process for 2023/24.
- Establish a triangulation group that will meet regularly to co-ordinate the development of the plan during Q4 2022/23.

2.4 The principles agreed are:

- Iterative process balanced with realism as ICB-driven processes and starting points are not consistent.
- Aspiration to have 3-year rolling strategic plan but acknowledging that operational planning is still informed by ICB annual contracts and budgets.
- Commitments for 2023/24 are aligned to the delivery of at least one of the Trust's strategic objectives.
- There is commitment to a small number of deliverable commitments per care unit/corporate function, using the prioritisation framework that supports the Transformation front door approach.
- Outputs are owned by care units, working from Year 1 commitments being agreed through strategic planning process.
- There is acceptance of an iterative process, accepting a relatively late starting point and an aspiration for year-on-year evolution and maturation.
- We are working with commissioners on a journey towards outcome based measures.
- Corporate plans are developed and agreed in support of care unit strategies.

2.5 Executive oversight of the operational planning process is delivered through the Accountability Framework. As in previous years, the Audit Committee was asked to approve the proposed process for developing the plan on 12 January 2022. The Finance

& Performance Committee will be asked to consider the plan and recommend its approval to the Board once operational plans are finalised, in line with national and local planning timelines.

Report prepared by:
Anna Bokobza, Director of Strategy
Lauren Gable, Director of Finance (Commercial)

On behalf of:
Alex Green, Chief Operating Officer
Zephan Trent, Executive Director of Strategy, Transformation & Digital
Trevor Smith, Chief Finance & Resources Officer

Appendix A – National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

**ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;*

NHS
Essex Partnership University
NHS Foundation Trust

Agenda Item No: #8a

25 January 2023

Board Assurance Framework

Denver Greenhalgh
Senior Director of Corporate Governance

EPUT

CONTENTS

01 Introduction

02 BAF Dashboard

03 New Risks

04 Risks for Closure

05 Strategic Risks

06 Corporate Risks

07 Risk Movement

08 Useful Information

Board of Directors January 2023

NHS
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Purpose of the Report

The Board Assurance Framework is the overarching report relating to Strategic risks and Corporate risks.

The BAF outlines key strategic risks, linked to the strategic objectives. The risks (where appropriate) have a strategy underpinning them and will have longer-term actions with deliverables:

- Note new risk associated with Pharmacy Services continuing in a protracted period of business continuity.
- Note the reduction in risk score for CRR95 from 15 to 12 as targets have been achieved for the new vaccination programme.

From the next reporting period the report will include rating to the controls assurance sections within the risk on a page views.

Recommendations/ Action Required

The Board is asked to receive the BAF and CRR for review and information.

Corporate Impact Assessment or Board Statements for the Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	✓
Data quality issues	✓
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	✓
Financial implications:	Nil
Governance implications	✓
Impact on patient safety/quality	✓
Impact on equality and diversity	

NHS
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02 - BAF Dashboard

January 2023

EPUT

Strategic Risks

NHS
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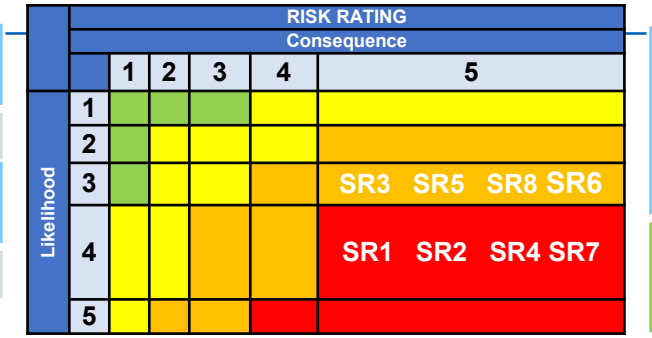
Existing Risks	Recommended New Risks	Recommended for Downgrading	Recommended for Closure
8	0	0	0

Risk Score Increases	Risk Score Decreases	No change in Risk Score	Risks Reviewed by owners	On RR more than 12 months
0	0	8	8	6



% Risks with Controls Identified	% risks with assurance identified	% risks with actions overdue
100%	100%	0%

ID	SO	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
Score 20+ (Existing risks)								
SR1	1	Safety	Safety, Experience, Compliance, Service Delivery, Reputation	NH	5x4=20	20 20 20	Rising demand for services; Government MH Recovery Action Plan; Covid-19; Systemic workforce issues in the NHS	• Zero never events and safety alert breaches YTD • Incident rates decreasing • Oversight by pan Essex Clinical Quality Review Group (CQRG) • Annual review of strategy planned to be presented to Board March 2023 – assurance on achievements • Revised Patient Safety Incident Response Plan under development.
SR2	2	People	Safety, Experience, Compliance, Service Delivery, Reputation	SL	5x4=20	20 20 20	National challenge for recruitment and retention	• Leadership team fully established and Employee Experience Managers in post • Appraisal compliance 78.5% • Bank to permanent conversions 187 (Nov 21 – Jan 23) • Here for You Steering Group with membership of ICBs • Pulse Survey live on a quarterly basis (3 cycles complete) • 184 international recruitment nurses (Jan – Dec 22) Target met • People Strategy being developed and will be an enabler to EPUT Strategy
SR4	All	Demand and Capacity	Safety, Experience, Compliance, Service Delivery, Reputation	AG	5x4=20	20 20 20	Covid-19. Long-term plan. White Paper. Transformation and innovation. National increase in demand on services. Need for expert areas and centres of excellence. Need for inpatient clinical model linked to community. Socioeconomic context & impact. Links to health inequalities.	• Discharge Co-ordinator roles recruited to. • Director of Operational Performance • Development and recruitment to care unit leadership structures complete • 79 discharges (including 29 long-stays) • Weekly meetings with Consultants established focusing on flow • Dashboard showing decrease in people with 28+ days length of stay • Care Unit service strategies drafted.
SR7	All	Capital	Safety, Experience, Compliance, Service Delivery, Reputation	TS	5x4=20	20 20 20	Need to ensure sufficient capital for essential works and transformation programmes in order to maintain and modernise	• Capital annual plan £12.3m. YTD spend £3.2m. £4.9m behind plan. • Capital Project Group reporting £14.3m

Strategic Risks

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ID	SO	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
Score <20 (Existing risks)								
SR6	All	Cyber Attack	Safety, Compliance, Service Delivery, Experience, Reputation	ZT	5x4=20	15 15 15	The risk of cyber-attacks on public services by hackers or hostile agencies. Vulnerabilities to systems and infrastructure.	• Purchased replacement iPhones to replace previous older devices which had known vulnerabilities • Early release of funding agreed for purchase of replacement legacy computing devices with known vulnerabilities • New cyber assurance manager role appointed to start in February with dedicated focus on cyber assurance. • Internal audit report approved and action plans in place.
SR3	All	Systems and Processes/ Infrastructure	Safety, Compliance, Service Delivery, Experience, Reputation	ZT/TS	5x3=15	15 15 15	Capacity and adaptability of the support service infrastructure including Estates & Facilities, ITT /Digital Systems, Estates, Finance, Procurement and Business Development/ Contracting to support frontline services. Recovery from HSE and Covid-19. Need to release clinical time.	• Establishment completed for Estates Team • Level 2 DSPT Pass • DTAC new assurance framework from NHSE for digital systems with evaluation criteria and contract longevity – implementation in planning • Consultations on finance, contracting, service development and transformation structures in consultation and implementation due 01 Feb 23 • Draft strategic plans completed – awaiting publication of Integrated Care Partnership strategy • Interim digital strategy in review • Accountability framework meetings embedded
SR5	1	Independent Inquiry	Compliance, Reputation	NL	5x3=15	15 15 15	Government led independent inquiry into Mental Health services in Essex	• Project Team expanded to meet increased ask • Letter sent to Secretary of Inquiry EMHI asking for urgent meeting and contact made through legal teams to connect, agree and sign off ISP
SR8	All	Use of Resources	Safety, Compliance, Service Delivery, Experience, Reputation	TS	5x3=15	15 15 15	The need to devolve financial management and ensure EPUT makes effective and efficient use of its resources.	• £2.3m below plan but £1.3m of under-delivery relates to a single scheme expected to deliver later than planned • Forecast break-even position and continues to assess risks and opportunities

Corporate Risks

NHS
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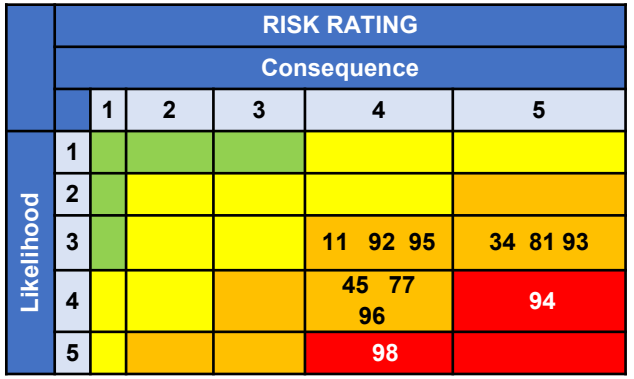
NHS Foundation Trust

Existing Risks	Recommended New Risks	Recommended Downgrading from SRR to CRR	Recommended Downgrading From CRR to DRR	Recommended for Closure
11	1	0	0	0

Risk Score Increases	Risk Score Decreases	No change in Risk Score	Risks Reviewed by owners	On RR more than 12 months
0	1	10	11	8



% Risks with Controls Identified	% risks with assurance identified	% risks with actions overdue
100%	100%	0%

ID	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
CRR94	Engagement and supportive observation	Safety, Compliance	AG	5x4=20	20 20 20	CQC found observation learning not embedded	• Project complete and new Policy and Procedure launched with revised training material • Pilot of e-observations completed and approved for roll out. • 23 wards scored 100% in Tendable observation audit with 7 wards scoring 90% or above (10 wards did not complete) • Observation and engagement focus in CQC inspection.
CRR98	Pharmacy Resource	Safety	NH	4x5=20	20	Escalation by ECN	• New risk escalated by Executive Chief Nurse
CRR11	Suicide Prevention	Safe	MK	4x3=12	12 12 12	Implementation of suicide prevention strategy	• Zero instances of preventable deaths • 19.3% downward trend in instances of self-harm • 95% patients have personal safety plan
CRR34	Suicide Prevention - training	Safe	MK	5x3=15	15 15 15	Implementation of suicide prevention strategy	• Trainers recruited • 95% staff completed dedicated suicide prevention training
CRR45	Mandatory training	Safe	SL	4x4=16	16 16 16	Training frequencies extended over Covid-19 pandemic leaving need for recovery	• November mandatory training 92% and 90.2% (against targets of 85% and 90%). • Increased number of TASI trainers and courses available – Nb. staff release continues to be challenging. Also need to address backlog in relation to temporary staff. • Venues -The Lodge room one available since 12/12/ 2022 following closure of vaccination centre.

Corporate Risks

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ID	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
Existing Risks cont'd							
CRR77	Medical Devices	Safe, Financial, Service Delivery	NH	4x4=16	16 16 16	Number of missing medical devices compared to Trust inventory	• Continuing to deliver the action plan to address internal audit recommendations.
CRR81	Ligature	Safe, Compliance, Reputation	AG/TS	5x3=15	15 15 15	Patient safety incidents	• Ligature rate remains in line with national benchmark • Ligature Risk Reduction Group has been reviewed with increased clinical representation • Basildon awarded Best External Environment in Best Patient Safety Initiative • September ligature training on target at 90% • Project continuing to look at electronic solution for actions • Phase 4 Capital Projects Programmes Group agreed funding • Garden Standards group continuing
CRR92	Addressing Inequalities	Experience	SL	4x3=12	12 12 12	Staff Experience	• EDI plan with four strategic pillars: culture and leadership, talent management and acquisition; recruitment and retention, and data • EDI plan aligned to vision and values, and objectives • WRES and WRDS action plans in progress
CRR93	Continuous Learning	Safety, Compliance	NH	5x3=15	15 15 15	HSE and CQC findings highlighting learning not fully embedded across all Trust services	• Discussions on joint development of ELIMS. • Accessing a trial pack from 03/10 from Allocate for safety dashboard • Lessons SOP circulated for comments • Quality Academy established • Life QI continues to be utilised • PDSA (Plan, Do, Study, Act) key approach
CRR95	Delivery of new vaccination programme	Service Delivery, Financial	NL	4x3=12	15 15 12	Vaccination focus has changed	• All targets achieved for the autumn vaccination programme • Supporting care homes and housebound • Recommend reduction in score to 12 (change of consequence)
CRR96	Loggists	Compliance	NL	4x4=16	16 16	Major incident cover	• Cover has been provided YTD • Continued need to extend identified pool of loggists and out of hours cover
CRR99	Safeguarding Referrals	Safety	NH	4x4=16	16 16	Escalation from operations and high increase in referrals	• Risk has been managed YTD • Continued need to address sustainability if caseload continues to be high

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03 - New Risks for Approval

January 2023

EPUT

New Risks for approval

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ID	Title	Impact	Lead	IRS	Potential Risk	Context	Key Controls and Assurances	Gaps
Executive – Executive Nurse								
CRR98	Pharmacy Resource	Safety Compliance	NH	IRS 4 x 5 = 20 Target 4x2=8 Date TBC	If EPUT is unable to fill new and pre-existing positions within the Pharmacy Services then there will be a protracted period of operating within business continuity leading to a reduced pharmacy service to our care units and potential impact in the wellbeing of our staff.	The need for full establishment in order to fulfil operational requirements. Current number of vacancies 25.2 (5.8 under offer, 1.6 interviews pending, 18.4 WTE -14 open adverts, posts with no applications 16.8 WTE – 12 adverts). **Consequence** of 4 is severe due to the possibility of continued service disruption through the work that the team cannot deliver and falls far short of business as usual (identified by HS). **Likelihood** of 5 is almost certain is based on the risk being realised at present and operating within business continuity measures	• Existing pharmacy team working within business continuity guidance • Use of agency and bank staff / support form patient experience team • Support from ICB with 2 x temporary pharmacists being seconded in progress • Case for investment approved by Executive Team • BCP in place and activated, List of activities that have stopped until the staffing position improves. • Detailed list of clinical and operational roles that are continuing. • Further business continuity actions defined for deployment should situation deteriorate.	• Vacancy factor for full establishment • ePMA project group established to develop updated business case.

04 - Risks Closed January 2023

EPUT

Nil Closed

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05 – Strategic Risks

January 2023

EPUT

SR1: Safety

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At a Glance:

If EPUT does not invest in safety or effectively learn lessons from the past (***Cause***), then we may not meet our safety ambitions (***Effect***), resulting in a possibility of experiencing avoidable harm, loss of confidence and regulatory requirements (***Impact***).

Likelihood based on: Incidence of incidents, non-compliance with standards (clinical audit outcomes) and regulatory sanctions imposed historically

Consequence based on: Avoidable harm incident impact and extent of regulatory sanctions

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	C5 x L2 = 10 (Mar '23)

Progress since last report:

- Board Safety Oversight Group highlighted good progress – annual review planned for Board March 2023
- Lessons team fully established
- Incident rates 42.9 which is below target and a trend of decrease through SPC analysis
- Deputy Directors Quality & Safety for professional nurse advocacy and nursing/ AHP strategy
- PSIRF First Year review of early adoption
- Video recorded and in development – launch in February 2023
- Revision of Patient Safety Incident Response Plan in progress.

Key Gaps in Assurance

- No Harm / Low Harm incidents >93% (Oct 22 – 69.8% MH and 72.9% CHS)
- PSI management team recruitment continues
- Embed new Quality and Safety Champion Network – launch with DDQS leads Feb 23.
- Reset and reflect on strategy to ensure still on track and in preparation for second annual progress report to Board. Links to Time to Care.
- Some clear reporting required on elements of Involvement and Engagement Strategy

Executive Responsible Officer:
Natalie Hammond, Executive Nurse
Executive Committee: ESOG
Board Committee: BSOG, Quality Committee

Actions (there are also a number of detailed actions beneath these – available on request)

Action	By When	*By Who*	*Gap: Control or Assurance*
1. Refresh Patient Safety Incident Response Plan	Jan 23	Moriam Adekunle Director of Safety and Patient Safety Specialist	Road Map
2. Deliver the Patient Safety Incident Response Plan	May 2023	Moriam Adekunle Director of Safety and Patient Safety Specialist	Controls
3. Deliver the Patient Safety Strategy (Safety First Safety Always)	End March 2023	Natalie Hammond Executive Chief Nurse	Road Map / Control
4. Culture of Learning Programme	July 22 and ongoing	Moriam Adekunle	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Patient Safety Incident Management Team and EPUT Lessons Team	Lessons Team fully established	Report Safety First Safety Always – Leadership	PSIRF first year review of early adoption
Learning Collaborative Partnership	Established with TOR	Reporting to LOSC/ Quality	Pan Essex CQRG
Quality & Safety Champion Network	Established through soft launch	Quality Committee	Pan Essex CQRG
Safety First Safety Always Strategy	Developed and under review	Annual Report to BSOG/ TB 0 Never events YTD 0 safety alert breaches YTD Review to Board Jan 23	CQC inspections
PSIRF; Complaints; Claims; Safety First Safety Always Strategy	Policy Register	PSIRF reports/ risk management reports/ complaints reports/ ESOG reporting cycle / Clinical Audits	IA Reviews inc PSIRF May 22 and Medical Devices Feb 22 Fundamental Standards CQC Benchmarking from NRLS
Range of learning platforms in place – thematic analysis/ EPUT Lab/ Quality Academy/ Lunchtime Learning/ Key messages / Quality and Safety Champions Network	Have been running and scheduled for future EPUT Lessons Team and Patient Safety Incident Management Team	Learning collaborative partnership Group; EPUT Lessons Learned Programme; LOSC; Quality and Safety meetings chaired by DDQS Learning from deaths oversight	Pan Essex CQRG
Intensive Support Groups	In place		
Nurse Advocates/ RISE leadership	12 nurses completed advocate training; phase 2 of RISE DDQS for professional nurse advocacy and nursing/ AHP strategy delivery		
PMO Support	Overall portfolio status. Progress on delivery of essential safety improvements and transforming projects. Established and working well	PMO reporting to ESOG and BSOG and TB	
Capital investment in patient safety	Progress on delivery of essential safety improvements	Report on enhancing environments	CQC CAMHS inspection safety improvements
Insight into wellbeing		Reports to ESOG and QC Culture of Learning progress report	

SR2: People

At a Glance:

If EPUT does not effectively address and manage staff supply and demand (***Cause***), then we may not have the right staff, with the right competencies, in the right place at the right time to deliver services (***Effect***), resulting in potential failure to provide optimal patient care / treatment and the resultant impact on safety / quality of care (***Impact***).

Likelihood based on: Establishment of existing and new roles verses the vacancy factor and shift fill rate Consequence based on: Impact of staffing levels on service objectives; length of unsafe staffing (days) through the sit rep return; staff morale; availability of key staff; attendance at key training.

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	C5 x L3 = 15 (Mar '23) C5 x L2 = 10 (Mar '24)

Progress since last report:

- 187 successful bank to permanent transitions (Nov 2021 to Dec 2022)
- Inpatient/ Specialist workforce improvement delivery plan for 2023/24 live and aligned to Time to Care transformation programme initiatives for recruitment and retention, culture development and temporary staffing
- Workforce systems digital strategy approval granted and workforce systems steering group now in place to deliver programme
- Sickness absence consistent with benchmark and long-term sickness absence below target (good) as New standards to support recruitment
- Employee Experience Road Map developed and moved to controls
- Leadership team fully established
- 6 out of 7 Employee Experience Managers appointed
- Key actions within strategy in progress – working differently, growing for the future, quality and safety mandatory training review and looking after our people
- 185 registered nurses recruited since Jan 22 and 72 student nurses on boarded
- 184 IR nurses arrived Jan-Dec 22 (target 185) – 25 RMNs and 158 RGNs with 70% recruited directly and 68 passed OSCE; 114 allocated to wards; 56 fit to go to wards
- People Strategy being developed as an enabler to the Trust Strategy.
- Turnover figure is 11.8% against a target of 12%

Key Gaps in Assurance

- Registration with RoATP application April 2023.
- Off agency framework for pharmacy
- Chelmsford and Rochford roles promotion campaigns pending
- Subject to business case approval 45 IR nurses and 19 IR AHPs to arrive by 31 March 23
- Temporary staffing (agency) is inadequate at 6%
- Vacancy rate is 13.8% against a target of 12%

Executive Responsible Officer: Sean Leahy, Executive Chief People Officer
Executive Committee: Executive Team
Board Committee: People, Equality and Culture Committee

Actions (note there are further detailed actions not included here)

Action	By When	*By Who*	*Gap: Control or Assurance*
Rolling recruitment programme	Jan 22 and ongoing	Matt Gall, Associate Director Resourcing	Control
Deliver International Recruitment Programme	December 2022 / Ongoing	Joseph Caldeira, Associate Director of International Recruitment	Control
Bank/Agency Conversion Programme	Ongoing to March 23	Matt Gall, Associate Director Resourcing	Control
Student Conversion/ transition to registered staff members	Ongoing to March 23	Annette Thomas-Gregory Director of Education & Learning	Control
Successful re-application to Register of Apprenticeship Training Providers	April 2023	Annette Thomas-Gregory Director of Education & Learning	Control
Time to Care Programme	December 2023	Paul Scott, Chief Executive	Control
Inpatient and Specialist Staffing Plan	December 2022	Matt Gall, Associate Director Resourcing	Road Map / Control
Develop People Commitments (strategic plan)	March 2023	Marcus Riddell, Senior Director of OD	Road Map
Develop, seek approval and implement Education and Learning Development Strategy	March 2023	Annette Thomas-Gregory	Road Map
Review long-term strategy for home working	March 2023	HR Lead Debbie prentice	Control
Review dignity, respect and grievance policy	Feb 23	Debbie Prentice, Head of Employee Relations	Control
Optimisation of workforce systems digital strategy	Sep 22 ongoing to Mar 23	Kelly Gibbs, Associate Director of HR	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
HR Team/ People & Culture Directors	Top team fully established 6 Employee Experience Managers	People and Culture Structure to PECC	
HR Policies	Policy Register	IA Reviews Workforce Reports to PECC	Ofsted inspection on 27th-29th July 2022 scoring good in all domains
Workforce Plans and strategies	Workforce Safeguards Workforce Establishment Reviews	Workforce Safeguards, Establishment Reviews and Reports to PECC; Smart Working Group	CQC inspections; NHSE Workforce Returns; System Workforce Returns / benchmarks
Employee experience road map	Developed		
Rolling recruitment programme	Recruitment team	Workforce Reports to PECC International Recruitment Steering Group (reports to ET)	
Retention programme	People and culture directorate	Reports to F&PC and PECC Turnover rate in performance report Safer staffing data	
Sit Rep Meetings	Staffing Sit-Rep	Quality and performance reports Emergency planning steering group Flow and capacity leads	CQC inspections
Use of Bank and Agenda Staff (when needed)	Staffing Sit-Rep	Workforce Reports to PECC	CQC inspection reports Use of Resources Assessment
Recruitment Branding	Branding in place from March '22	Direct Hire Numbers within the Workforce reporting to PECC	
Staff wellbeing	Engagement Champions	0 bullying and harassment incidents Turnover rate below target and starters above target	Pulse Survey Here for You Steering Group with ICB membership
Data reporting	Staffing sitrep	Safety huddle report to ESOG	Increase in Pulse responses and key themes identified

SR3: Systems and Processes/ Infrastructure

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At a Glance:

If our systems, processes and infrastructure do not continue to adapt to support clinical services(***Cause***), Then we may not have the right facilities/ resources to deliver safe, high quality care (***Effect***), Resulting in not attaining our safety, quality/ experience and compliance ambitions(***Impact***).

Initial risk score	Current risk score	Target risk score
C5 x 3L = 15	C5 x L3 = 15	C5 x L2 = 10 (Mar '23)

Progress since last report:

- Level 2 DSPT Pass
- BDO paper audit on processes now complete – assurance awaited
- New DTAC assurance framework from NHS Digital systems
- Estates structure implemented
- All required Deputy Medical Directors (5) and Deputy Directors of Quality and Safety (5)

Key Gaps

- Finance, contracting, service development and transformation structures, being consulted on, implementation expected 1 Feb 23
- Cyber assurance manager (now appointed to start in February)
- Review of interim digital strategy and alignment to EPUT strategy
- Implementation of DTAC framework
- Information governance training 92.9% September (target 95%)
- Ensure all actions are managed and there is a programme of work by which each Director will deliver the actions

Executive Responsible Officer: Trevor Smith, Executive Chief Finance and Resources Director & Zephan Trent, Executive Director Strategy Transformation and Digital
Executive Committee: Executive Team, ESOG
Board Committee: BSOG, Finance and Performance Committee, Audit Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
Fully recruit to all finance, resources, strategy, transformation and digital systems teams including agreeing portfolios and jointly funded posts	February 2023	Trevor Smith, Executive Chief Finance and Resources Director& Zephan Trent, Executive Director Strategy Transformation Digital	Control - Full establishment
Develop EPUT Strategy	January 2023	Zephan Trent, Executive Director Strategy Transformation Digital	Roadmap
Develop Commercial Strategy	Reviewing date – slippage due to EPUT strategy	Liz Brogan, Director of Contracting & Service Development Lauren Gable, Director of Finance Commercial	Roadmap
Develop Estates Strategy	August 2023	Linda Martin Senior Director of Estates and Facilities	Roadmap
Deliver Interim Digital Strategy	March 2027	Zephan Trent, Executive Director Strategy Transformation Digital	Control
Deliver on the Target Operating Model	End March 2023	All Executives with AG as lead	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Digital Systems, Estates and Facilities, Contracting and Business Development, Finance Teams	Establishment Support services		
Interim Digital Strategy Range of corporate, finance and IG policies Information Governance Framework		EOSC, Information Governance Sub-Committee, Digital Strategy Group Capital Group and PMO	NHS Digital Information Governance Toolkit
Information Governance Training		IG Training compliance reporting via Accountability Framework	
Investment in PMO, Capital Programme, E-expenses system, HIE		Weekly PMO/ ITT integration meetings Capital Planning Group	Access to data and services across system
Audit programme/ ISO in place		Audit Committee Internal Audit	CQC CAMHS inspection highlighted effectiveness of HIE BSI data external assessment

SR4: Demand and Capacity

NHS
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NHS Foundation Trust

At a Glance:

If we do not effectively address demands (***Cause***), Then our resources may be over-stretched(***Effect***), Resulting in an inability to deliver high quality safe care, transform, innovate and meet our partnership ambitions (***Impact***).

Likelihood based on: Length of stay, occupancy, out of are placements etc.
Consequence based on: Mismanagement of patient care and length of the effects.
Links to both inpatient and community.

Initial risk score	Current risk score	Target risk score and timescale
C5 x 4L = 20	C5 x L4 = 20	TBC

Progress since last report:

- Adult DTOC <5% December '22 3.7%
- All posts appointed to in Care Unit leadership structures
- Recruiting to Discharge Co-ordinator roles
- Director of Operational Performance in place
- All self-assessments against well led completed – report in development
- Individual Care Unit Service Strategies drafted
- Time to care in next phase
- Discharges 79 discharges (29 of whom were long stays)
- Weekly meetings with consultants focusing on patients clinically ready for

Key Gaps:

- October performance – qualified fill rate below target – mitigations in place. Target achieved for Day Qualified in both November and December '22.
- ALOS adult benchmark <35 December 73.7 Days, reduced from November however remains outside benchmark
- Adult benchmark <85% December 92.2%, this is within benchmark of 93.4%
- OOA 1,722 days in December, further increase from November '22.
- Cap on admission for two wards on risk basis. Managed by Care Leadership Team.

Executive Responsible Officer: Alex Green, Executive Chief Operating Officer
Executive Committee: Executive Operational Committee
Board Committee: Finance and Performance Committee, Quality Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
Embedding of Care Units (Operational and governance structures)	March 2023	Alex Green, Executive Chief Operating Officer	
Development of individual Care Unit Service Strategies	January 2023	Zephan Trent Executive Director Strategy Transformation & Digital	Road Map
Implement Service Delivery Strategy	March 2023	Alex Green, Executive Chief Operating Officer	Control
Development of Safety Dashboard	Feb 2023	Moriam Adekunle Director of Patient Safety	Assurance
Time to Care Programme	December 2023	Paul Scott, Chief Executive	Control
MH EUC Project (MSE)	Ongoing	Dr Milind Karale, Executive Medical Director	Control
Smart V1 reporting	March 2023	Zephan Trent, Executive Director Strategy Transformation & Digital	Assurance
GIRFT	March 2023	Alex Green, Executive Chief Operating Officer	Control
Inpatient Demand and Capacity Analysis	March 2023	Zephan Trent, Executive Director Strategy Transformation & Digital	Control
OOA Action Plan	March 2023	Elizabeth Wells, Director of Urgent Care and Inpatient Services	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Operational staff	Establishment		
Integrated Director posts covering Mental Health and physical health	Establishment		
Recruitment and Development of the Care Unit leadership structures.	Establishment		
Target operating model/ care unit development, Accountability Framework, Safety First, Safety Always Strategy, Flow and Capacity Policy, MAST roll out	Dedicated discharge coordinator	Accountability meetings	
MH UEC Project, MSE Connect Programme, Partnerships, Time to Care initiative, New ways of working and new digital solutions	Flow and Capacity Project	Purposeful admission steering group Mthly inpatient quality and safety group	Provider Collaborative(s) MH Collaborative Whole Essex system flow and capacity group
Service dashboards Daily sit reps	Updated OPEL framework DTOC 1.7% in Sep 22	Performance and Quality Report to Accountability Meetings and F&PC	
Skilled temporary workforce via Trust Bank	Bank establishment		
Business Continuity Plans	Emergency Planning		
Purposeful Admission Group	Therapeutic offer on wards	SMT and Accountability meetings Capacity and flow workstream	

SR5: Independent Inquiry

Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT is not open, transparent and has the correct governance arrangements in place (Cause) then it may not embed the learning from past failings (Effect) resulting in undermining our Safety First, Safety Always Strategy (Impact)

Likelihood based on: the possibility of not embedding the learning and poor CQC ratings as a result
Consequence based on: National media coverage, parliamentary coverage and a total loss of public confidence

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L3 = 15	C5 x L2 = 10 Target December 23

Progress since last report:

- Essex Mental Health Independent Inquiry still in phase 2, collecting evidence from a range of people
- Documentary evidence continues to be provided by the Trust
- NL/PS met with Secretary of State for H&SC and reviewing the risk as a result.
- CEO has written to Chair of Inquiry and meeting shortly
- Risk will be under review following discussion at BOD

Key Gaps:

- MOU and ISP remains a gap. NL has written to secretary of inquiry EMHII asking for urgent meeting, Contact made and legal teams to connect and agree and sign off
- Open letter from Chair of Inquiry highlighting lack of response from staff

Executive Responsible Officer: Nigel Leonard, Executive Director, Major Projects
Executive Committee: Executive Operational Committee
Board Committee: BSOG, Audit Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
Carry out internal audit on learning	March 23	BDO	Assurance
Respond to information requests	Ongoing	Gill Brice, Project Director	Control
Learning log in place	Ongoing	Gill Brice, Project Director	Assurance
Project Plan in place	Ongoing	Jade Line, Project Manager	Control
Project plan in place	Ongoing	Jade Line, Project Manager	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Project Team Independent Director and Independent Medical Consultant Advisor	Establishment Expanded to meet increased ask	EOC and Audit Committee oversight	Independent Director and Independent Clinical Advisor in place
Internal methodology for working with inquiry	In place	In place and used for reporting Project Group overseeing	As above
Inquiry Terms of Reference MOU and Information Sharing Protocol	In draft		
Learning Log	Log in place	In place and used for reporting to ET Audit Committee and BOD	
Exchange portal in place to safely transfer information to the inquiry	Data protection impact assessment	Reporting in place	Independent Director and Clinical Advisor
Deep dive into sample of deaths in scope over 20 year period	Completed and themes mapped.		
Deep dive in 13 prevention of future death notices	Completed and themes mapped.		

SR6: Cyber Security

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At a Glance:

If we experience a cyber-attack (***Cause***), then we may encounter system failures and downtime(***Effect***), **r**esulting in a failure to achieve our safety ambitions, compliance, and consequential financial and reputational damage (***Impact***).

Likelihood based on: Prevalence of cyber alerts that are relevant to EPUT systems.
Consequence based on: assessed impact and length of downtime of our systems

Initial risk score	Current risk score	Target risk score
C5 x L4 = 20	C5 x L3 = 15	C4 x L3 = 12 Inherent ongoing risk

Progress since last report:

- Purchased replacement iPhones to replace previous older devices which had known vulnerabilities
- Early release of funding agreed for purchase of replacement legacy computing devices with known vulnerabilities
- New cyber assurance manager role appointed to start in February with dedicated focus on cyber assurance.
- Internal audit report approved and action plans in place.

Key Gaps:

- Audit recommendations to be completed – overall moderate confidence level medium
- Cyber essentials plus re-certification
- Cyber assurance manager (now appointed to start in February)
- Business continuity plan and disaster recovery for each system
- Actions to meet gaps identified in Cyber Essentials Accreditation

Executive Responsible Officer:
Zephan Trent, Executive Director Strategy Transformation and Digital
Executive Committee: IG Steering Group, Digital Strategy Group
Board Committee: Finance and Performance Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
Appoint to Cyber Governance Manager	March 23	BDO	Assurance
Complete recommendations from internal audit	March 23	Adam Whiting Deputy Director, ITT and BAR	Controls and Assurance
Develop business continuity plan and disaster recovery for each system (using third party)	March 23	Adam Whiting Deputy Director, ITT and Business Analysis and Reporting	Controls and Assurance
Take actions to meet gaps identified in Cyber Essentials Accreditation – 1) replacement of desktops and laptops that cannot support latest version of Windows	March 23	Adam Whiting Deputy Director, ITT and Business Analysis and Reporting	Controls and Assurance

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Scanning systems for assessing vulnerabilities, both internal and through NHS Digital and NHS mail		Reporting into IGSSC with exception reporting to Digital Strategy Group	
Cyber Team in place – two appointments to be made	New Cyber Governance Manager post to act in independent role Existing Cyber Security Manager role	IGSSC	NHS Digital Data Security Protection Toolkit (DSPT) Cyber Essentials Accreditation
Range of policies and frameworks in place	Virtual and site audits Compliance with mandatory training	IGSSC; BDO internal audit May 22 – overall Moderate Confidence level Medium	As above MSE ICS IG & Cyber Levelling Up Project (annual)
Investment in prioritisation of projects to ensure support for operating systems and licenses			
IG & Cyber risk log	Risk working group 2022 complete – highlighted no risks vulnerabilities	IGSSC and Digital Strategy Group	DSPT Areas identified for upcoming BDO Audit
Business Continuity Plans and National Cyber Team processes		Successfully managed Cyber incident	Annual Testing as part of DSPT NHS Digital Data Security Centre, Penetration Testing, Cyber Essentials+
CareCert notifications from NHS Digital	Monitored and acted upon within 24 hours of their announcement	Reported to IGSSC	NHS Digital

SR7: Capital Resource

NHS Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT does not have sufficient capital resource, e.g. digital and EPR (***Cause***), then we will be unable to undertake essential works or capital dependent transformation programmes (***Effect***), resulting in non achievement of some of our strategic and safety ambitions (***Impact***).

Likelihood based on: percentage of capital programme unable to deliver / deferred
Consequence based on: what not delivered and the impact on the strategic plans.

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	5 x 3 = 15 March 23

Progress :

- Reforecast exercise undertaken including sign off from project leads and revised spend profile
- A number of tenders for material schemes were approved at September Board and are now progressing
- Business case developed for EPR convergence with additional capital resources identified

Key Gaps

- Key strategies to be developed
- Trust plan for 22/23 is £12.3m. YTD spend (M8) £5.1m compared to a re-profiled plan of £4.6m. £4.9m behind plan.

Executive Responsible Officer: Trevor Smith, Executive Chief Finance and Resources Officer
Executive Committee: Executive Team
Board Committee: Finance & Performance Committee

Actions

Action	By When	By Who	Purpose
Develop Estates Strategy (co-dependent on Clinical Strategy)	Mar 23	Linda Martin – Senior Director of Estates & Facilities	Road Map
Develop Updated Digital Strategy (co-dependent on Clinical Strategy)	Mar 23	Jan Leonard – Director of IMT	Road Map
Develop a medical devices replacement programme	Mar 23	Natalie Hammond – Executive Chief Nurse	Road Map
Horizon scan to maximise opportunities both regional and national to source capital investment	Ongoing to Mar 23	Simon Covill – Director of Finance	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Finance Team (Response to new resource bids and financial control oversight)	Team in place	Decision making group in place and making recommendations to ET, FPC and BOD	
Purchasing / tendering policies	Policy Register	IA reviews	
Estates & Digital Team (Response to new resource bids)	Team in place		
Capital money allocation 2022/23	Capital Project Group forecasting - £14.3m Reforecast exercise completed	Capital Resource reporting to Finance & Performance Committee	
Horizon scanning for investment / new resource opportunities	£New resource secured	Capital Resource reporting to Finance & Performance Committee	
ICS representation re: financial allocations and MH/Community Services	EPR convergence business case developed with additional capital resources identified	ECFO or Deputy Attendance at ICS Meetings; CEO or Deputy membership of ICB;	

SR8: Use of Resources

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT (as part of MSE ICS) does not effectively and efficiently manage its use of resources(***Cause***), then it may not meet its financial controls total
(***Effect***), Resulting in potential failure to sustain and improve services(***Impact***).

Likelihood based on: EPUT financial risk and opportunities profile
Consequence based on: assessed impact on long financial model for EPUT and the System

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L3 = 15	TBC

Progress since last report:

- Mid year financial review completed and forecasting break even
- Annual VFM by external auditors identified no significant weaknesses
- Key risk and opportunities assessments performed
- Assessment is being undertaken linked to planning guidance, system position and budget setting, which may lead to change in risk score.

Gaps:

- M8 YTD deficit is £1.9m, £0.3m over plan
- ICS is agreeing amendment to control target with national team

Executive Responsible Officer: Trevor Smith, Executive Chief Finance and Resources Officer
Executive Committee: Executive Team
Board Committee: Finance & Performance Committee

Actions (detailed actions sit under these)

Action	By When	By Who	Purpose
Improve financial maturity (Training and development for budget holders and business partners)	End March 2023	Lauren Gable Finance Director	Control
Efficiency workshops to identify remaining efficiency savings	End May 2022 (delayed due to additional national planning activities now Sept '22)	Simon Covill Director of Operational Finance	Control
Deliver Financial Efficiency Target (All Budget Holders)	End Mar 2023	Trevor Smith Executive Chief Finance Officer	Control
In year forecast outturn (FOT) and risk and opportunities assessments	End Sept 2023 (monthly thereafter)	Simon Covill	Assurance
Deliver Operational Plan 2022/23	End March 2023	Alex Green / Trevor Smith	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Finance Team (Response to new resource bids and financial control oversight)	Team in place		
Standing Financial Instructions Scheme of reservation and delegation Accountability Framework	Policy Register	Reports to BOD, Audit Committee, F&PC, ET and EOSC Accountability framework	Budgetary Management Internal Audit substantial assurance
Estates & Digital Team (Response to new resource bids)	Team in place		
Capital money allocation 2022/23	Capital programme	Capital Plan and Group reporting to EOSC and F&PC	
Fully identified efficiency target		Reporting to ET, F&PC, BOD	
Finance reporting	ECFO or Deputy Attendance at ICS Meetings CEO or Deputy membership of ICB	Capital Group, EOSC, F&PC Accountability Meetings	Nationally mandated controls
Budget setting	Completed mid year financial review and continues to forecast breakeven position. Key risk and opportunities assessments performed	Accountability framework reporting; Finance reporting to F&PC; National HFMA Checklist Audit	Annual VFM through external auditors identified no significant weaknesses

NHS
Essex Partnership University
NHS Foundation Trust

06 – Corporate Risks

January 2023

EPUT

CRR94: Engagement and Supportive Observation

Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT does not manage supportive observation and engagement; then patients may not receive the prescribed levels; resulting in undermining our Safety First, Safety Always Strategy

Likelihood of patients probably not received prescribed levels of observation and engagement

Consequence based on not meeting our Safety First Safety Always ambitions

Initial risk score	Current risk score	Target risk score
C5 x L4 = 20	C5 x L4 = 20	C5 x L2 = 10

Progress since last report:

- E-Observation pilot continuing
- 78% wards scored above 90% in June Tendable Audits (7% below 90% and 15% did not complete audit)
- Progress against CQC action plan
- Engagement and Supportive Observations Policy in place based on national guidance
- Resources ready for printing (prompt cards co-produced with patients)
- EPUT to join national group on engagement and supportive observation

Key Gaps:

- Some wards do not have Oxehealth for electronic recording
- Tendable audits not routinely reported on – spot checks to be undertaken
- Culture piece needed
- Mitigating actions related to staff
- Agreed to work up an additional risk on leadership and separately on fundamentals of care
- RAG rated amber on CQC action plan

Executive Responsible Officer: Chief Operational Officer

Executive Committee: Executive Operational Committee
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
E-Observation Pilot, outcome to be reported to ET	Ongoing	Jan Leonard	Control
Undertake annual audit using data from Tendable Follow up clinical audit in Q2	December 22	Katy Stafford DDSQ	Audit recommendations
Enhance with planned staffing improvements enabled by digital tools, engagement with AHPs and improved oversight through the Accountability Framework	Ongoing	Jan Leonard/ Katy Stafford	Assurance
Review on line training	September 22	Katy Stafford	Control
Collation of learning	Ongoing	Katy Stafford	Control
Development of KPIs	September 22	Richard James / Katy Stafford	Assurance
Review system and processes	December 22	Katy Stafford	Control
Establish Best Practice guidance for therapeutic engagement and supportive observations against trust policy	December 22	Katy Stafford	Control
Develop key point resources for ward learning and guidance	December 22	Katy Stafford Kelly Gibbs	Control
Development of Handbook for all staff including temporary on behaviours, standards and expectations	January 23	Moriam Adekunle	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Engagement and Observation Project	Project Group	Plan Complete and Group Closed	
Revised Observation and Engagement Policy		CG&QC Accountability Meetings	
Weekly ward huddles		Tendable Audits	
Electronic observation recording tool	In trial stage		
Comprehensive audits using Tendable	Audit Results via weekly huddles	June 2022 – 25 wards scored 100%	
Observation and Engagement E-Learning and Training Videos	8 week programme in place; Schwartz round pop up for inpatient areas; safety huddle week focus on TE&SO priorities; videos shared	Learning lessons report in place; Schwartz round feedback forms; reports from safety huddles	

CRR11: Suicide Prevention

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT fails to implement and embed its Suicide Prevention Strategy into Trust services; then it may not track and monitor progress against the ten key parameters for safer mental health services; resulting in not taking the correct action to minimise unexpected deaths and an increase in numbers

Likelihood based on possibility of not progressing against the ten key parameters for safety mental health services
Consequence based on not taking the correct action

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L3 = 12	C4 x L2 = 8 March 2023

Progress since last report:

- Working with Human Engine to further review strategy to bring in SMART principles.- strategy in draft for 2023-2025
- Strategic Suicide Prevention Commitments and Aims developed for 2023-2025
- Review of Suicide Prevention Group underway.
- Have identified 4 key priorities which are being monitored.
- Self Harm pilot project underway at a number of wards with enhanced funding to support utilisation of sensory approaches and increased activity coordinators. Positive initial feedback
- Preparing comms for suicide prevention awareness day
- New draft strategy to address gaps around accountability and priorities to be highlighted – to be reviewed by Care Groups and approved by March 2023
- Annual Report for Suicide Prevention Strategy Dec 22

Key Gaps:

Executive Responsible Officer: Executive Medical Director

Executive Committee:
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
Implementation of revised strategy, work plan and dashboard	March 2023	Nuruz Zaman	Roadmap
Align with Safety First Safety Always Strategy	March 2023	Nuruz Zaman	Clear strategic direction
Focus groups with patients and families and Research into family involvement in suicide	March 2023	Matt Sisto	Control
Implement outcome measures	March 2023	Nuruz Zaman	Assurance
Review approach to Safer Wards and Ligature risk	March 2023	Angie Butcher	Control
Introduce self-harm reduction pilot project	March 2023	Diane Luckie	Control
Comms and Engagement over September / October to mark Suicide Awareness Day and MH Awareness Day	Sept / Oct 2022	Nuruz Zaman / Comms	Assurance
Develop communications plan	Jan 2023	NZ/AB/ Comms	Assurance
Work with care groups to develop new governance arrangements around suicide prevention		NZ/SPG	Control
Work with care groups to review and amend Suicide Prevention Group Terms of Reference		NZ/SPG	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Identified Medical Lead	In place		
Support in place via Human Engine	In place		
Suicide Prevention Strategy 2021-23	Suicide prevention group	Overseen by Mortality Sub-Committee	Feedback from ICS leads
Ongoing communication and engagement with staff	Breaking the Silence Safety Plans		
Local reflective sessions			
Oxehealth digital monitoring			
Suicide prevention training			
Suicide prevention outcome measures	Zero instances of preventable deaths 19.3% downward trend in instances of self-harm	95% patients have Personal Safety Plan	

CRR34: Suicide Prevention - Training

NHS Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT does not train and support staff effectively in suicide prevention; then staff may not have the necessary skills or confidence to support suicidal patients; resulting in self-harm or death and a failure to achieve our safety first, safety always strategy

Likelihood based on the possibility of staff not having the necessary skills and confidence
Consequence based on a failure to prevent suicide and achieve our safety ambitions

Initial risk score	Current risk score	Target risk score
C3 x L3 = 9	C5 x L3 = 15	C3 x L2 = 6

Progress since last report:

- Trainers recruited
- Continuing comms to encourage staff to complete training
- Linking with Francis Stevens to develop training trajectory
- Discussing with STORM regarding availability of licences to non EPUT staff

Key Gaps:

- Training attendance – geographical distribution is a problem with face-to-face training. Some late non-attendees and call to return to practice halfway through course
- Quality Improvement Project currently on hold due to staff changed in senior nursing team
- Communications regarding training licence cover – licences only available to EPUT staff
- Clarity on who STORM training is for (not applicable to everyone)

Executive Responsible Officer: Executive Medical Director

Executive Committee:
Board Committee: .Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
Refresher course required due to attrition	Ongoing	Nuruz Zaman	Control
Move to STORM training	Dec 22	Nuruz Zaman Annette Thomas-Gregory	Control
Explore training offers and frequency	Ongoing	AT-G	Control
Develop improvement trajectory and report on suicide prevention training	Ongoing	Nuruz Zaman AT-G	Assurance
Develop a quality improvement project to address the barriers on completing the suicide prevention training	Ongoing	Nuruz Zaman	Control
Conversation with STORM about use of licence with temporary staff	Dec 22	AT-G	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Trainers	Recruited 8 trainers and 8 more being trained in New Year on STORM. Licenses in place. Facilitators trained.		
Training	7 x 2 day courses held on line; schedule arranged for 2023	Targeting inpatient units offering a blended approach	
Suicide prevention strategy	Sets out training requirements overseen by Suicide Prevention Group	Reporting to Mortality Sub-Group Annual Report	

CRR45: Mandatory Training

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT does not achieve mandatory training policy requirements
then patient and staff safety may be compromised
resulting in additional scrutiny by regulators and not meeting the IG Toolkit requirements

Likelihood based on possibility of compromising patient and staff safety
Consequence based on scrutiny by regulators and not meeting statutory requirements

Initial risk score	Current risk score	Target risk score
C4 x 3L = 12	C4 x L3 = 12	C4 x L2 = 8

Progress since last report:

- Attained a further 12 month's TASI accreditation from British Institute of Learning Difficulties (BILD), which EPUT is part of – working towards two year accreditation
- 8 trainers in place and further 8 being trained in STORM

Key Gaps:

IG Training Sep 22 92.9% against 95% target (improvement on August)
Face to face course attendance
Additional staff required to clear Covid backlog and meet annual update requirement for all staff (substantive/ temporary), will need 3 x additional trainers
Due diligence on proper equipment for physical training venues
Key courses of concern: BLS 94% 2 year 54% 1 year; TASI 90% 2 year 53% 1 year; Safeguarding 88% 2 year 70% 1 year
Mandatory training policy remains on extension

Executive Responsible Officer: Director of People and Culture

Executive Committee: Executive Operational Team.
Board Committee: People and Culture Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
Implement recovery plan	March 23	Training Team	Assurance
Review mandatory training policy	January 23 (on extension)	Annette Thomas-Gregory	Control
Work to give flexible workers equal priority on mandatory training	March 23	Training Team	Control
Increase TASI trainers	March 23	AT-G	Control
Review training locations as fit for purpose	Immediate and ongoing	AW/ AT-G	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Training Team	Established – current resource 8.5WTE		12 month TASI accreditation from BILD
Induction and Training Policy	Policy system		
Training Tracker	Managers check and provide oversight.	Reporting of training to PECC	
Training recovery plan		Sept training compliance above target	
Training days created for staff			
Monthly reporting to ET		Accountability. F&PC and PECC, ET and TB	
Training Venues	Training room identified at The Lodge		

CRR77: Medical Devices

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT does not track missing/ unregistered medical devices or address the clinical rationale/ pathway; then unsafe, non-serviced, non-calibrated and inappropriate devices may be in use; resulting in a failure to achieve our safety first, safety always strategy

Likelihood based on probability of inappropriate devices being in use
Consequence based on failure to meet our safety ambitions

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L4 = 16	C4 x L2 = 8 March 2023

Progress since last report:

- Concerns around resource available and seeking additional project team support.
- Medical device asset register currently being cleansed
- MDSO in place (Nick Archer)
- BCP received from Althea
- Submission of paper to ET re managing medical devices

Key Gaps:
Resource and capacity
No capital replacement programme in place
Point of care testing
Devices donated by ICBs not on asset register, lack of clarity and awareness
Inaccuracy of asset register
Assurance about quality of care when using untested kit
Template specific to medical devices

Executive Responsible Officer: Executive Chief Nursing Officer

Executive Committee:
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
Complete actions from recommendations in internal audit report	March 2023	Nick Archer	Assurance
Options appraisal for Capital replacement programme and Medical device replacement strategy	March 2023	Nick Archer	Control (Resource)
Medical Device Asset Register – cleansing project	March 2023	Nick Archer	Control (Asset register)
Options appraisal EPUT management of Medical Devices inc resource needed	March 2023	Nick Archer	Control (Clear resource)
Review Althea contract reporting	March 2023	Nick Archer	Assurance
Trialling process of reminder email to services before Althea visits	March 2023	Nick Archer	Control (Innovation)
Review of Policy and Procedure to ensure clear process and monitoring set out	March 2023	Nick Archer	Control (Policy)
Medical Device Management training	March 2023	Nick Archer	Control (training)
Introduce point of care testing	March 2023	Nick Archer	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Corporate Nursing Team and Datix Team including Head of Deteriorating Patient and Clinical Governance	Established	MDSO in place (Nick Archer)	
Medical Devices Group	Established and meets regularly	Overseen by Medical Devices Group	
Althea contract for device maintenance	Monthly KPI Report	Overseen by Medical Devices Group	
Procurement process in place Medical Devices Policy	Asset Register	Medical Devices Group oversee	Internal Audit Report Q4 2021/22 (Moderate / Limited Assurance)
Asset Register			
Incident Reporting			
BCPs in place		BCP received from Althea	

CRR81: Ligature

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT does not continue to implement a reducing ligature risk programme of works (environmental and therapeutic) that is responsive to ever changing learning, then there is a likelihood that serious incidents may occur, resulting in failure to deliver our safety first, safety always ambitions

Likelihood based on possibility of serious incidents
Consequence based on failure to meet safety ambitions

Initial risk score	Current risk score	Target risk score
C4 x L3 = 12	C5 x L3 = 15	C4 x L2 = 8

Progress since last report:

- LRRG Terms of reference – revitalised to improve clinical representation
- Integration of policy into approved one-page template
- Basildon awarded Best External Environment in Best Patient Safety Initiative
- September 22 ligature training on target at 90%
- Ligature rate audits (benchmark 42 per 10,000 beds) 45.5 (consistent trend in line with benchmark)
- ELFT independent review action plan – Sep 22 all actions bar 1 complete
- Discussions have taken place regarding a solution for the front-end electronic audit system
- Phase 4 CPPG agreed revenue funding and LRRG approved immediate completion of 52 high priority hinges
- Lakes user group established
- Business case drafted for review of Tidal training

Key Gaps:

- DTAs not in place in Brockfield House
- Ligature actions on 2 systems
- Ongoing issues with PFI provider
- Review of remaining 40 high priority hinges November 22

Executive Responsible Officer: Executive Chief Finance Officer / Executive Chief Operating Officer

Executive Committee: Executive Safety Oversight Group
Board Committee: Quality Committee

Actions (further detailed actions are included in the Ligature work plan)

Action	By When	By Who	Gap: Control or Assurance
Completion of ELFT Independent review Action Plan	March 2023	Head of Compliance and EPRR/ Comfort Sithole	Assurance
Identify right system for recording ligature actions (overseen by Project Group)	March 2023	Project Group	Control
Ensure EPUT environments meet environmental standards and Review environmental risk stratification document	Immediate and ongoing	Linda Martin	Control
Review standards on outdoor garden furniture to avoid raised fittings ligature risk	March 23	Linda Martin	Control
Specification of work for continued hinge replacement or change activities	November 22	Linda Martin Fiona Benson	Control
Further roll out of DTA to bedroom doors	March 23	Linda Martin Anthony Flaherty	Control
Review environmental risk stratification document	March 23	Linda Martin Fiona Benson	Control
Increase awareness and ownership of ligature reduction work	March 2023		Control
Review of Tidal training to see if this could be brought in-house	March 2023	Head of Compliance and EPRR/ Comfort Sithole	Control
Develop robust and systemic processes for disseminating learning related to ligature reduction. Link to Culture of learning project	December 22	Head of Compliance and EPRR/ Comfort Sithole	Assurance
Develop KPIs and dashboard to highlight progress on ligature reduction	September 22	Nicola Jones Richard James	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Ligature / Patient Safety Leads in Estates, H&S and Compliance Team	Established Project Group Plan	Ligature Project Group with revised TOR to improve clinical representation ESOG/ BSOG dashboards Accountability framework	Internal Audit BDO 2021 ELFT independent review 2021
Ligature Policy and Procedure	Ligature wallet audits	Overseen by LRRG ESOG and BSOG top priority	Internal Audit 2021 (all actions complete) ELFT Review (actions open) Awarded Best External Environment
Ligature Training	71 staff trained via TIDAL (as at July 2022)		
Trend analysis		Ligature Incident Rate 45.5 Sep 2022 (consistent trend in line with benchmark)	
Local area ligature network	Network established		

CRR92: Addressing Inequalities

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT does not address inequalities
then it will not embed, recognise and celebrate equality and diversity
resulting in a failure to meet our People Plan ambitions

Likelihood based on possibility of not embedding equality and diversity
Consequence based on a failure to meet our people plan ambitions

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C4 x L3 = 12	C3 x L2 = 6

Progress since last report:

- An EDI plan is currently being developed with four strategic pillars:
- This EDI plan is aligned with the Trust's strategic vision, values and objectives and about everyone taking an active role to reduce inequalities, respecting one another and building an open and equitable culture within our organisation that celebrates diversity
- WRES and WRDS action plans signed off by executives. Executives will become sponsors of the networks
- 6 Employee Experience Managers who will be trained on EDI – working with Transformation Team to embed EDI across EPUT

Key Gaps:
EDI Team gap in resource

Executive Responsible Officer: Executive Director of People and Culture

Executive Committee: Equality and Inclusion Sub-Committee
Board Committee: People and Culture Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
Establishment of EDI and Employee experience team	Dec 2022	Loraine Hammond	Control
Improve EDI learning offer for EPUT	June 2023	Lorraine Hammond	Control
Working on staff safety and closer alignment with LSMS	March 2023	Lorraine Hammond / Nicola Jones	Control
Develop culture which brings EDI into all Trust work streams	Dec 22 and ongoing	Lorraine Hammond	Control
Complete WDES and WRES Action Plan	June 2023	Lorraine Hammond	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Employee Team including Director	Established and 6 Employee Experience Managers in post. Project started with single front door.	Project resource	
Equality and Inclusion Policies	Policy System	Equality and Inclusion Sub-Committee with Exec lead PECC	
Range of equality networks and staff engagement methods	Established	Equality and Inclusion Sub-Committee	WRES and WDES (actions identified)
RISE Programme	In place	3 cohorts completed	Positive staff feedback

CRR93: Continuous Learning

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT does not continuously learn, improve and deliver service changes then patient safety incidents will occur and vital learning lost resulting in failure to achieve our safety strategy ambitions and maintain or improve CQC Good ratings

Likelihood based on the possibility of losing vital learning and patient safety incidents recurring
Consequence based on failure to meet safety ambitions and non-compliance with CQC fundamental standards

Initial risk score	Current risk score	Target risk score
C5 x L3 = 15	C5 x L3 = 15	C5 x L2 = 10

Progress since last report:

- This risk to include the actions identified from the work on SI themes. The role of the project was to identify themes and work with colleagues to ensure future work plans mitigate the risks. If there are barriers/ weaknesses identified the solutions sit with the relevant assurance/ clinical/ transformation group and not the project group that identified the themes. Project group has made recommendations that are to be taken forward by appropriate groups
- Video recorded and to be finalised Jan 23 with launch Feb 23
- Final PSIRF guidance published and EPUT PSIRF policy in train
- Significant learning from other Trusts incorporated into project
- Audit of learning from BDO audit has been shared at LOSC
- Awaiting connection of safety dashboard to Allocate
- Awaiting connection of Iwantgreatcare
- Proposal to Digital Strategy Group Jan 23 on EPUT safety and lessons management system
- Decision making tool approved by CRG and awaiting development of form on Datix
- Quality and safety network to be led by Deputy Director of Safety and Improvement (in post Feb 23) – establish network by Mar 23

Key Gaps:

- Embedding new processes
- Review of complaints
- Allocation of themes to relevant groups
- Amended Terms of Reference of each group to take forward work on themes

Executive Responsible Officer:
Executive Chief Nursing Officer
Executive Committee: Executive Safety Oversight Group.
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
Stakeholder communications plan and series of workshops scheduled and developing	Dec 22	Moriam Adekunle	Control
Review Human Engine process maps to incorporate into patient safety incident team standard operating procedure	March 23	Moriam Adekunle	Control
Review and explore learning from other organisations including non-NHS	March 23	Moriam Adekunle	Control
Develop new safety dashboard to go live status	Feb 23	Moriam Adekunle	Control
Develop Lessons Identified Management System (ELIMS)	Dec 22 and ongoing	Moriam Adekunle	Control/ Assurance
Review PSIRF process	March 23	Moriam Adekunle	Control
Establish Governance structure for Learning Lessons	Feb 23	Moriam Adekunle	Control
Develop and embed Quality and Safety Champions Network	Mar 23	Moriam Adekunle	Assurance
Develop learning information sharing	Dec 22	Moriam Adekunle	Control
Link into UCL partnership who are implementing a range of collaboratives as part of MH Safety Programme	Mar 23	Moriam Adekunle	Control
Systems – monitoring of new L3 process within Datix, review early adoption and ensure any required improvements are documented and actioned	Mar 23	Moriam Adekunle	Control
Develop QI methodology	Jun 23	Moriam Adekunle	Control
Improve consistency of team meeting agendas across specialist services inpatient wards	Jan 23	Scott Huckle	Control
Develop and socialise staff behaviour framework	Oct 22	MA	Control
Internal Audit to be asked to review the process of identification and allocation as part of the annual audit programme	2023/24 audit programme	NL	Assurance
Allocate all identified themes to the appropriate clinical/ assurance/ transformation group	Dec 22	Project Team	Control
Ensure Terms of Reference for clinical/ assurance/ transformation groups include identified themes	Jan 23	Denver Greenhalgh Executive Leads	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Patient Safety Incident Management Team	Established		
Quality and Safety Champion Network	In place		
Learning Collaborative partnership meeting and Learning Oversight Committee	In place	Reporting to Quality Committee	Pan Essex CQRG
Adverse incident policy inc PSIRF SOP and People and Culture Policies	Policy system	60% reduction in conduct cases 2021/22	
Range of initiatives via culture of learning project			Internal audit completed – awaiting results
Tackling bullying and harassment in the NHS	Pilot launching Nov 22 and integrate into ways of working by March 23. Funding granted		

CRR95: Delivery of new vaccination programme

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT is uncertain of its role and available budget to deliver the autumn vaccination programme
then then there may be significant cost and workforce shortfalls resulting in a challenge to delivering future programmes and potential reputational damage

Initial risk score	Current risk score	Target risk score
C5 x L3 = 15	C4 x L3 = 12	C4 x L2 = 8

Consequence – reduced as EPUT provision has reduced
Likelihood based on possibility challenges in delivering programmes

Progress since last report:

- Autumn programme complete – all targets reached. This is a real achievement and EPUT good news story
- Model moving to GP and Pharmacy Lead
- Closing majority of vaccination centres (exception Lodge)
- Working with each system re future mobile service that will continue to provide an offer for hard to reach groups (Q4)
- Working with system re potential for EPUT in spring / Autumn campaign
- Key delivery moving to operational services (School Imms and Outreach) to transition vaccination service to a BAU position.

Key Gaps: Asked to step up on half term vaccinations for children, will keep under review. Also waiting for JCVI recommendations for spring booster

Executive Responsible Officer:
Executive Director of Major Projects

Executive Committee: Executive Operational Team
Board Committee: Quality Committee.

Actions

Action	By When	By Who	Gap: Control or Assurance
Work with each system to develop system plans and joint vaccination programme	September 2022 Complete	Nigel Leonard	Roadmap
Review delivery models and associated costs	September 2022 Complete	Nigel Leonard	Delivery model and costings

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Mass Vaccination Team		Project Board	Delivered all targets
Internal plan to reduce direct and in-direct costs	Reviewed all delivery models and associated costs		
Block contract (with marginal rate tolerances) for activity between September and December 2022. Contract proposal £3m to perform 255,000 vaccinations	Worked with each system to develop system plans and joint vaccination programme	Delivered all contractual targets	
Transformation Board for Integrated Immunisation and vaccination service for Essex and Suffolk	Wellbeing outreach service for refugees and individuals on the margins	Workforce bureau and digitalized patient strategy	
Stepping down programme		Director of SAIS service	Reached target of 158,000 vaccinations

CRR96: Loggists

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT is unable to increase number of trained loggists and increase hours of availability for 24/7 then there may not be sufficient loggists available to log a major incident resulting in poor decision/ action audit trail in the event of a major incident occurring

Likelihood based on the probability of insufficient loggists
Consequence based on poor decision making and audit trail

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L4 = 16	C4 x L1 = 4 March 23

Progress since last report:
All EPRR incidents logged to date, even if by untrained loggists
Some training places now available and allocated to EPRR Team

Key Gaps:
- Insufficient loggists to cover significant period and none available out of hours
- Limited training currently available from region
- Some logging has been undertaken by staff who are untrained

Executive Responsible Officer:
Executive Director of Major Projects

Executive Committee: Executive Operational Team
Board Committee: Quality Committee.

Actions

Action	By When	By Who	Gap: Control or Assurance
Train more loggists	As training available from region	Nicola Jones	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Pool of trained loggists including EPRR team and Executive Director PA's	All EPRR incidents have been logged to date	Command structure	
Training	Training now available from region and EPRR staff prioritized		

CRR98: Pharmacy Resource

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT is unable to fill new and pre-existing positions within the Pharmacy Services then there will be a protracted period of operating within business continuity leading to a reduced pharmacy service to our care units and potential impact in the wellbeing of our staff.

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L5 = 20	C4 x L2 = 8 March 23

Consequence of 4 is severe due to the possibility of continued service disruption through the work that the team cannot deliver and falls far short of business as usual (identified by HS).

Likelihood of 5 is almost certain is based on the risk being realised at present and operating within business continuity measures

Progress since last report: New risk

- Looking at taking in unregistered capacity in dispensary in a grow our own approach.
- Dispensary Manager interview imminent.
- ePMA project group established to develop updated business case.

Key Gaps:

- High level of vacancies – 27.8 WTE vacancies out of an establishment of 63.8 WTE (appointments made to 8.4 WTE in post between Dec 22 & May 23) 13 open adverts for 17.6 WTE posts running several months with no applications
- Time to Care staffing model
- High turnover and sickness levels
- Structure of pharmacy team does not currently align to the new collaboratives and ICS boundaries
- Alignment with operational care unit structure
- Significant service disruption – anecdotal and internal reporting rather than quantifiable measures
- Team not delivering a comprehensive service
- Some need to use off-framework agencies with grade inflation
- Inconsistent agency staff
- Lack of ePMA (affects recruitment)
- Frequency of use of BCP to ensure presence of sufficient staff

Executive Responsible Officer:
Executive Nursing Director
Executive Committee: Executive Operational Team
Board Committee: Quality Committee.

Actions

Action	By When	By Who	Gap: Control or Assurance
Bring pharmacy team up to full establishment	Ongoing to March 2023	HS/ Recruitment	Control
Look into Datix reporting for pharmacy related incidents	Dec 22 and ongoing	Hilary Scott	Assurance
Time to Care – Staffing Model review	January 2023	Time to Care Steering Group	Control
Collaboration with HEE and HEIs to develop a sustainable pipeline of staff	Ongoing	Hilary Scott	Control
Review and Update Business Continuity Plan	February 2023	Hilary Scott	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Pharmacy Team	Current established staff (36)		
Use of agency and bank staff	Support from ICB secondment of pharmacists part-time (in HR process)		
Support from patient experience team			
Recruitment campaign	27.8 WTE vacancies out of an establishment of 63.8 WTE (appointments made to 8.4 WTE in post between Dec 22 & May 23) 13 open adverts for 17.6 WTE posts running several months with no applications		
Additional pharmacy team staff	£300k substantive staffing agreed - implementation in progress to fill posts		
Business continuity plan	BCP enacted		

CRR99: Safeguarding Referrals

NHS
Essex Partnership University
NHS Foundation Trust

At a Glance:

If EPUT is unable to manage the increase in safeguarding referrals then it may not adequately assess patients' needs resulting in compromised patient safety, wellbeing and compliance with safeguarding best practice and regulation

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L4 = 16	C4 x L2 = 8 March 23

Risk score is high based on only just being managed at present but is not sustainable. Safeguarding discussing with operational senior managers how to address the risk and resources to mitigate it.

Progress since last report:
Actions completed from CQC action plan – Sexual Safety guidance embedded at clinical sites through review of current practice and improvement plans – evidenced through guidance, safeguarding team audit, ward meeting minutes, improvement plans monitored through Safeguarding Sub-Committee
Bespoke training developed for mixed sex ward teams on sexual safety practices

Key Gaps:
- Challenge to meet timeframe and compliance with safeguarding policy
- Safeguarding forms do not populate within system. Double recording
- Datix do not close after completion and populate across systems
- Increase in safeguarding Datix (July 22)
- Increase in referrals, reliance on duty team results in less availability for other demands, increased demand results in less time for other clinical work
- No Mental Health Act and Safeguarding Sub-Committee meeting since September 22 due to CQC inspection and lack of quoracy
- Issues for escalation from MHSSC – completion of safeguarding enquiry forms; increase in safeguarding activity and complexity of cases; exploitation and trafficking of young people and vulnerable adults
- Impact of Dispatches programme and organisational safeguarding raised by ECC

Executive Responsible Officer:
Executive Chief Nurse
Executive Committee: Executive Operational Team
Board Committee: Quality Committee.

Actions

Action	By When	By Who	Gap: Control or Assurance
Continue additional hours	Immediate and ongoing	Team	Control
Review issue related to Datix sign-off risk	Jan 23	Datix Team	Control
Build supervision structure into new Perinatal Social Worker roles	Mar 23	Caroline Bogle	Control
Develop stepped model of safeguarding involvement	Mar 23	Tendayi Musundire	Control
Perinatal Social Workers to support development of role	Jan 23	Lynn Prendergast	Control
Undertake internal consultation on complex cases	Mar 23	Caroline Bogle	Control
Develop local system to monitor child safeguarding case involvement	Mar 23	Tendayi Musundire	Assurance

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Team establishment			
Trust safeguarding team			
Safeguarding policies and procedures			
Prioritisation for oversight of S17, S47 and MARAC requests in place for perinatal social work team – attendance at appointments and involvement in reports as well as attendance at statutory meetings on behalf of doctors	In place		
Safeguarding training			
Robust caseload management	Team managers monitor safeguarding caseloads		
Monthly safeguarding reports	Reporting in place		
Datix reporting	Datix investigation		
Monitoring – safeguarding supervision improved. Duty team picking up overflow of demand to respond to S17 and S47 requests (perinatal)			

07 – Risk Movement

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Risk Movement and Milestones

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Strategic Risk Movement – two year period (February 2021– January 2023)

Risk ID	Initial Score	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Risk ID
SR1 Safety	20									New	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR1
SR2 People	20									New	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR2
SR3 Infrastructure	15									New	15	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	SR3
SR4 Demand	20									New	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR4
SR5 Inquiry	20	20↔	20↔	20↔	15↓	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	SR5
SR6 Cyber	12	8↔	8↔	8↔	8↔	8↔	8↔	8↔	8↔	8↔	8↔	8↔	15↑	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	20↑	SR6
SR7 Capital	20																		New	20↔	20↔	20↔	20↔	20↔	20↔	SR7
SR8 Resources	15																		New	15↔	15↔	15↔	15↔	15↔	15↔	SR8

Strategic Risk Milestones – two year period (February 2021 – January 2023)

Risk ID	Initial Score	Time on SR/ old BAF	Feb 21	Mar 21	Apr 22	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Risk ID
SR1 Safety	20	>6 months									New	20														SR1
SR2 People	20	>6 months									New	20														SR2
SR3 Infrastructure	15	>6 months									New	15														SR3
SR4 Demand	20	>6 months									New	20														SR4
SR5 Inquiry	20	>1 year				15↓						SR														SR5
SR6 Cyber	12	>2 years											CRR	15											15	SR6
SR7 Capital	20	<6 months																		New						SR7
SR8 Resources	15	<6 months																		New						SR8

Risk Movement and Milestones

NHS
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Corporate Risk Movement and Milestones – two year period (February 2021 – January 2023)

Risk ID	Initial Score	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May2 2	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Risk ID
CRR11	16	12↔	12↔	12↔	12↔	12↔	8↓	12↑	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	CRR11
CRR34	9	9↔	9↔	9↔	9↔	9↔	9↔	15↑	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	CRR34
CRR45	12	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR45
CRR77	16		New	16	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR77
CRR81	12	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	CRR81
CRR92	20	New	20	20↔	16↓	16↔	16↔	16↔	16↔	16↔	16↔	16↔	12↓	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	CRR92
CRR93	15		New	15	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	CRR93
CRR94	16						New	16	16↔	16↔	16↔	20↑	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	CRR94
CRR95	20																		15	15↔	15↔	15↔	15↔	15↔	12↓	CRR95
CRR96	16																					New	16↔	16↔	16↔	CRR96
CRR97	Deferred																						New	16	16	CRR97
CRR98	20																						New	20	20	CRR98
CRR99	16																					New	16↔	16↔	16↔	CRR99
CRR100	15																								15	
Risk ID	Initial Score	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May2 2	Jun2 2	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Risk ID

Risk ID	Initial Score	Time on CRR or old BAF	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug2 1	Sep2 1	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Risk ID
CRR11	16	> 2 years						8	12																		CRR11
CRR34	9	> 2 years							15																		CRR34
CRR45	12	> 2 years																									CRR45
CRR77	16	>1 year				16																					CRR77
CRR81	12	> 2 years																									CRR81
CRR92	20	>1 year	New	20		16								12													CRR92
CRR93	15	>1 year		New	15																						CRR93
CRR94	16	>1 year						New	16				20														CRR94
CRR95	20	<6 months																		15						12	CRR95
CRR96	16	New																						16			CRR96
CRR97		Deferred																									CRR97
CRR98	20	New																								20	CRR98
CRR99	16	<6 months																						16			CRR99
Risk ID	Initial Score	Time on CRR or old BAF	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Risk ID

08 – Useful Information

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Executive Lead Dashboard

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Director of Governance and Corporate Affairs	Executive Director of People and Culture	Executive Medical Director	Executive Director of Major Projects and Programmes
1 Corporate Risk • CQC Fundamental Standards (Risk Score 15) New	1 Strategic Risk 2 Corporate Risks • SR2 People (Risk Score 20 no change) ↔ • CRR45 Mandatory training (Risk Score 16) ↔ • CRR92 Addressing inequalities (Risk Score 12) ↔	0 Strategic Risks 2 Corporate Risks • CRR11 Suicide Prevention (Risk Score 12) ↔ • CRR34 Suicide Prevention – training (Risk Score 15) ↔	1 Strategic Risk 2 Corporate Risk (1 x New) • SR5 Independent Inquiry (Risk Score 15) ↔ • CRR95 Delivery of new vaccination programme (Risk Score 12) ↓ • CRR96 Loggists (Risk Score 16) ↔

Executive Director of Nursing	Executive Chief Finance Officer	Executive Director of Strategy and Transformation	Executive Chief Operating Officer
1 Strategic Risk 2 Corporate Risk • SR1 Safety (Risk Score 20) ↔ • CRR93 Continuous Learning (Risk Score 15) ↔ • CRR77 Medical Devices (Risk Score 16) ↔ • CRR99 Safeguarding referrals ↔ • CRR98 Pharmacy Resources (Risk Score 20) New	3 Strategic Risks 1 Corporate Risk • SR3 Systems & Processes/ Infrastructure (Risk Score 15) ↔ • CRR81 Ligature (Risk Score 15) ↔ • SR7 Capital (Risk Score 20) ↔ • SR8 Revenue (Risk Score 15)	1 Strategic Objective SR6 Cyber Attack (Risk Score 15)↑ SR3 Systems & Processes/ Infrastructure (Risk Score 15) ↔	1 Strategic Risk 1 Corporate Risk • SR4 Demand and Capacity (Risk Score 20) ↔ • CRR94 Engagement and supportive Observation (Risk Score 20) ↔ • CRR81 Ligature (Risk Score 15) ↔

Acronyms

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BAF	**Board Assurance Framework**	**SR**	**Strategic Risk**
SO	Strategic Objective	**CRR**	Corporate Risk Register
RR	Risk Register	**DRR**	Directorate Risk Register
ICS	Integrated Care System	**F&PC**	Finance & Performance Committee
QC	Quality Committee	**PECC**	People & Culture Committee
IGDSPT	Information Governance Data Security & Protection Toolkit	**EOSC**	Executive Operational Sub Committee
BOD	Board of Directors	**ESOG**	Executive Safety Oversight Group
EERG	Estates Expert Reference Group	**LRRG**	Ligature Reduction Group
MHA	Mental Health Act	**HSSC**	Health Safety Security Committee
ECC	Essex County Council	**CQC**	Care Quality Commission
CxL	Consequence x Likelihood	**CRS**	Current Risk Score
ET	Executive Operational Committee	**HSE**	Health & Safety Executive
CAS	Central Alert System	**NHSE/I**	NHS England/ Improvement
PMO	Project Management Office	**ESR**	Electronic Staff Record
EFIN	Electronic Finance Record	**TBA**	To be advised or agreed
PFI	Private Finance Initiative	**NHSPS**	NHS property services
CMO	Chief Medical Officer	**EDS**	Equality and Diversity Standards
BAU	Business as Usual	**PCREF**	Patient and Carer Race Equality Framework
PLACE	Patient Led Assessments of the Care Environment	**EDI**	Equality Diversity and Inclusion
EDS	Equality Delivery System	**EPRR**	Emergency Preparedness, Resilience and Reporting
VPAR	Violence Prevention and Reduction	**BAU**	Business as usual

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Report by: Susan Barry, Head of Assurance

On behalf of: Denver Greenhalgh, Senior Director of Corporate Governance

For: Board of Directors Part 1

Date: 25 January 2023

EPUT

ESSEX PARTNERSHIP UNIVERSITY NHS FT

		Agenda Item No: 8bi
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	**Board of Directors Audit Committee Assurance Report**					
Executive/ Non-Executive Lead:	Janet Wood, Chair of the Audit Committee					
Report Author(s):	Carol Riley, Audit Committee Secretary					
Report discussed previously at:						
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	
	SR2 People (workforce)	
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Project reports only:	
If this report is project related please state whether this has been approved through the Transformation Steering Group	N/A

Purpose of the Report		
This report is provided by the Chair of the Audit Committee, a standing committee of the Board of Directors to provide assurance to Board members that the duties of the Audit Committee which include Governance, Risk Management and Internal Control have been appropriately complied with.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required
The Board of Directors is asked to: 1 Note the contents of the report 2 To confirm acceptance of assurance given in respect of risks and actions identified 3 To Request any further information or action.

Summary of Key Issues
The attached report provides details of the meeting held on the on the 12 January 2023, including: • Internal Audit (including LCFS) • External Audit • Cyber Security • Sustainability Assurance and Compliance • Governance Update • Losses and Special Payments • Waiver of Standing Orders • Review of Finance Procedures

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			✓
Involvement of Service Users/Healthwatch			✓
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**~~YES~~/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Main Report Appendix 1 – Internal Audit: Opinion Significance Definition

Lead
 Janet Wood Non-Executive Director **Chair of Audit Committee**

Agenda Item: 8bi
Board of Directors Part 1
25 January 2023

EPUT

ASSURANCE REPORT FROM THE AUDIT COMMITTEE CHAIR

1.0 PURPOSE OF REPORT

This report is provided by the Chair of the Audit Committee, a sub-committee of the Board of Directors to provide assurance to Board members that the duties of the Audit Committee which include Governance, Risk Management and Internal Control have been appropriately complied with.

2.0 EXECUTIVE SUMMARY

Audit Committee Meeting 12 January 2023

The Audit Committee met on the 12 January 2023. At the meeting held on the 12 January 2023 the minutes were approved of the 17 November 2023. These minutes are available to Board members on request.

At the meeting held on 12 January 2023 the following matters were discussed

1. **Internal Audit**

Internal Audit Progress Report
The following reports have been finalised:

- Cyber Security – moderate/moderate
- Business Continuity Planning –moderate/moderate

No high risk recommendations were identified in either audit. Attached as Appendix 1 is the Opinion Significance Definitions used by Internal Audit.

- Equality, Diversity and Inclusion (EDI) – Presented for information only

Local Counter Fraud Service Progress Report

Referrals
The Committee received an update on the current investigations/referrals, noting progress. No risks were identified at this time.

2. **External Audit**
The Audit plan will be presented to the March Committee meeting

3. **Cyber Security**
An update was provided with regards to existing and new cyber risks. It was noted that there are currently no new risks identified.

4. **Sustainability Assurance and Compliance**
An update was provided on the progress to achieve the BS EN ISO9001 and ISO14001. Both accreditations are to be achieved by the Summer of 2023.

5. **Governance Update**
The Committee received a comprehensive update on governance arrangements. It was noted that two NEDs have been recently appointed.

The Executive Operational Committee has moved to a four week planning cycle.

6. **Losses and Special Payments**
As at the end of Month 9, the Trust is reporting losses and special payments of £36,470.

7. **Waiver of Standing Orders**
During the period from 1 November 2022 to 31 December 2022 competitive quotations were waived on fifteen occasions totalling £533k (including VAT).

8. **Review of Finance Procedures**
The following procedures were approved:

- Monitoring of Internal and External Audit Control Protocols (FP09/05)
- Interest Free Loan for Annual Season Tickets for Travel and Parking Procedure (FP09/16)
- Payments to Individuals who are not employees of the Trust (FP01/04)

3.0 MANAGEMENT OF RISK

The Audit Committee is not responsible for managing any of the Trust's significant risks (as identified in the Board Assurance Framework).

4.0 NEW RISKS

There are no new risks that the Audit Committee has identified that require adding to the Trusts' Assurance Framework, nor bringing to the attention of the Board of Directors.

5.0 ACTION REQUIRED

The Board of Directors are asked to:

1. Note the summary of the meeting held on the 12 January 2023.
2. Confirm acceptance of assurance given in respect of risk.
3. Request further action/information as required.

Report prepared by:
Carol Riley
PA to the Executive Chief Finance & Resources Officer
Audit Committee Secretary

On behalf of:

Janet Wood
Non-Executive Director
Chair of Audit Committee

APPENDIX 1

OPINION SIGNIFICANCE DEFINITION

Level of Assurance	Design Opinion	Findings from review	Effectiveness Opinion	Findings from review
Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate	In the main, there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

		Agenda Item No: 8bii
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	Charitable Funds Committee Assurance Report					
Executive/ Non-Executive Lead:	Janet Wood, Non-Executive Director, Acting Chair of the Audit Committee					
Report Author(s):	Carol Riley, PA to Chief Finance & Resources Officer					
Report discussed previously at:						
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	
	SR2 People (workforce)	
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	N/A	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Project reports only:	
If this report is project related please state whether this has been approved through the Transformation Steering Group	N/A

Purpose of the Report		
This report is provided to the Board of Directors by the Chair of the Charitable Funds Committee. It is designed to provide assurance to the Board of Directors that the duties of the Charitable Funds Committee have been appropriately complied with and risks that may affect the achievement of the organisations objectives are being managed effectively.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report
2 To confirm acceptance of assurance given in respect of risks and actions identified
3 Request any further information or action.

Summary of Key Issues

At the meeting on the 29 November 2022, one item was discussed in respect of the outcome of the general bidding process.

In total, 24 bids totalling £46,490 were received. Of these, 17 totalling £30,506 were approved against charitable funds.

A further 4 bids related to medical equipment and have been referred to relevant Committee ahead of consideration against exchequer budgets. Similarly, one bid is capital in nature and referred to Capital Projects Programme Board for inclusion as a consideration in the 2023/24 plan. The residual two bids were referred back as not an appropriate use of charitable funds.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
Main Report

Lead

Janet Wood
Acting Chair of Charitable Funds Committee

Agenda Item: 8bii
Board of Directors Part 1
25 January 2023

ASSURANCE REPORT FROM THE CHAIR OF THE CHARITABLE FUNDS COMMITTEE

1. PURPOSE OF REPORT

This report is provided to the Board of Directors by the Chair of the Charitable Funds Committee. It is designed to provide assurance to the Board of Directors that the duties of the Charitable Funds Committee have been appropriately complied with and risks that may affect the achievement of the organisations objectives are being managed effectively.

2. EXECUTIVE SUMMARY

The Charitable Funds Committee met on the 29 November 2022. This was an extraordinary meeting of the Committee in order to allow the general bidding process to be finalised and was chaired by Janet Wood in the absence of a formal Chair. Minutes of the previous meeting will be discussed at the next full meeting of the Committee and will be made available to Board members via Content Locker.

At the meeting held on 29 November 2022 the following matters were discussed:

Outcome of General Bidding Round 2022/23

The Committee reviewed the bids received following the launching of the general bid process in the summer. In total, 24 bids were received totaling £46,490 against available funds of £28,940.

The following actions were approved:

- 14 bids were approved for funding totaling £23,319 (including 4 against the Thurrock Inpatient Legacy fund totaling £14,618).
- 3 bids were approved for funding but subject to review by the Ligature Risk Group totaling £7,187
- 1 bid was capital in nature in respect of air conditioning at Poplar Ward and will be referred to Capital Projects Programme Group. This totaled £7,565.
- 4 bids were for medical equipment and deemed to be a more appropriate charge against exchequer budgets. These were referred onto the Medical Equipment Committee and totaled £7,809.
- 2 bids were deemed to not be an appropriate use of charitable funds and referred back to Budget Holder for possible funding from delegated budgets. These totaled £610.

A schedule of bids received is attached. There were no bids in excess of the Committee's delegated authority of £10,000 and which would require Board approval.

Management of Risk
This Committee is not responsible for managing any of the Trusts' significant risks (as identified in the Board Assurance Framework).

New Risks
There are no new risks that the committee has identified that require adding to the Trusts' Assurance Framework, nor bringing to the attention of the Board of Directors.

3. ACTION REQUIRED

The Board of Directors is asked to:

1. Note the summary of the meeting held on the 29 November 2022.
2. Confirm acceptance of assurance given in respect of risks and actions identified
3. Request any further information or action.

Carol Riley
PA to the Chief Finance and Resources Officer

On behalf of

Janet Wood
Non-Executive Director
Acting Chair of Charitable Funds Committee

		Agenda Item No: 8biii
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	**Finance & Performance Committee Assurance Report**					
Executive/ Non-Executive Lead:	Loy Lobo Chair of the Finance & Performance Committee					
Report Author(s):	Amy Tucker Senior Performance Manager					
Report discussed previously at:						
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	Listed in BAF report	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	Yes	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
This report provides the Board of Directors with assurance that the Performance Committee (FPC) is discharging its terms of reference and delegated responsibilities effectively, and that the risks that may affect the achievement of the Trust's objective and impact on quality are being managed effectively.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required
The Board of Directors is asked to: 1 Note the contents of the report 2 Confirm acceptance of assurance provided 3 Request any further information or action

Summary of Key Issues

Quality & Performance

The 111#2 Crisis calls, A&E attendance and Crisis KPI's have been identified as inadequate within the contract exception reporting, however this is due to an increase in demand, with higher numbers of presentations to emergency departments during November and December.

CPA Reviews have been downgraded to, Requires Improvement, following two months of increased performance.

IAPT Access Numbers have been escalated to, Inadequate.

Mental Health inpatient capacity remains outside benchmark however a weekly meeting is now being led by the Executive Medical Director to review and reduce length of staff.

Out of area placements have increased in December however this is a further reflection of the demand.

Committee members also discussed temporary staffing and future recruitment plans that are in development with support from the Time to Care programme and the international recruitment drive.

Contracting

There are no current tenders in progress.

The Trust is actively involved in the mobilisation of the Integrated Veterans Mental Health Service and commissioner colleagues are very engaged through fortnightly Commissioner Assurance meetings.

The NHS Standard Contract has been published in draft and is currently going through consultation. The Trust will feed back any comments by the 27th January 2023.

Finance M9

The Trust is reporting a £1.4m Year to Date deficit which is in line with its plan. During the period the Trust has improved efficiency performance and has delivered a £2.7m non recurrent scheme. The Trust continues to forecast a year end breakeven position consistent to its plan.

The Trust's Year to date capital spend is £6.4m. This is in line with the Trust's re-forecasted plan projections.

National planning guidance for 2023/24 has been received and internal budget setting processes are underway including discussions with Commissioners and the ICB to agree 23/24 contracts and income levels.

Board Assurance Framework

The Committee discussed risks noted for demand & capacity and use of resources, as well as noting the capital resource risk score will be undergoing reassessment.

Finance & Performance Terms of Reference

There have been no changes to the Finance & Performance Terms of Reference, committee members agreed it has been read and accepted.

Any Risks or Issues

There were no risks identified as requiring addition to the risk register.

Any Other Business

There was no other business.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
Main Report

Lead
Loy Lobo **Non-Executive Director** **Chair of the Finance & Performance Committee**

FINANCE AND PERFORMANCE COMMITTEE ASSURANCE REPORT

1.0 PURPOSE OF REPORT

This report is provided by the Chair of the Finance and Performance Committee, Loy Lobo to provide assurance to Board members that the performance operational, financial and governance as at month 9, December 2022, was subject to appropriate and robust scrutiny.

The Finance and Performance Committee (FPC) is constituted as a standing committee of the Board of Directors. The Board of Directors has delegated responsibility to this committee for the oversight and monitoring of the Trust's financial, operational and organisational performance in accordance with the relevant legislation, national guidance, the Code of Governance and current best practice from 1 April 2017.

The Committee is required to ensure that risks associated with the performance and governance arrangements of the Trust are brought to the attention of the Board of Directors and/or to provide assurance that these are being managed appropriately by the Executive Directors.

2.0 QUALITY AND PERFORMANCE REPORT

This report covers the performance position for month 9 (December -22).

In December 2022 there were 6 areas of inadequate performance (6 in November):

- Safer Staffing
- Inpatient MH Capacity (Adults)
- IAPT Access Numbers
- Out of Area Placements
- Psychology
- Temporary Staffing

The Director of Mental Health Urgent Care & Inpatient Services informed the group that 111#2 Crisis calls, A&E, and Crisis KPI's have also been identified as inadequate, however this is due to the increase in demand, with higher numbers of presentations to emergency departments during November and December.

The Trust has worked alongside the acute trusts and joined escalation Calls to support the transfer of patients. Staffing levels were increased in response.

CPA Reviews have been downgraded to, Requires Improvement, following two months of increased performance.

IAPT Access figures have been escalated to, Inadequate. Mental Health inpatient capacity remains outside benchmark however a weekly meeting is now being led by the Executive Medical Director supported by the Capacity and flow team. The ambition is to reduce length of stay and review clients who are clinically ready for discharge.

Out of area placements increased in December however this is a further reflection of the demand in period.

Committee members also discussed temporary staffing and future recruitment plans that are in development with support from the Time to Care programme and the international recruitment drive.

The Chair of the committee noted the grip the Trust is gaining on length of stay and thanked the Director of Mental Health Urgent Care & Inpatient Services for attending and presenting the position update.

3.0 CONTRACTING

The Director of Contracting advised there are no current tenders in progress and there are two for imminent publication.

The Trust is actively involved in the mobilisation of the Integrated Veterans Mental Health Service and commissioner colleagues are very engaged through fortnightly Commissioner Assurance meetings.

The NHS Standard Contract has been published in draft and is currently going through consultation. No material changes are anticipated to the draft published. The Trust will feed back any comments by the 27th January 2023.

Committee members thanked the Director of Contracting for providing their update.

4.0 FINANCIAL UPDATE M9

The Director of Finance provided the committee with the month 9 financial position for the Trust.

The Trust is reporting a £1.4m Year to Date deficit which is in line with its plan. During the period the Trust has improved efficiency performance and has delivered a £2.7m non recurrent scheme. The Trust continues to forecast a year end breakeven position consistent to its plan.

The Trust's Year to date capital spend is £6.4m. This is in line with the Trust's re-forecasted plan projections. The Trust continues to forecast delivery of its capital programme with increased capital expenditure now occurring in order to achieve this.
There remain sufficient cash resources to support operational activities.

National planning guidance for 2023/24 has been received and internal budget setting processes are underway including discussions with Commissioners and the ICB to agree 23/24 contracts and income levels.

The committee thanked the Director of Finance for their summary of month 9 Financial performance.

5.0 BOARD ASSURANCE FRAMEWORK

The Executive Finance Officer noted the BAF report evidences good practice in advance of it's presentation to Board.

The Committee discussed risks noted for demand & capacity and use of resources, as well as noting the capital resource risk score will be undergoing reassessment.

The Chair provided positive feedback on the new BAF reporting and is pleased this generates a good set of discussions.

6.0 FINANCE & PERFORMANCE TERMS OF REFERENCE

The Chair of the committee noted the terms of reference are due for review in March, however the committee is addressing this in advance. There have been no changes to the Finance & Performance Terms of Reference, committee members agreed it has been read and accepted.

7.0 ANY RISKS OR ISSUES

There were no risks identified as requiring addition to the risk register.

8.0 ANY OTHER BUSINESS

There was no other business.

Report prepared by:

Amy Tucker
Senior Performance Manager

On behalf of:

Loy Lobo
Chair of the Finance and Performance Committee

ESSEX PARTNERSHIP UNIVERSITY NHS FT

		Agenda Item No: 8biv
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	**Quality Committee Assurance Report**					
Executive/ Non-Executive Lead:	Rufus Helm, Chair of the Quality Committee					
Report Author(s):	Matt Rangué, Quality Project Lead					
Report discussed previously at:						
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report – *mandatory section*		
Summary of risks highlighted in this report		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	Yes	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Project reports only:	
If this report is project related please state whether this has been approved through the Transformation Steering Group	N/A

Purpose of the Report		
This report provides the Board of Directors with assurance on actions being taken by sub-committees to progress key aspects of the quality agenda and identify any risks associated with the current COVID-19 Pandemic and the associated pressures on services.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report
2 Confirm acceptance of assurance given in respect of actions identified to mitigate risks.
3 Request any further information or action

Summary of Key Issues

The Quality Committee has reviewed the work of the sub-committees and all performance and quality dashboards accountable to the Committee. This report is presented to the Board of Directors as assurance of the review and challenge initiated.

This report covers December 2022 and January 2023. The report identifies commendable work in the following areas:

- Digital Story
- Management and Supervision Tool (MaST)
- Perinatal Mental Health Services (PMHS)

This report confirms that the Quality Committee has received assurance that all work streams are in place and actions are being taken to mitigate risks.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Main Report

Lead
Rufus Helm **Non-Executive Director** **Chair of the Quality Committee**

Agenda Item: 8biv
Board of Directors Part 1
25 January 2023

QUALITY COMMITTEE ASSURANCE REPORT

1. PURPOSE OF REPORT

This report provides the Board of Directors with assurance on actions being taken by sub-committees to progress key aspects of the quality agenda and identify any risks associated with the current COVID-19 Pandemic and the associated pressures on services.

2. EXECUTIVE SUMMARY

The following report is a summary of the discussions and issues identified as well as assurances provided at the December 2022 and January 2023 Quality Committee (QC) meetings. No risks were identified for escalation and good practice was notable in rollout of the Digital Story, Management and Supervision Tool (MaST), and Perinatal Mental Health Services.

2.1 COMMITTEE MEETING HELD ON 8 December 2022

2.1.1 Digital Story

The Committee received a presentation on the recently introduced Digital Story. This is a consented, patient scripted, four minute presentation method of sharing patient stories. The presentation included two stories, one from a Speech and Language Therapy student and one from a patient with experience of using forensic services.

The Committee noted the stories were engaging and had a deep resonance in terms of personal experience. Having both patient and student stories supported triangulation of experiences, giving greater confidence in the stories are real reflection of services. The stories were well received and would be of benefit to the Board of Directors.

The Committee challenged that given the articulate and engaging nature of the stories, consideration should be given to the future employment of the individuals within the Trust. Further consideration will also be given to the use of the stories in recruitment initiatives, safety and learning opportunities and for future qualitative research.

2.1.2 Quality Performance Report

Following scrutiny of the Quality Performance Report, the Committee discussed whether staff capacity was impacting on clinical services. It was noted that nationally all mental health providers are currently facing similar challenges in workforce and service capacity.

The Trust has acted proactively to mitigate any potential risk with the redeployment of corporate and specialist staff to undertake clinical governance and clinical support within clinical services.

Assurance of risk mitigation is provided through the seven day safe staffing dashboard, which is scrutinised at a senior level, providing opportunities to forecast staffing shortfall, escalate and minimise impact on services.

The Committee received assurance that an active recruitment and retention strategy was in place, including the design of new roles to attract candidates to the Trust.

Further consideration was also given to new ways of increasing training capacity, for example the development of the Clinical Lecturer/Practitioner role.

2.1.3 Care Quality Commission (CQC) Assurance Report

The Committee received and noted the content of the CQC Assurance Report, including an update on the CQC action plans.

2.1.4 Mortality Date and Learning Quarterly Report

The quarterly mortality report presented to the Committee outlined the new mortality review process, which has greater scope and now includes substance misuse and end of life services. The numbers of deaths being reported is within limits that would be expected for the Trust. The Committee approved the report and expressed interest at receiving future reports in the new format.

2.1.5 Board Assurance Framework (BAF)

Members of the Committee received the updated BAF. The report reflected the Committee agenda and sub-committee priorities. The Committee noted items on the BAF have been present for a period of time. In mitigation, there was good evidence that issues that appear to be challenging to resolve were being tackled in novel ways. The Trust was, for example, tackling safety concerns within the learning space and so the BAF would be updated to reflect the new approaches in quality improvement methodology.

The Committee noted an increased number of safeguarding referrals, and considered is was evidence of greater awareness and detection and the increased pressures within society at the current time. The continued scrutiny of referral rates and safeguarding capacity remain an important part of risk governance and will continue to be closely scrutinised at the Committee.

2.1.6 Suicide Prevention Strategy and Implementation Plan Annual Report

The Committee received a comprehensive update on the Trust Suicide Prevention Strategy, which provided assurance that progress is being made in implementing the 10 key factors in suicide prevention. The use of, for example, evidence based techniques including sensory approaches, ligature risk in personality disorders, 48 hour post discharge follow up and family liaison officers are all commendable.

Training is a key component of prevention and a new dedicated post has been developed and recruited to in order to sustain best practice across the Trust.

The Committee noted that a national suicide prevention strategy is expected soon and recommended that the pending safety dashboard should be aligned to suicide prevention.

2.1.7 Patient Story

The Committee viewed a patient story based on the experience of the Crisis Team and Specialist Mental Health Services following the birth of a child. Overall the patient felt listened to and praised the responsiveness of the service in meeting her needs. One area for improvement identified was late cancelations of appointments and continuity of therapy staff. The Committee discussed the issues raised and the route for action of any other issues identified through the patient stories. The recommendation is that the Lessons Learnt Team will use these examples as feedback at live event and through newsletters to ensure dissemination across the Trust.

2.1.8 Management and Supervision Tool (MaST)

The Committee received a detailed presentation on the implementation and development of MaST. This is a decision support tool currently being rolled out across the Trust. The tool collects data from health records and other relevant data repositories. MaST is being used to help manage patient flow in large complex caseloads to reduce delays and support timely and appropriate discharge.

The algorithm used to predict crisis support had been validated across eight Trusts, with approximately 70% of patients being correctly highlighted as requiring an intervention.

The Committee noted the potential resource savings coming as a result of improved case management and more importantly the improved outcomes for patients, which is good for patient experience and reducing future demand on capacity.

The Committee supported the recommendation that a more formal evaluation and validation should take place with the support of University College London Partners (UCLP).

3.1 COMMITTEE MEETING HELD ON 12 January 2023

3.1.1 Quality Committee Sub-Committee Assurance Report

The report was received and noted by the Committee. Despite system and workforce challenges over the holiday period, the Committee was assured the quality and safety priorities of the Trust continue to be monitored and appropriate actions and mitigations put in place.

The Committee noted and is assured that recent visits by CQC have been met pro-actively by staff, further supporting work in areas such as safeguarding and sexual safety.

The Committee set a challenge to the newly formed Patient, Family and Carer Sub-Committee to develop performance objectives. The objectives will show progress in the implementation of the Trusts inclusive approach to improving experience and ensuring patients have a voice in decisions about their treatment.

The Committee noted progress in the implementation of the new complaints procedure, which was working well and reducing response timescales. Performance in reducing the number of complaints being dealt with through the old process will be monitored through the Quality Committee.

The assurance report highlighted the challenge facing pharmacist capacity to support research. This was being tackled through a business continuity plan, supported by a workforce recruitment strategy and is included on the Corporate Risk Register.

3.2 Care Quality Commission (CQC) Assurance Report

The Committee noted the content of the CQC Assurance Report and the work being done following site visits to ensure action plans are in place where improvement is required.

The CAMHS action plan is now complete, this is the result of the sustained focus on improvement and leadership by Trust staff.

The Committee noted the upcoming Well-Led inspection and that this review offered an opportunity to tell the CQC about the significant pro-active work underway across the Trust to improve services and user experience.

The Committee challenged the current uptake of patient's involvement in decisions about their care. Assurance was given about the use of a range of different methodologies to better capture information through the 'I Want Great Care' initiative.

The Committee welcomed the new Safety Walk-About initiative, which will include capturing real time data on patient experience as well as safety and quality assessments.

3.3 Update on Progress Made Against Learning Disability Improvement Standards

The report was presented to the Committee. The standards impact on all Trust operational service areas, to support people living with a Learning Disability (LD), Autism or both. The implementation of the standards are likely to be a focus for the CQC visits.

The Committee noted the important progress being made in implementing the standards, including the new mandatory training requirement for 'Oliver McGowan training' and key work on inclusion and engagement. The training will include recruitment in January of Experts by Experience to help deliver the sessions.

The End of Life Team were commended for their exemplary achievements in working with people with an LD, a topic that they will be presenting at an international conference in Copenhagen this year.

The Committee will receive further updates to monitor progress, with a focus on how the standards have been embedded in practice and how this can form evidence for CQC inspection.

3.4 Perinatal Mental Health Services

The Perinatal Mental Health Service (PMHS) presented a detailed update to the QC. The PMHS is a success story for women in Essex affected by mental illness during pregnancy and the postnatal period. The service has significantly improved access to services, making excellent progress towards offering 10% of pregnant or postnatal women access to mental health support for up to two years.

The Committee recommended that the PMHS should consider investigating the MaST tool, as this is particularly suited to monitoring performance within dynamic changing services.

The PMHS success will play an important part in the pending CQC Well-Led inspection. The Trust service represented a good example of how effective leadership, committed skilled staff and adequate resourcing can result in demonstrable service improvement, expansion and patient satisfaction. The service continues to be a leader at national level.

The Committee particularly noted service user's comments. Women enter the service, rating themselves as unwell and leave services rating as well, a simple but effective demonstration of success.

3.5 Infection Prevention and Control (IPC) Assurance Framework

The Committee noted the stable position for the IPC Framework. Updates are made as required in accordance with national guidance.

The Trust will be taking part in the National COVID-19 Enquiry.

3.6 Tenable App

The Committee received a presentation on the responsiveness of the Tenable App at ward level when used for inspections and compliance assurance. The Committee noted that the app is a valuable tool for driving improvement and the complimentary role it plays with existing audit processes. The app helps to answer the 'so what?' question often arising during inspections, while also clarifying what actions are outstanding and require attention.

The Committee were assured that the Tenable App is a useful additional tool for Trust quality monitoring.

3.7 Rewarding Quality and Monitoring Implementation

The Committee noted the plan for the Quality and Excellence Awards, including 18 different categories. The QC supported the plan to hold the ceremony in spring 2023, emphasising the benefit of having a face-to-face event celebrating the achievements of Trust staff.

4. COMMITTEE EFFECTIVENESS

4.1 The Committee noted that the presentations were of great value and effective in updating the membership and providing assurance.

5. REFLECTION ON RISKS, ISSUES OR CONCERNS

5.1 Risks

No risks for escalation

5.2 Reflections

Identify opportunities to share information between the standing committees and Non-Executive Directors.

The Committee will consider what further enquiry can be made on clinical visits in relation to the care of people living with a Learning Disability.

6. DISCUSSION ON OUTCOMES AND REFLECTION ON DECISIONS MADE

6.1 What Went Well

The Digital Story
MaST development and implementation
The Committee commended the achievements of the Perinatal Mental Health Service.

7. ACTION REQUIRED

The Board of Directors is asked to:
1. Receive and note the contents of the report
2. Confirm acceptance of assurance given in respect of actions identified to mitigate risks.
3. Request any further information or action.

Report prepared by:
Matt Rangué, Quality Project Lead

On behalf of:

Rufus Helm, Non-Executive Director, Chair of the Quality Committee

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Agenda Item No: 8c

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	25 January 2023

Report Title:	Board Safety Oversight Group Assurance Report					
Executive/ Non-Executive Lead:	Sheila Salmon, Chair of the Trust					
Report Author(s):	Alison Ives, Deputy Director of Transformation					
Report discussed previously at:	Executive Safety Oversight Group (ESOG) Board Safety Oversight Group (BSOG)					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	~~Yes~~/ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes~~/ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Project reports only:	
If this report is project related please state whether this has been approved through the Transformation Steering Group	N/A

Purpose of the Report		
This report is provided as assurance to the Trust Board on the progress of projects, programmes and other activities linked to the safety priorities within the Safety Strategy.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report
2 Request any further information or action

Summary of Key Issues

An update on the progress of projects, programmes and activities linked to the safety priorities within the safety strategy.

- Ligature Risk Reduction
- EPUT Culture of Learning
- Safety Strategy Update

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			✓
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			✓
Service impact/health improvement gains			✓
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
BSOG	Board Safety Oversight Group	ESLMS	EPUT Safety & Lessons Management System
ESOG	Executive Safety Oversight Group	LRRG	Ligature Risk Reduction Group
RPA	Robotic Process Automation		

Supporting Reports/ Appendices /or further reading
Main Report

Lead

Professor Sheila Salmon
Chair of the Trust

Agenda item: 8c
Board of Directors Part 1
25 January 2023

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

BOARD SAFETY OVERSIGHT COMMITTEE ASSURANCE REPORT JANUARY 2023

1.0 PURPOSE OF REPORT

This report is provided as assurance to the Trust Board on the progress of projects, programmes and other activities linked to the safety priorities within the Safety Strategy.

In this period the key areas of focus for the ESOG and BSOG have been spotlight reports on Ligature Risk Reduction, EPUT Culture of Learning, and progress against our overall Safety Strategy in preparation for the full report in March 2023.

2.0 LIGATURE RISK REDUCTION

Work continues on the ligature risk reduction programme with a focus on the environment of our in-patient estate, mobilisation of a ligature related training programme, and collaboration with the Lessons Team on producing policies on a page relating to ligature risk reduction:

Environment
Work continues to mitigate any environmental ligature risks and a programme of planned works in place. An updated completed environmental works is included in Part 2 of this report.

Training
A number of ligature risk training options were explored and the preferred option for how to proceed with ligature risk training across the Trust was identified and specified in a proposal paper. This paper received approval from the Ligature Risk Reduction Group (LRRG) and has been submitted to the Executive Team and the People and Culture Committee (PECC) for its approval on the 17 January and 23 February respectively.

Systems
Following concerns raised by our Digital team regarding the use of a Robotic Process Automation (RPA) link between DATIX (risk management system) and 3i (facilities management system) LRRG agreed to postpone any update to our systems until a broader review has been completed on our estates management system.

Policy
Following agreement from the Director of Safety and Patient Safety Specialist, the Ligature Risk Assessment and Management policy will be to input into the template created by the Lessons Team and proceed to publication.

3.0 EPUT CULTURE OF LEARNING (ECOL)

An organisation submitted a partnership proposal to develop EPUT Safety & Lessons Management Systems (ESLMS) (nee: EPUT Lessons Identified Management Systems (ELIMS)) following a series of requirements scoping workshops with the Lessons Team. The proposal was supported by the Digital Strategy Group with a recommendation for capital

funding request to be submitted to the Capital Planning and Programmes Group for approval.

Work remains ongoing on the implementation of the Safety dashboard with automation of HealthRoster data into the dashboard and development workshops with operational teams continuing throughout January 2023.

Throughout December 2022 the Lessons team distributed hard copy folders of key safety and learning communication resources across our inpatient wards and the training team commenced DATIX and SEIPS training to all frontline teams.

4.0 SAFETY STRATEGY UPDATE

Work continues on our Safety Strategy update which will be presented to the Board of Directors in March 2023. This report will highlight the achievements and progress made to date and set out our continued focus for 2023. This report is being developed with support from key stakeholders across the Trust and includes testimonials from our service users. It is also supported by performance data and KPIs for safety the quantitative and qualitative benefits delivered can be demonstrated. Ahead of the March Board, report will be presented at the Board Seminar Session day in February 2023 so input and feedback can be provided ahead of the final deliverable.

5.0 RECOMMENDATIONS / ACTION REQUIRED

The Board of Directors is asked to:

1 Note the contents of the report
2 Request any further information or action

Report prepared by
Alison Ives
Deputy Director of Transformation

On behalf of

Professor Sheila Salmon
Chair of the Trust

		Agenda Item No: 9b
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	**EPUT Strategic Plan 2023-2028**					
Executive/ Non-Executive Lead:	Zephan Trent, Executive Director of Strategy, Transformation and Digital					
Report Author(s):	Anna Bokobza, Director of Strategy					
Report discussed previously at:	Executive Team 10 January 2023					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	Key risks to delivery of the strategic plan are already reflected as strategic risks in the Board Assurance Framework; no new risks are highlighted.	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	Risk controls at trust and care unit level may need to be updated to reflect agreement of the strategic plan through the normal risk assurance framework process.	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
This report provides the Board with an overview of: • The process to develop a new strategic plan and findings from each stage of this process; • The proposed strategic plans for each care unit, and the overarching trust strategic plan, full copies of which are appended • Next steps for delivery and communication of the plan.	**Approval**	✓
	Discussion	✓
	Information	

Recommendations/Action Required

The Board of Directors is asked to:

1. Review and approve the trust's strategic plan for 2023 to 2028.

Summary of Key Issues

Essex Partnership University NHS Foundation Trust has been on a journey of improvement and we remain committed to driving forward change, to learning, listening and innovating, so that we deliver the highest quality and safest care possible.

Our strategic plan describes our vision, values, purpose and strategic objectives. It has been developed through extensive engagement with our service users, and their carer's and families, as well as our staff and partners. It reflects both national policy and the strategies of our local partners and ensures that we will deliver on the NHS Long Term Plan, on local Integrated Care Partnership Strategies and the developing Southend, Essex, and Thurrock All-Age Mental Health Strategy.

Our strategic plan will guide how we develop our services over the next five years – by ensuring service users and their families and carers are at the heart of everything we do.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

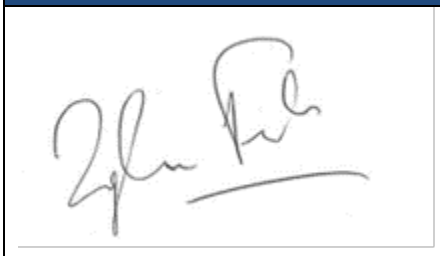
Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			✓
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
ICB	Integrated Care Board	ICP	Integrated Care Partnership
CAMHS	Child and Adolescent Mental Health Service	ePMA	Electronic Prescribing and Medicines Administration
NECS	North of England Commissioning Support	MSE	Mid and South Essex
ONS	Office of National Statistics	EoE	East of England
ABCD	Asset-Based Community Development	NEE	North East Essex
PCREF	Patient & Carers Race Equality Framework		

Supporting Reports/ Appendices /or further reading

Main Report
Appendix 1: EPUT Strategic Plan 2023-2028

Lead



Zephan Trent
Executive Director of Strategy, Transformation and Digital

Agenda item: 9b
Board of Directors Part 1
25 January 2023

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

EPUT STRATEGIC PLAN 2023-2028

1.0 INTRODUCTION

1.1 This paper sets out the process we have taken to develop a new strategic plan and describes findings from an extensive engagement programme with service users, carers, families, staff and external partners; a review of national policy and partner strategies; and analysis of service demand. It describes how we have developed our trust and care unit plans and how we will deliver them. Finally, it sets out next steps for communication of the plan.

1.2 Our proposed strategic plan for 2023 – 2028 is appended to this paper.

2.0 BACKGROUND

2.1 The trust Board of Directors agreed a new vision, purpose, values and strategic objectives in September 2021.

2.2 To support the delivery of this vision we have established a new operating model with six care units for West Essex, Mid and South Essex, North East Essex, Urgent Care and Inpatient Services, Specialist Services and Psychological Services, each with their own multi-disciplinary leadership teams.

2.3 Supported by North of England Commissioning Support Unit (NECS), we have been working to develop a five-year strategic plan for the trust and our care units to deliver EPUT's vision, purpose, values and strategic objectives. This work has included:

- Strategic context review, including current national policy and partner strategies and leading practice among mental health and community providers;
- Engagement with service users, carers, families, staff and system partners;
- Service level demand and capacity analysis;
- Workshops to identify challenges and opportunities for our services;
- Iterative multi-disciplinary review and evaluation of priorities and commitments.

2.4 Through this process we have further developed our organisational strategy and strategic plans for our services in parallel.

2.5 For each of our strategic objectives we have identified outcomes, sub-outcomes and success measures that will help us and our partners to track progress against our strategy over time.

2.6 The strategic plan has been produced in the context of the Essex Mental Health Independent Inquiry and recent media and regulatory scrutiny of safety in our services. It builds on the *Safety First, Safety Always* strategy and maintains a central focus on the safety and quality of our services. It is an ambitious plan to improve and transform our services; to develop and reform our workforce; to strengthen our partnerships, particularly with our service users, their families and supporters; and to make a difference in the communities we serve.

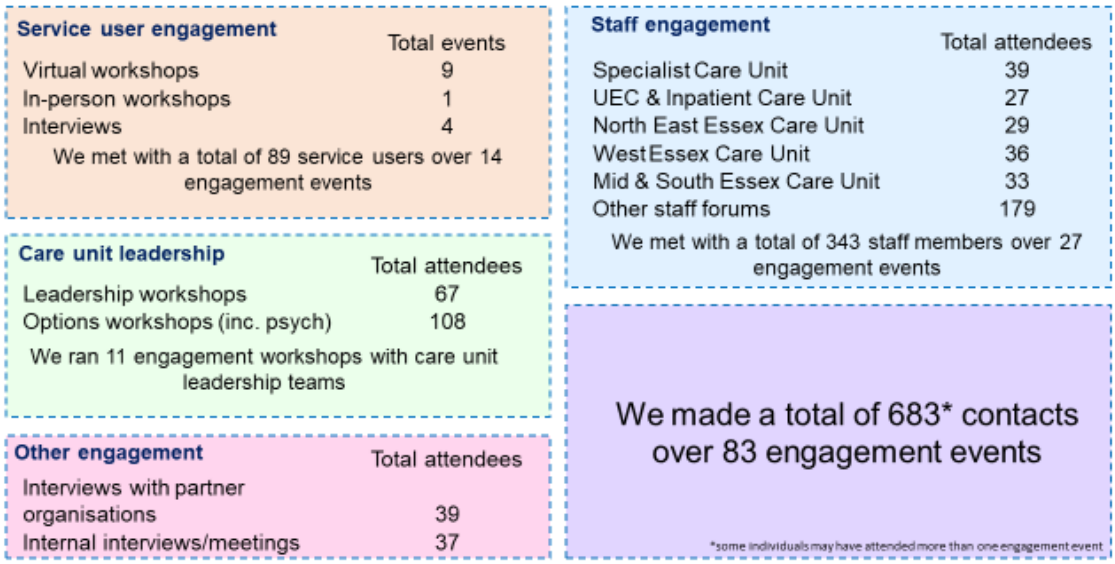
3.0 STRATEGIC CONTEXT REVIEW

3.1 The review of strategic context considered national policy and partner strategies across Essex, Southend and Thurrock. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population:

- Integration of health and care; primary and secondary healthcare; and mental and physical health provision;
- Collaboration and partnership, particularly at 'place' level;
- Co-production with people and communities, and involvement of people with lived experience in service delivery;
- Statutory providers will work more closely with local communities, voluntary, community and social enterprises, and small businesses to innovate and improve our service offering;
- More flexible workforce operating across service and organisational boundaries;
- Better use and integration of data to enable service integration and risk-based approaches;
- Care will be person-centred and individualised;
- Care will be coordinated ensuring there is 'no wrong door' to care and support;
- There will be more focus on prevention and earlier intervention, including pre-emptive and proactive care, and reduction in health inequalities;
- Support for people to live well and be active in their communities;
- Digitally enabled care, including remote services and apps.

4.0 ENGAGEMENT

4.1 The strategic plan has been developed through extensive discussion with EPUT staff, service users, carers, families and external partners. In total, we engaged directly with 683 people across 83 events between May and December 2022 (see below). This included 1:1 interviews with lived experience ambassadors, external partners, board members and senior leaders within the trust; workshops with service users and staff; and presentations to staff and service user networks.



4.2 Service user workshops included on-site workshops with children and young people, virtual workshops for which participants were recruited via Kinetic and workshops with HealthWatch networks.

4.3 We also took into account the views of many more people who use our services indirectly by undertaking a desktop review of themed and annual reports produced by HealthWatch organisations in Essex, Southend and Thurrock, as well as reports and intelligence from our own patient experience team. Additionally, NECS worked with partners to share themes identified through service user engagement on the Southend, Essex and Thurrock all-age mental health strategy.

4.4 Staff engagement was organised by care unit, in order to support development of care unit plans, and additional workshops were held with the psychological services and pharmacy teams.

4.5 Most engagement events were held between May and August 2022 and informed the development of draft strategic plans for each care unit. Further meetings and workshops with staff, lived experience ambassadors, internal leadership teams, governors and board members have supported iteration of the trust strategic plan and refinement of care unit plans during the autumn.

4.6 The key themes from engagement included:

Service users, carers and families	Staff	Partners
• More accessible and inclusive services; • More choice, better information and signposting;	• Improved information systems and interoperability; • Recruit and retain staff by being an attractive place to	• Provide system leadership as the integrator across Essex, Southend and Thurrock;

Service users, carers and families	Staff	Partners
• Co-production in design and delivery of services; • Building trust and confidence, and continuity of care; • Better supported transitions between services, including young people to adult and inpatient to community; • Opportunity to raise awareness and address stigma.	work, and addressing poor experiences; • More flexibility in roles and working practices; • Development pathways, with opportunities to try new roles; • Improved staff support, engagement and wellbeing; • Improved care coordination; • Building relationships with colleagues and partners to support holistic, individualised care.	• Strategy should reflect and support partner strategies; • Develop integrated community model in partnership in all places; • Join up early intervention with partners to support underlying stresses; • Develop stronger partnerships at system and place level, and with education partners; • Strategy should focus on limited number of key priorities.

5.0 DEMAND ANALYSIS

5.1 Analysis has been completed of historic demand over the last three years, and demand forecasts created using ONS population projections. A demand insights pack has been produced for each care unit, highlighting notable trends alongside high-level projections. The packs are supported by four Power BI dashboards, which will support planning going forwards.

5.2 Key findings are that the population of Essex, Southend and Thurrock is forecast to grow by 2.9% between 2022 and 2027, and at least a corresponding increase in demand for mental health and community services is expected in the period. There will be significantly greater demand for community and older adult services, as the population aged 65+ is projected to increase by 8.3%, equivalent to an extra 32,000 older adults living in this area by 2027. The older adult population will also require more care associated frailty and co-morbidities and an aging carer profile. There is variation in growth of the older adult population across 'places' with higher growth projected in West and Mid Essex and lower growth in Basildon and Brentwood.

5.3 While population growth among working age adults (+1.6%) and children and young people (1.1%) is unlikely to drive demand in the same way, increased deprivation due to the cost-of-living crisis and the ongoing impact of the Covid-19 pandemic are likely to increase demand across all age groups. Current high demand for children and young people's mental health services is expected to progress into adult services. The demand forecast for EPUT CAMHS is affected by the s31 closure of units to new admissions during the baseline period. However, national data shows a 39% increase in CAMHS referrals between 2020/21 and 2021/22. There is some stability in historic and projected demand for other specialist inpatient services.

6.0 TRUST STRATEGIC PLAN

6.1 The trust strategic plan was developed in the context of significant and growing demand pressures based on the care unit strategic plans, the vision, strategic objectives and values of the organisation and the overall feedback from service users, staff and partners.

6.2 The themes and priorities identified by staff from our care units including psychological services and our pharmacy teams, were analysed to identify themes across all services, and trust-level actions identified.

6.3 Further engagement was completed with corporate and professional leads to ensure alignment with enabling strategies, including Safety First Safety Always, Collaborating for Care, digital, estates, and people and culture. The draft trust themes and priorities were discussed at a joint Board and Council of Governors seminar in November, and at a range of internal network and team meetings, including with lived experience ambassadors.

6.4 The trust strategic plan was developed based on the themes, and feedback from these discussions. The plan has been reviewed by care unit, corporate and professional leads across the organisation as well as by non-executive colleagues and system partners.

7.0 CARE UNIT STRATEGIC PLANS

7.1 We have developed care unit strategic plans for West Essex, Mid and South Essex, North East Essex, Urgent care and Inpatient Services and Specialist Services. Psychological Services are integrated across each of these rather than having a separate strategic plan.

7.2 Each care unit held an options workshop in August 2022, following completion of the main engagement phase, to identify priorities against each of the strategic objectives for their services.

7.3 Care unit plans were reviewed by care unit, corporate and professional leads across the organisation and further developed based on feedback. Updated draft strategic plans have been reviewed again across the organisation, with final drafts and any outstanding issues from feedback discussed at the relevant care unit Accountability Framework meeting in December 2022. All care unit plans have been agreed by their operational director, deputy medical director and deputy quality and safety director.

8.0 DELIVERING THE PLAN

<u>Annual planning process</u>

8.1 The trust will develop an annual operational plan for each year of the strategic plan, including specific plans for each care unit. For 2023/24, the operational plan will focus on delivery of year one priorities.

8.2 Through the annual planning cycle, we will take an iterative improvement cycle approach to reassess and plan improvements for the following year that build on progress and make further steps to achieve our strategic goals, vision and values. We will do this each year of the strategic plan, putting into practice the commitments we have made to continuous improvement and developing a culture of learning.

Enabling activity

8.3 The strategic plan will be supported by a range of enabling strategies and strategic programmes. The strategic plan is aligned with and reflects key commitments in the existing strategies *Safety First, Safety Always*, the *Green Plan*, *Collaborating for Care* and the Interim Digital Strategy. Additionally, the Time to Care programme, including proposed changes to staffing models, processes and technology, is reflected in the trust strategic plan, as well as in the plans for urgent care and inpatients and specialist services.

8.4 During 2023/24, the following further enabling strategies will be developed or refreshed:

- **Digital strategy**: key themes and commitments in the interim digital strategy have been reflected within the strategic plan; the digital strategy will be further reviewed for alignment to the strategic plan and finalised.

- **Working with people and communities strategy**: the strategic plan includes a commitment to co-design a model of co-production with people who have lived experience of our services.

- **People and culture strategy**: the emergent people and culture strategy is centred on the following three pillars: i) workforce planning; ii) leadership development; and iii) culture; it will respond to the current challenging workforce position, and enable the workforce development and reform set out in the strategic plan.

- **Estates strategy**: the estates strategy and five-year capital plan will be refreshed to ensure alignment to the priorities of the strategic plan, such as place-based urgent care and assessment and community hubs, and support new ways of working.

System and partner alignment

8.5 The strategic plan is well aligned with system and partner strategies and, in line with partner strategies, places emphasis on delivery through partnership and collaboration. The strategic context review, described above, informed development of the strategic plan and has supported this alignment to national policy, system strategies and the aims and ambitions of EPUT's partners across Essex, Southend, Thurrock and the region. A range of partners have also contributed through the engagement process.

8.6 New Integrated Care Partnership strategies and the Southend, Essex and Thurrock all-age mental health strategy have been developed by and with our partners concurrently with EPUT's strategic plan. Representatives of the three

Essex ICBs have been invited to and attended EPUT's Strategy Steering Group. Alongside the direct engagement of EPUT senior leaders in ICP processes, this has helped to ensure alignment with emerging ICP strategies. EPUT continues to work closely with its ICBs on their development of the updated all-age mental health strategy for Southend, Essex and Thurrock and the Joint Forward Plans being developed by all ICBs for publication by June 2023.

Investment requirement

8.7 The strategic plan assumes continuation of the Mental Health Investment Standard and NHS Long Term Plan funding. The strategic plan is expected to deliver revenue benefits, including through repatriation of out of area placements, improved recovery and care outcomes and improved ability to attract and retain substantive staff. As above, the estates strategy and five-year capital plan will be refreshed during 2023 to ensure alignment to the strategic plan. The strategy assumes continued investment in digital technology in line with our digital strategy.

Impact assessment

8.8 Appropriate impact assessment will be completed as part of detailed planning of the high-level priorities and changes described in the strategic plan. While the plan is expected to have a positive impact on quality, safety, equalities and performance, no formal Quality Impact Assessment or Equality Impact Assessment has been undertaken at this stage.

Governance

8.9 The Board will receive a bi-annual report on progress, impact and any changes to the strategic context. Delivery of Care Unit Strategic Plans will be overseen through the trust's Accountability Framework, as part of the strategy, transformation, and external relations domain.

8.10 The Executive chaired Strategy Steering Group will regularly review progress on the overall delivery of the strategic plan, with escalation to the Executive Team and Board as required.

8.11 Key risks to delivery of the strategic plan are already reflected as strategic risks in the Board Assurance Framework. These include SR4 demand and capacity, SR1 safety, SR2 people, SR3 systems and processes, SR7 capital investment and SR8 resources. Development of the trust and care unit strategic plans is captured as an action for SR4 demand and capacity, and related enabling strategies for safety, people, digital and estates are included in actions for SR1, SR2, SR3, SR7 and SR8. Risk controls at trust and care unit level may need to be updated to reflect agreement of the strategic plan through the normal risk assurance framework process.

9.0 COMMUNICATIONS PLAN

9.1 The Strategy Steering Group has agreed a communications plan to launch, explain and embed the strategic plan. The aim of the plan is to create a compelling story of EPUT's future direction so that all colleagues understand

the strategic objectives, vision, values and the part they can play.

9.2 Launch of the strategic plan on 25 January 2023 will be supported by a series of communications including use of video and visual material. The videos are engaging, inspiring and personal in style. They use examples to show how the strategic plan is being put into action, and feature narration from executive team, staff from across job roles and departments, partners, volunteers, service users, families and carers.

9.3 This will be followed by a further engagement with staff through existing team meetings and leadership groups through face to face and virtual events. We use our strategic plan to feedback to our service users and their carers and families and will take opportunities to discuss and present key commitments and our plans to deliver them to service user networks and community groups.

9.4 We anticipate sharing EPUT's strategic plan at appropriate meetings of our ICB, ICP, Local Authority and Healthwatch partners.

9.5 The broader communications campaign includes publication of the strategic plan on our website; a dedicated web page and intranet copy; on-site information and branding; information pack and induction content; screensavers, desktop alerts; and communication through all staff briefs, CEO blog, EPUT News and Wednesday weekly.

10.0 RECOMMENDATION / ACTION REQUIRED

10.1 The Board is asked to review and approve the trust's strategic plan for 2023 – 2028.

Report prepared by:
Anna Bokobza, Director of Strategy

On behalf of:
Zephan Trent, Executive Director of Strategy, Transformation and Digital

EPUT

NHS
Essex Partnership University
NHS Foundation Trust

STRATEGIC PLAN 2023-2028

Essex Partnership University
NHS Foundation Trust

PLAN

Foreword from the Chief Executive

Essex Partnership University NHS Foundation Trust (EPUT) has been on a journey of improvement and we remain committed to driving forward change, to learning, listening, and innovating, so that we deliver the highest quality and safest care possible.

In 2021, we launched our new vision:

"To be the leading health and wellbeing service in the provision of mental health and community care."

This vision, along with our new purpose, values, and strategic objectives, was agreed after discussion with our staff and service partners.

Since then, we have carried out extensive engagement with our service users, and their carers and families, as well as our staff and partners, to look at what we need to do to achieve those goals over the next five years.

This Strategic Plan is the result of that work, and sets out our priorities and commitments, and how we will work together to deliver our vision.

It also sets out what we have already achieved so far in meeting our goals, such as the roll out of Oxevision technology to increase patient safety, our ongoing work with partners to tackle health inequalities, and how we are working even more closely with the people we care for and their loved ones to deliver individualised, purposeful and therapeutic care.

These are just some examples of the enormous amount of work we have been putting in to constantly improve our services, keep people safe and well, and provide the best possible environment for care and recovery.

Demand for our services is increasing, especially in mental health. The populations we serve continue to grow at one of the fastest rates in England and as people grow older, their health needs are becoming more complex.

This, together with the recruitment challenges we face along with other NHS organisations, means we must continue to be innovative and flexible, and work even more closely with our partners in health and social care and the voluntary sector, and most importantly, the people we care for. We want to make our organisation an employer of choice and a great place to work for all our staff.

Helping people to live well, so they do not need to go into hospital, is just as important as treating them for their immediate health needs. So we want to do more to prevent illness and intervene early, especially with people who are at risk of suicide.

Our ambitions laid out in this Strategic Plan and the progress we have made so far would not be possible without the support and dedication of our fantastic staff.

That is why we have also included priorities to develop and grow our multi-skilled workforce and further build on a caring, learning and empowering culture. We have recruited more than 900 people since April 2022 alone and continue to expand our teams and create opportunities to train the health professionals of the future.

Whatever our roles at EPUT, our values drive everything we do: We Care, We Learn, We Empower.

We all have the same purpose: We care for people every day.

What we do together, matters.

- **Together with service users**
- **Together with their families and supporters**
- **Together across professions and services**
- **Together with our partners**

This Strategic Plan shows how we will deliver our vision, values and purpose in practice and drive forward our ongoing journey of improvement over the next five years – by ensuring service users and their families and carers are at the heart of everything we do.

Paul Scott
Chief Executive

CONTENTS

Introduction 4

Context 4

Who are we 4
Our services 4
Our partnerships 4-5
Our journey 5-6

Developing our strategy 7

Our approach 7
National policy 7-8
Local priorities 8
Challenges 9-10
Opportunities 10-11
Identifying our priorities 11-12

Vision, values and purpose 13

Strategic objectives 14

We will deliver safe, high quality, integrated care services 14-16
We will enable each other to be the best we can be 17-19
We will work together with our partners to make our services better 20-23
We will support our communities to thrive 24-26

Care unit strategic plans 27

West Essex Community 27
Mid and South Essex Community 28
North East Essex Community 29
Urgent Care and Inpatients 30
Specialist Services 31

Delivering our strategy 32

New operating model 32
Accountability framework 32
Organisational strategies 32-33
Roadmap 34
Governance 34

Appendices 35

Appendix 1: West Essex Community care unit 35-48
Appendix 2: Mid and South Essex Community care unit 49-61
Appendix 3: North East Essex Community care unit 62-76
Appendix 4: Urgent Care and Inpatient care unit 77-91
Appendix 5: Specialists Services care unit 92-105

INTRODUCTION

This document sets out Essex Partnership University NHS Foundation Trust's Strategic Plan for 2023/24 to 2027/28. It reflects both national policy and the strategies of our local partners and ensures that we will deliver on the NHS Long Term Plan, on local Integrated Care Partnership Strategies and the developing Southend, Essex, and Thurrock All-Age Mental Health Strategy.

Our Strategic Plan describes our vision, values, purpose and strategic objectives. It will guide how we develop our services over the next five years – by ensuring service users and their families and carers are at the heart of everything we do.

Rainbow Unit, The Linden Centre, Chelmsford

CONTEXT

Who are we?

Essex Partnership University NHS Foundation Trust (EPUT) was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

EPUT provides community health, mental health, learning disability and social care services to over 3.2 million people across the East of England in Bedfordshire, Luton, Essex, Southend, Thurrock, and Suffolk. Our services are delivered by more than 5,500 staff working across more than 200 sites. At any one time, we care for more than 100,000 people.

Our services

We provide a range of services to our local population including community health services, mental health services, learning disability services and social care. Our approach is underpinned by our aim to provide individualised care that supports people to live independently and within their own homes for as long as possible.

- **Community health services:** Our diverse range of community health services provide support and treatment to both adults and children. We deliver this care in community hospitals, health centres, GP surgeries, and in people's homes.
- **Mental health services:** We provide a wide range of treatment and support to adults and older people and children and adolescents experiencing mental illness within primary care, community and in secure and specialised inpatient care settings. We deliver a range of tertiary services including forensic services and specialist health outreach services to marginalised communities. Several of our specialist services have achieved accreditation from the Royal College of Psychiatrists. Our local population can access our mental health services 24/7 via NHS 111 Press 2 for Mental Health.
- **Learning disability services:** We provide inpatient learning disability services, working in partnership with Hertfordshire Partnership University NHS Foundation Trust. As part of our commitment to driving up quality in services for people with learning disabilities, we are proud to say that we have signed up to the Driving Up Quality Code.
- **Social care:** We provide individualised social care to people with a range of needs, including people with learning disabilities or mental illness, supporting people to live independently. Three local authorities have Section 75 Partnership Agreements in place with us which mean some statutory social care responsibilities are delegated to EPUT and some functions are delivered in partnership. Each year we agree performance targets with them for each nationally-defined social care indicator.

We deliver our services through six care units which are responsible for place-based and trust wide services and each have their own multi-disciplinary leadership team.

Our partnerships

EPUT is part of four Integrated Care Systems (ICSs) in Hertfordshire and West Essex; Mid and South Essex; Suffolk and North East Essex; and Bedfordshire, Luton, and Milton Keynes, where we provide some specialist services.

At a more local level, we are actively involved in place-based Alliances in:

- North East Essex
- West Essex
- Mid Essex
- Basildon and Brentwood
- Thurrock
- South East Essex (including Southend).

We work in partnership with Essex County Council, Thurrock Borough Council, Southend City Council as well as local district and borough councils.

We also work closely with other providers of NHS services including GP practices and primary care networks, acute trusts, mental health and community trusts, voluntary, community and social enterprise organisations and independent sector providers.

We have established specific collaborative arrangements with other providers of NHS services in:

- Mid and South Essex – the Community Collaborative brings together providers delivering community health services.
- North East Essex – the Community Collaborative brings together providers delivering community health services.
- East of England – the Regional Specialist Mental Health Collaborative brings together mental health providers across the region. It focuses on specialist services, such as children and young people's inpatient services, and forensic services, which are led by EPUT within the East of England provider collaborative.

We are working with our colleagues in the NHS, local authorities, the voluntary sector, the police, and those with lived experience, to refresh the all-age mental health strategy for Southend, Essex and Thurrock and to establish collaborative arrangements to implement it.

We provide education and training for students from Anglia Ruskin University and the University of Essex as well as training placements for junior doctors. We are building our academic partnerships to support innovation and research that will benefit our services.

Our journey

Since we formed in 2017, EPUT has delivered transformational programmes of work across the full range of its services in community health services, perinatal mental health, adult mental health across community, acute and crisis care settings, and in Health and Justice settings - in line with national policy and local system strategies. For example, West Essex is an early implementer site for the model described in the Community Mental Health Framework and has shared learning from its transformation journey with services across the country.

We have introduced a new operating model, which integrates community physical and mental health services in each of our ICS areas. Our Dementia and Frailty teams are a good example of this. We recognised that many people with dementia also live with frailty, and so we brought our teams together to ensure we plan and deliver our care taking holistic account of all their needs, leading to better care and outcomes. Through our Clinical Health Psychology team, we offer mental health psychological input into physical health teams in both acute and community settings, recognising the interplay between physical and mental health problems for many people.

Topaz Ward, Crystal Centre, Chelmsford

Safety is our top priority, and we launched our *Safety First, Safety Always* strategy in January 2021. This followed the Health and Safety Executive's prosecution of the trust related to failings to manage ligature risk between 2004 and 2015. As part of the strategy we have invested an additional £20m in our inpatient wards enabling significant improvements in the physical environment, and in safety, across our estate. Our project to improve accommodation at our Basildon Mental Health Unit won a Building Better Healthcare Award for the Best Patient Safety Initiative. We continue to engage openly with the ongoing Essex Mental Health Independent Inquiry which was established following a parliamentary debate, on a

non-statutory basis, to look into the circumstances of mental health inpatient deaths across NHS Trusts in Essex from 2000-2020. EPUT will respond to the recommendations made once the final Inquiry report has been published, and the Board will ensure all required actions are completed.

Alongside practical steps to enhance the environment and increase security, we have installed state-of-the-art technology, provided enhanced training programmes for our staff, and changed the way in which we provide supportive observations and engagement for our service users, with care tailored to their individual needs.

We have invested £20m into our community services to enable better care at home for those who use our services.

We have taken steps to open up our organisation and enable more collaborative working with our partners across the system to improve our integrated care offer to our service users. We have established collaborative arrangements with partners in Essex and across the East of England, including the police, ambulance, voluntary, community and social enterprises (VCSE), social care, and local authorities. We are proud to be the regional lead provider for forensic mental health services within the East of England Specialist Mental Health Provider Collaborative.

We want to empower our service users to work as equal partners with us. In the last 18 months we have progressed enormously in the way we partner with those who have lived experience of our services, through the launch of our reward and recognition policy, creating the environment to coproduce and involve our people and communities in a meaningful way and embedding that as the way we do business.

We have further improved our digital technology and innovation and have implemented a Health Information Exchange to better enable clinical information to be shared across our services and across our local health and care system.

We are the lead provider for the Covid-19 vaccination programme for people living in Essex and Suffolk, having mobilised people and resources across our local system. We delivered over 1.5 million vaccinations in 2022, and our Health Outreach team have ensured vulnerable adults across Essex and Suffolk could access vaccinations.

We are making good progress and we will continue to build on our successes to date. However, we know that there is always more we can do, and we will continue to focus on providing the best possible environment for care and recovery with the safety and wellbeing of service users as our central focus.

DEVELOPING OUR STRATEGY

Our approach

In 2021, we launched our new vision:
"To be the leading health and wellbeing service in the provision of mental health and community care."
This vision, along with our new purpose, values, and strategic objectives, was agreed after discussion with our staff and service partners.

Since then, we have carried out extensive engagement with our service users, and their carers and families, as well as our staff and partners, to look at what we need to do to achieve those goals over the next five years through an iterative process of strategy development.

This has included:

- Strategic context review, including current national policy and partner strategies and leading practice among mental health and community providers
- Engagement with service users, carers, families, staff and system partners
- Service level demand and capacity analysis;
- Workshops to identify challenges and opportunities for our services
- Iterative multi-disciplinary review and evaluation of priorities and commitments.

Through this process we have further developed our organisational strategy and strategic plans for our services in parallel.

For each of our strategic objectives we have identified outcomes, sub-outcomes and success measures that will help us and our partners to track progress against our strategy over time.

National policy

Our strategy has been developed in line with national policy for mental health and community services, and will enable us to meet important national commitments, including the following:

- The **NHS Long Term Plan** committed significant investment in mental health services to support an ambitious transformation programme. It also set out how services will be integrated, and community-based services will be expanded, to support more people at home. The new learning disability and autism standards must also be implemented by all trusts by 2023/24.
- The **NHS People Plan** sets out plans to make the NHS the best place to work, and develop a positive, inclusive, individualised, leadership culture across the NHS, with a clear focus on improvement and advancing equality and inclusion.

- The **NHS Mental Health Implementation Plan** sets out specific commitments to significantly expand access to psychological therapies, perinatal, and children and young people's mental health services and transform community mental health delivery, including greater support for evidence based pharmacological treatments.
- The **Community Mental Health Framework** describes a new model for a place-based community mental health model, including personalised condition management, medicines management, individualised recovery, and a more integrated approach to joined-up care.
- Subject to parliamentary process, the **Draft Mental Health Bill 2022** will reform the current Mental Health Act (1983); introducing new requirements to ensure service users' views and choices are respected, that the act's powers are used in the least restrictive way, that admission supports recovery, and that service users are viewed as individuals.
- The **Health and Care Act 2022** places a much stronger emphasis on the integration of health and care services. It has established Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) and requires ICPs to publish an Integrated Care Strategies and ICBs to agree Five Year Forward Plans with their partner NHS providers. It sets the triple aim for the NHS of health and wellbeing, quality of services, and efficiency and sustainability.

- The **Working in Partnership with People and Communities** statutory guidance published in October 2022 by the department of Health and Social Care (DHSC) sets out how the guidance should be used; the main legal duties; reasons for working with people and communities; and the leadership needed to realise these benefits. It gives 10 principles to follow to build effective partnerships with people and communities.

Local priorities

Our strategy will support the aims and ambitions of our partners across the East of England. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

- Services will become **increasingly joined up** across health and social care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate** with health and social care and other services to support integration; this includes 'place' level alliances; neighbourhood partnerships; and provider collaboratives.
- **'Places'** will be the engine for delivery and reform of health and social care services, bringing together health and social care partners to deliver on a shared plan and outcomes.
- Providers will involve service users, communities, and staff in the **co-production** of services and development of strategies.
- Care will be **individualised**, and take account of an individual's context, goals and respond to all their personal needs.
- Joined up services will ensure that there is **'no wrong door'** to access care and support.
- A more **flexible workforce** will operate across service and organisational boundaries to provide joined up and individualised care, utilising corporate ancillary staff and volunteers to add value.
- Better use and integration of **data and patient records** will support joined-up care and risk-based approaches to **population health management**.
- Services will increasingly focus on **prevention and earlier intervention**, providing pre-emptive and proactive care that helps people be and stay well.
- People will be supported to **live well in their communities**: improved community support will reduce admissions and support people to be discharged safely from inpatient care so they can be supported closer to home.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from service user experience.

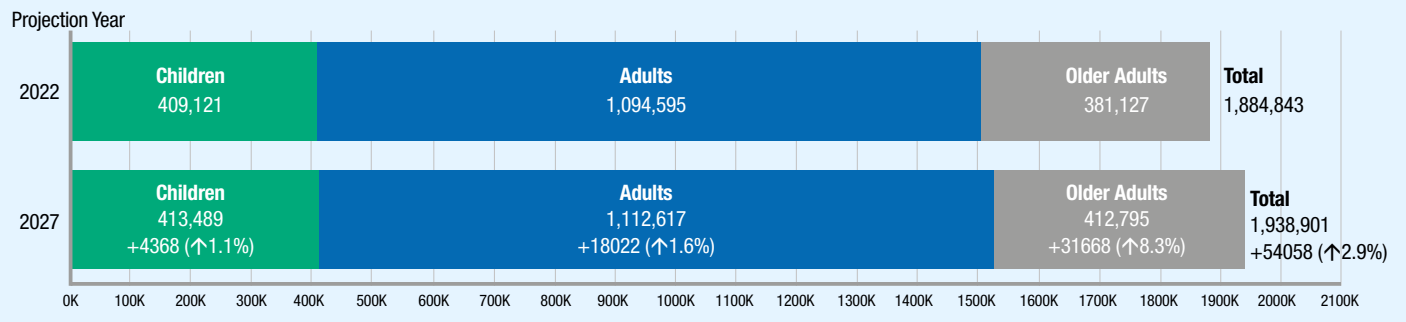
Covid-19 vaccination centre at The Lodge, Wickford

- Health services will work with partners to reduce **health inequalities** in the population. Cultural change will be required to identify and address inequalities that are created or exacerbated by the way we currently deliver care.
- More services will be available online and using **patient-facing digital applications** accessible via a range of channels to maximise inclusion.
- Statutory providers will work more closely **with local communities, voluntary, community and social enterprises, and small businesses** to innovate and improve our service offering.

Challenges

Our **demand continues to increase**. Our population is growing at one of the fastest rates in England, and our ageing population has increasingly complex health and social care needs. The population of Essex, Southend and Thurrock is forecast to grow by 2.9% between 2022 and 2027 with demand for mental health and community services expected to grow at a faster rate. The population over 65 is forecast to increase by 8.3% between 2022 and 2027, which is an **extra 32,000 older adults**. This is the largest relative rise of any age group, increasing the need for physical healthcare alongside mental health interventions. While forecast population growth among children and young people is unlikely to drive demand in the same way, national data show a **39% increase in mental health referrals for children and young people** between 2020/21 and 2021/22 reflecting a significant increase in demand during the Covid-19 pandemic.

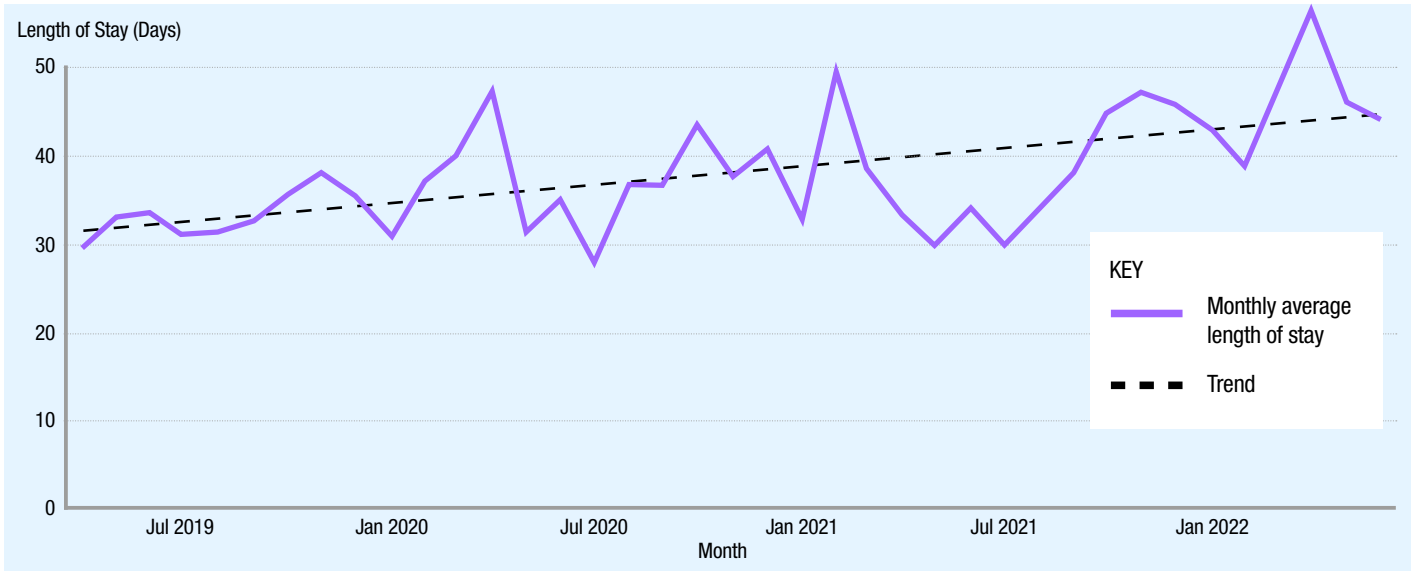
Population Growth By Age Group (Source: ONS 2018 CCG Level Projections)



Deprivation has increased across our population, leading to significant health inequalities and disparity in health outcomes within vulnerable groups and often in the context of multi-generational need across families. The percentage of Essex residents living in the most deprived 20% of areas is amongst the highest in the East of England. The proportion of people affected by deprivation is likely to increase because of the current **cost-of-living crisis**, which 59% of adults report is having a negative effect on their mental health[1]. In addition, clinically significant levels of psychological distress have increased since the **Covid-19 pandemic**. EPUT **serves an increasingly diverse population,** and we need to continually adapt our services to meet our evolving population needs.

Local people currently face **long waits for therapy and intervention** and average length of stay in our inpatient wards has increased, creating pressures. This is also reflected in the levels of out of area placements, which suggests demand for inpatient services is exceeding available capacity.

Monthly Average Ward Stay Length (Days)



1 *Cost of living crisis effect on mental health - Money and Mental Health.*

We face significant **workforce pressures**. Recruitment and retention are a challenge across the NHS, and this is the case at EPUT too. There are high vacancy and staff turnover rates which, alongside national workforce shortages, have created staff shortages across professional groups and services. We have high vacancies for registered nurses and social workers. As a result, there are real pressures on our staff. There is competition for staff from providers in London, which pay an additional cost of living supplement, and from providers in Cambridgeshire and Hertfordshire.

Community mental health services and community physical health services are not always integrated. Whilst we have made great progress in some areas, there is more to do to develop positive relationships with primary care networks and strengthen neighbourhood models across the system. Whilst we have built strong partnerships with a wide range of organisations, we need to continue to create new partnerships, such as with local employers, Jobcentre Plus, the Department for Work and Pensions and service user advocacy groups.

Data and information is fragmented within EPUT and with partner organisations, presenting a barrier to integration. Clinical information is recorded in multiple electronic patient record systems. These systems are connected through a Health Information Exchange which is used by staff at EPUT but it is not the same as having a single system. There is a lack of access to some partner organisations' data which can cause delays, create duplication, and make care coordination between teams and services slower and more complex. We ask service users to retell their story too often which we know is frustrating and can be traumatic or triggering for some people.

Finally, following a parliamentary debate, **a non-statutory Independent Inquiry has been established to look into the circumstances of mental health inpatient deaths across NHS trusts in Essex**. The Inquiry will: review the care and treatment pathways and the circumstances and practices surrounding the deaths of mental health inpatients; and investigate the deaths which took place in mental health inpatient facilities across NHS trusts in Essex between 1 January 2000 and 31 December 2020. We welcomed the Inquiry and are committed to engaging with the Inquiry with openness, honesty and transparency.

Opportunities

We know that we can achieve so much more by **strengthening our work with people and communities who use our services**. We have already progressed in the way we partner with those who have lived experience of our services, but there is an opportunity to go further to put service users, families and carers at the centre of all our decisions and plans.

EPUT is uniquely positioned to **lead the integration of services across Southend, Essex and Thurrock**. No other organisation has the same depth and breadth of partnerships across this geography. By working with others we can play a key role in the joining up of health and care services, primary and secondary services and mental and physical health services. In South East Essex and West Essex, where we provide community physical health and mental health services, we have brought our teams together under Integrated Service Managers. We have entered new collaborative arrangements with other community providers to support integration and have jointly appointed partnership directors to lead this collaboration in Mid and South Essex.

A culture of learning and safety is essential to our work. We have already made progress on this through the ongoing delivery our *Safety First, Safety Always* strategy. We aspire to go further to

embed a culture of learning and safety, building on what we have already achieved and learning from others across the NHS and other safety critical industries.

We have launched a new initiative called "Time to Care" which is making **changes to release more time to care for frontline staff**. We are **redesigning our staffing model** for inpatient services and looking at how new roles can support our multi-disciplinary teams to care for our service users more effectively, supported by process improvements and data and technology. Proposals are being co-designed and implemented with staff and lived experience ambassadors.

Innovation and research is a key part of what we do at EPUT. We can go much further by building on the strength of our partnerships with academic institutions, the expertise of our staff and the potential for strategic partnerships with commercial partners. By working with others we can **take advantage of the latest innovation and research** to improve our services across community and mental health services.

Digital technology and data offer a significant opportunity for EPUT. Our services are spread across more than 200 sites and we work with a wide range of partners to support people with diverse health and care needs. Going forward, we will modernise and streamline our electronic patient record systems, our digital and data infrastructure and adopt the latest technology to help transform our services.

We can achieve more by **building on and expanding our collaborative arrangements** with other organisations including NHS organisations, local authorities, and VCSE partners, including advocacy and service user groups. The power of our collaboratives lies in the shared vision and collective responsibilities that have been agreed. Working in this way will enable us to deliver more consistent quality of service and make the best use of resource to deliver improved and sustained care for those that need it. In the Mid and South Essex system, we are adopting a culture of stewardship and exploring ways in which devolution and delegation of resources and decision making around pathway design can best address local need.

Identifying our priorities

Our strategy and strategic plans have been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. This has focused on the identification of the challenges and opportunities facing our services and our organisation, and prioritising actions that will directly address these to the benefit of our local communities.

To develop our strategic priorities, we engaged with a wide range of service users, carers, families, and staff, as well as with senior leaders at EPUT across our care units and in partner organisations. In total, we held 83 engagement events with over 680 people, using a combination of workshops and interviews. We held board seminars with our Council of Governors and the Trust Board.

We also took into account the views of many more people who use our services indirectly by undertaking a desktop review of themed and annual reports produced by HealthWatch organisations in Essex, Southend and Thurrock, as well as reports and intelligence from our own patient experience team.

Service user engagement

	Total events
Virtual workshops	9
In-person workshops	1
Interviews	4

We met with a total of 89 service users over 14 engagement events

Care unit leadership

	Total attendees
Leadership workshops	67
Options workshops (inc.psych)	108

We ran 11 engagement workshops with care unit leadership teams

Other engagement

	Total attendees
Interviews with partner organisations	39
Internal interviews/meetings	37

Staff engagement

	Total attendees
Specialist Care Unit	39
UEC & Inpatient Care Unit	27
North East Essex Care Unit	29
West Essex Care Unit	36
Mid & South Essex Care Unit	33
Other staff forums	179

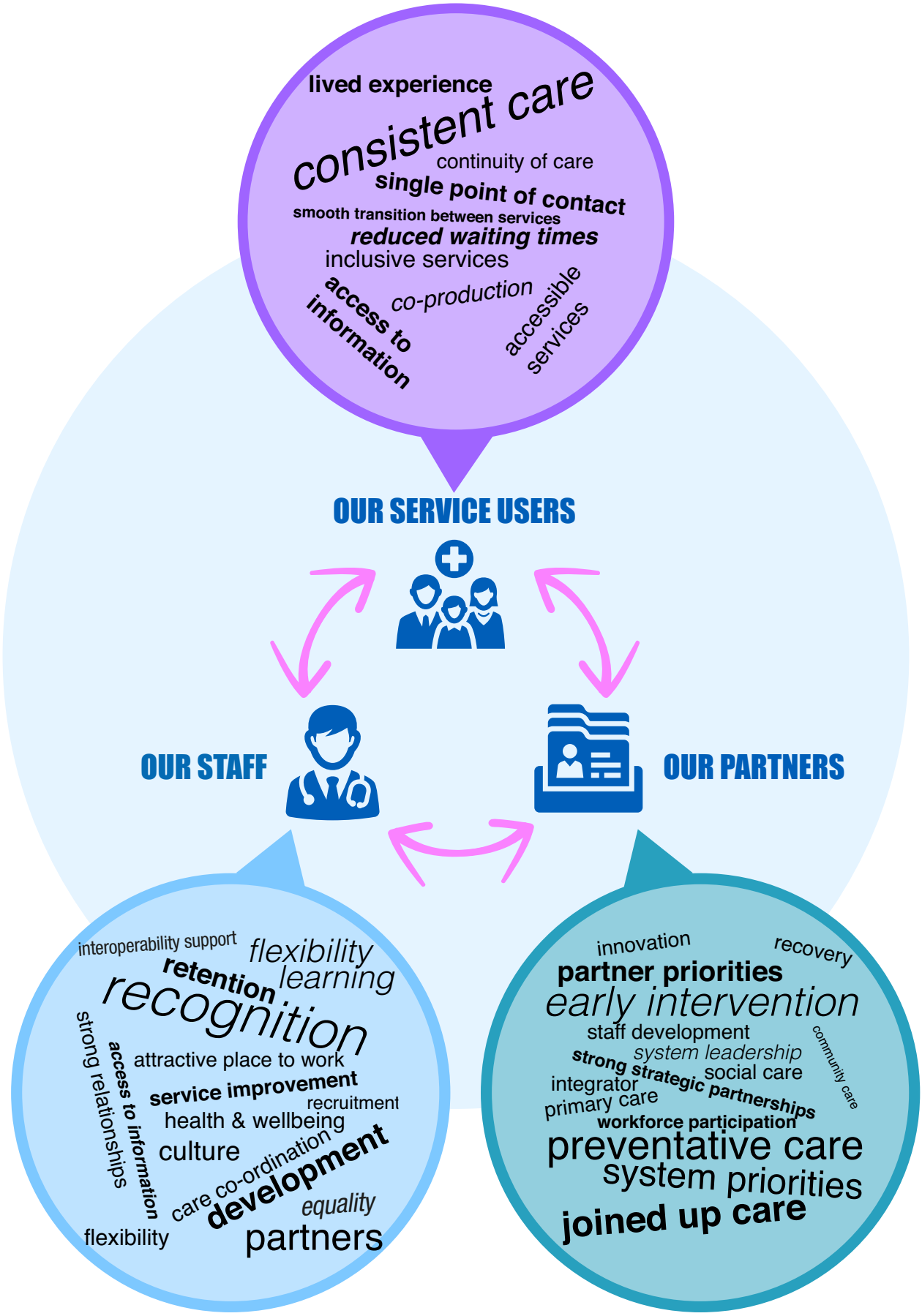
We met with a total of 343 staff members over 27 engagement events

We made a total of *683* contacts* over *83 engagement events*

*some individuals may have attended more than one engagement event

DEVELOPING OUR STRATEGY

Our engagement process told us that our staff, our service users, and our partners would like to see:



VISION, VALUES AND PURPOSE

People are at the heart of everything we do, and our strategy is focused on providing high-quality, safe, individualised care and supporting people to live well throughout their lives. Our approach is underpinned by partnership working, championing lived experiences and co-production, continuous development, and a caring, learning, and empowering culture. We agreed a new vision, purpose, values and strategic objectives to reflect this in September 2021 after discussion with our staff and service partners.

OUR VISION

To be the leading health and wellbeing service in the provision of mental health and community care.

OUR VALUES

WE CARE.

WE LEARN.

OUR PURPOSE

We care for people every day. What we do together matters.

WE EMPOWER.

Putting our values into practice

- **We Care:** Better care leads to better outcomes. Our care will be individualised, therapeutic and trauma-informed, and we will support our staff to be resilient at work by prioritising their health and wellbeing.
- **We Learn:** We will develop our culture of learning, reflecting carefully when things go wrong and championing continuous improvement. We will embed gold standard learning processes and cycles that help us create new knowledge.
- **We Empower:** We will create a culture of co-production, with lived experience and staff experience informing all our plans. We will empower our service users, their families, and their supporters to set their own care and recovery goals and empower our staff to draw on and apply their managerial and clinical expertise.

STRATEGIC OBJECTIVES

Strategic objective 1: We will deliver safe, high quality, integrated care services

Context

We are committed to providing safe, high quality, integrated services. We recognise that drawing on and applying lessons learnt is the biggest improvement driver for safe and high-quality care. Going forward, we will continue to encourage our service users, families, carers, and staff to share their experiences and implement learning from the Essex Mental Health Independent Inquiry and other reviews into mental health and community services. We will also work collaboratively to deliver more joined up and integrated care by better aligning pathways, policies, and processes, reducing siloed working, and ensuring that clinicians have access to individual service data and community data.

Our response

Our care will be led by our service users, their families, and their supporters, and based on the goals they set for their recovery and health. We will introduce trauma-informed care and be a psychologically-informed organisation, and work with service users to develop individualised, high quality, holistic care plans to meet those goals.

Service user care plans will be recovery focused, with safety, experience, and learning at their core. We will continue to strengthen our integrated care models, working with our partners to share best practice and ensure that our service users receive the care that they need in the right place at the right time.

We recognise that digitally enhanced care is the future, and we will continue to advance our digital capabilities and use real time information and digital technology to connect information and people, so that we are better able to coordinate care and communicate with each other and the people we are serving.

Our priorities

1. To provide integrated care close to where our service users live

We will integrate our services and care co-ordination with our health and care partners including GPs, NHS trusts and local authorities. People will be able to access more specialist services in their local area through the development of integrated neighbourhood teams.

2. To achieve world-class outcomes, with a focus on recovery

Our approach will be underpinned by learning and innovation, and we will ensure that all those who need to access our services can. We will modernise our inpatient mental health services, ensuring that every admission has therapeutic benefit and people remain in an inpatient bed for no longer than necessary. We will develop a consistent approach to clinical quality across our services through a new clinical quality strategy. We will continue to collaborate on innovation with our local partners and internalise learning from improvements achieved in other systems.

3. Empowering our service users, families, and carers

EPUT will take a trauma-informed approach to our care models. This means that our approach will be underpinned by safety, trust, choice, collaboration, empowerment, and cultural sensitivity. Our care unit plans reflect actions to increase continuity of care; to ensure service users are involved and have a choice in decisions about their care; to work with and empower families and support networks, including carers; as well as to train our staff in trauma-informed approaches and empowering service users to define their own care outcomes and recovery goals. We recognise the vital role of families and carers in providing care to their loved ones and will involve them in trauma-informed approaches. We will work with service users, families and carers to upskill people in their own care and the care and support of their loved ones.

4. Embedding a digital mindset and culture

We will increase the capacity and capability of our services through better use of data and digital technology via a range of channels, such as predictive tools and artificial intelligence (AI) and increase digital literacy across our teams. To further enable integrated care, we will connect information systems across EPUT and commit to implementing a single patient record and an electronic prescribing and medicines administration (ePMA) system. We will also work with our partners to deliver shared care records across our ICSs.

STRATEGIC OBJECTIVES

Key commitments

We will:

- **Reduce unwarranted variation**
- **Reduce average length of stay**
- **Improve outcomes and recovery**
- **Strengthen partnership working to integrate co-ordination across services**
- **Implement a single patient record and an ePMA system**
- **Implement shared care records with our ICSs**
- **Co-design co-production models with service users, families and carers**
- **Implement the Accessible Information Standard (AIS)**
- **Be a psychologically-informed organisation that practices trauma-informed care**
- **Develop "family first" approaches to our services, working with services users, families and carers to upskill people in their own care and the care and support of their loved ones**
- **Support people proactively through life transitions e.g. from children's to adult services**
- **Ensure that our service improvement approach and delivery plans align with national standards for Learning Disability and Autism**
- **Develop our relationships with our local communities, working together to improve our services and help them to thrive**
- **To implement learning from the Essex Mental Health Independent Inquiry and other reviews into mental health services**
- **Develop a new clinical quality strategy.**

Oxevision

Over the last 18 months, a new medical device, called Oxevision, was installed to support patient safety. Oxevision is a contact-free vision-based patient monitoring and management platform provided by Oxehealth. It helps clinicians to plan care and intervene proactively by providing them with: location and activity based alerts and warnings; reports on risk factors; and cardio-respiratory vital signs. This has benefited our service users by improving safety and reducing instances where a service user is disturbed by staff to take a vital sign observation, for example when they are sleeping. We have been working with Oxehealth to develop this digital clinical assistance tool further with the pilot of an electronic observations tool by staff on our wards, reducing reliance on paper based observation records.

Essex Mental Health Family Group Conferencing Service

Family Group Conferencing offers a unique approach to empowerment and recovery. By adopting this model in adult mental health, we have successfully enabled individuals and their network around them to take ownership of their unique situations and together address what matters to them. This process enables families to independently create their own plan and make decisions for themselves, focussing on their own solutions and recovery. This empowers individuals to feel supported by their whole network, rather than feeling isolated and often having to struggle on their own. Over 90% of users recommend the service, and the team was Highly Commended at Positive Practice in the 2022 Mental Health Awards and won the Regional Excellence in Mental Health Care Award at the 2022 NHS Parliamentary Awards. *"A massive thank you…it was so worthwhile, and I finally felt relaxed last night, first time in a long time ... I think this is the start of something good for us."*

STRATEGIC OBJECTIVES

Success measures

Strategic Objective 1: We will deliver safe, high-quality integrated care.		
Outcomes	**Sub-outcomes**	**Measures**
Our services are safe and of high quality.	People feel safe in EPUT's care.	Patient-reported Experience Measures (PREMs). Patient survey.
	Staff feel safe at work.	Staff survey (health and safety domain). Pulse surveys.
	All service users have high-quality care and safety plans.	100% patients have safety plans. Reasonable adjustments in place for those with Learning Disability or autistic people.
	Reduction in serious incidents and instances of harm.	Number of serious incidents reported. Number of incidents involving self – or other preventable harm.
People have good access to our services.	Reduction in waiting list and waiting times.	Number of people on waiting list. Achievement against waiting time targets.
	Our services have the capacity to meet the demand of our population.	Average length of inpatient stay. Average number of patients on caseload. Number of inappropriate out of area placements.
	People are able to access our services when they have an urgent need.	Performance against urgent care access targets. Number of admissions via Emergency Departments, ambulance, police.
People have a positive experience of our services.	People have a positive experience of using EPUT's services.	PREMS. Patient survey.
	Service users, families and carers are involved in their own care.	100% inpatients have been involved in completing their care and safety plans. Care plans include user-defined goals.
People have good outcomes from care and recover from ill health.	Improved outcomes from care.	Clinical outcome measures, e.g., Health of the National Outcome Scales (HoNOS) and Patient-reported Outcome Measures (PROMs), segmented for underserved groups or those for whom outcomes are known to be less favourable.
	People successfully recover from ill health.	Attainment of user-defined goals (goal attainment scale).
	Our care provides a therapeutic benefit.	Crisis / admission rates from community caseload. Purposeful admission (clear purpose recorded for each admission).
Our services are integrated.	People accessing EPUT's services feel that their care is joined up.	PREMs.
	Clinical pathways are integrated across the organisation and with partners.	Number and range of shared pathways agreed with partners.

Strategic objective 2: We will enable each other to be the best we can be

Context

Our dedicated staff do incredible work, and we're proud of the strong sense of teamwork and purpose across our organisation. However, we acknowledge that there are always steps that we can take to not only maintain these successes but improve them further. As we move towards a more individualised care model, we will continuously develop our leadership, culture, and range of skills to ensure that we can meet the evolving needs of our population.

Our response

Together with our local partners across and beyond the NHS, we develop and deploy an agile, multi-skilled workforce to deliver individualised, holistic care, and benefit the people we serve.

We want EPUT to be an employer of choice, and we recognise that to achieve this we need to continuously identify opportunities to transform our workforce, support our people to grow, and take steps to ensure that our staff feel happy and valued at work, and connected and supported in a positive work environment. We will tackle equality, diversity, and inclusion issues within our Trust to collectively improve civility and respect and ensure that staff from underrepresented backgrounds have equal opportunities.

We will plan for the future by ensuring that our staff have the tools required to be successful in their current and future roles and strive to offer attractive, flexible and accessible health and care role opportunities to local people within our communities.

We will utilise and upskill our corporate support services, and volunteers, to add value to our patient facing services in an intelligent and meaningful way.

Our priorities

1. To ensure that EPUT is a preferred employer, and an excellent place to work and train

EPUT will be recognised as an inclusive employer and an attractive place to work and develop professionally, that values equality, diversity and inclusion. We will develop a caring, learning, and empowering culture and implement a behaviour toolkit within each of our care units to strengthen our organisational values. We keep our staff informed with good communication and engagement and will ensure staff feel safe to raise concerns and issues in our services and through our Freedom To Speak-Up Guardian. Recruitment and induction processes will be simple and efficient and involve our lived experience ambassadors, and a long-term plan will also be in place to tackle recruitment challenges and grow our workforce together with our local partners.

2. To build capabilities that enable us to deploy a flexible, multi-skilled workforce model, including volunteers and lived experience roles

Our future workforce model will be recognised as one that is flexible and multi-skilled working with our education partners. We will enhance multi-disciplinary working across the organisation, ensuring people are supported by a range of skills and experience. We will bring lived experience into our teams, with peer support workers on every ward and lived experience roles at every level of our organisation. We are introducing new roles and building capabilities that enable staff to support service users more flexibly and in a way that reflects their individual needs. We are creating ways for staff to work across organisational boundaries.

3. To develop our future leaders and grow our own workforce

Local recruitment will increase; we will revitalise retire and return and back to permanent roles schemes, and actively engage with local schools and colleges. To help us to achieve this, we will establish a health academy and sponsor schools to mentor students. We will support our staff to undertake education and research relevant to their work. Our workforce will also have the opportunities and skills required to become future leaders, including manager and senior leadership development programmes. We will also develop a learning hub and shared education programmes with our partners. Increasingly, our training and development programmes will include lived experience ensuring that our learning is focused on people.

4. To improve organisational digital literacy

EPUT will be recognised as a digitally mature organisation, with workforce and operational capabilities augmented by modern digital tools and technologies. To achieve this, we will commit to offering training to our staff and leaders to improve digital literacy and ensure that our practitioners have the information they need to make every service user contact count.

STRATEGIC OBJECTIVES

Key commitments

We will:

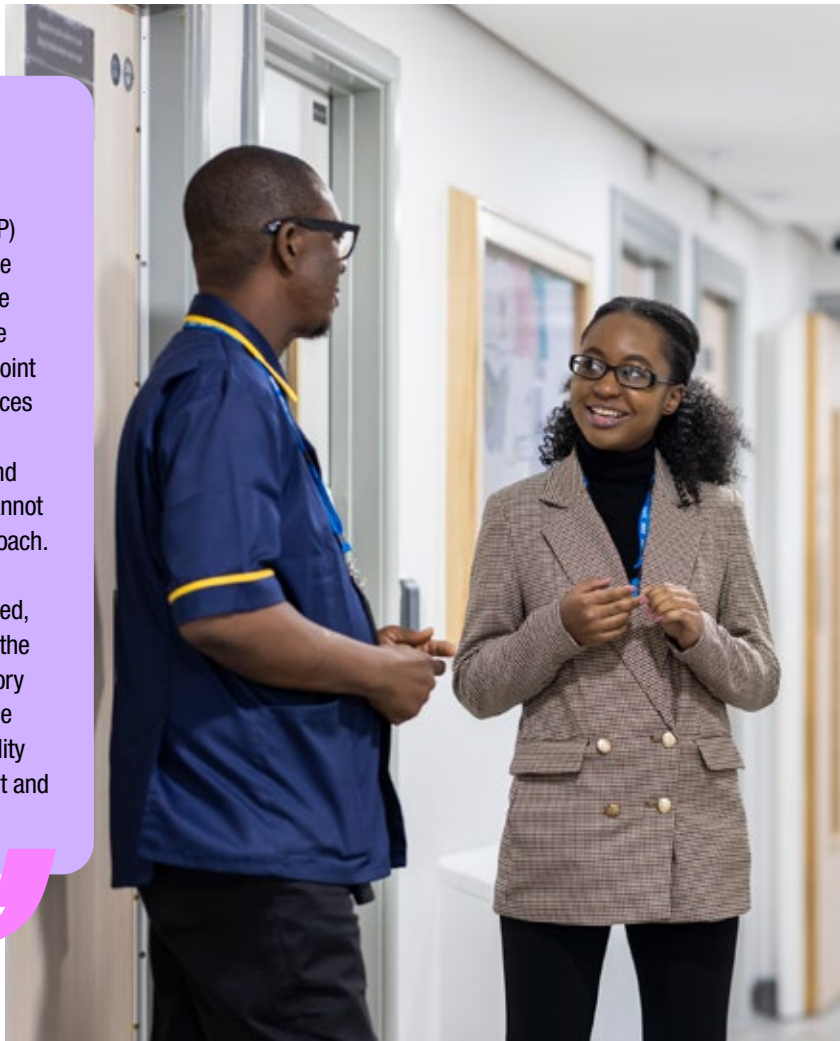
- **Improve our staff development offer and extend this to lived experience and volunteer roles**
- **Communicate and engage proactively with our staff**
- **Ensure that staff feel safe to raise concerns**
- **Tackle racism and discrimination against our staff and service users**
- **Develop our people and culture strategy**
- **Support staff to develop through education and research**
- **Increase the range of skills within our teams and enhance multi-disciplinary working**
- **Introduce new roles including more peer support workers and integrated care workers**
- **School and college engagement, including mentoring students**
- **Improve digital literacy of staff and leaders**
- **Implement senior management and director leadership development programmes**
- **Introduce a behaviours toolkit**
- **Develop a joint learning hub**
- **Embrace our role as an anchor institution in local communities and create maximum social value through recruitment, improving aspirations for your people through work experience, internships and apprenticeship opportunities.**

New Clinical Associate role in Psychology

We have been at the forefront of developing a new role in the psychological professions, the Clinical Associate in Psychology (CAP). We have recently won the Health Service Journal Workforce Initiative of the Year award jointly with East London NHS Foundation Trust and Southern Health and Care Trust for our leadership in the introduction of CAPs into the mental health workforce in England. We are the only NHS trust in England to hold a main provider role for delivering training of CAPs and deliver this training ourselves, in partnership with the University of Essex. This enables us to respond with agility to workforce needs and to shape the training to fit with the needs of our services. This is important because we need a bigger psychological workforce to meet our aspiration of delivering high quality trauma-informed care underpinned by service-user choice. As an apprenticeship, it is cost effective, making use of the levy to support the cost of training, and those who train via the apprenticeship route are more likely to continue to live and work in their local area. This helps with staff retention. As a 'training while working' pathway, the CAP training offers a route into the psychological workforce that is accessible to more applicants, and this is helping to increase the diversity among our trainees.

Collaborating for Care

EPUT has undertaken an innovative and unique approach and created a combined Nursing and Allied Health Professional (AHP) strategy. Together the nursing and AHP workforce can overcome challenges and grasp opportunities for the benefit of our service users, colleagues, and community. We are all here to deliver the best individualised care we can, and this strategy sets out our joint approach to doing this. Demand continues to grow on the services we provide as a joint workforce. EPUT has made considerable progress during the lifespan of the previous nursing strategy and previous AHP strategy but to meet this growing demand, we cannot ignore the exciting opportunity to work together on a joint approach. This strategy supports person centred care, promoting a multi-disciplinary approach and ensuring we recruit and retain a skilled, knowledgeable, confident, and supported workforce. We know the importance of working alongside national partners and regulatory bodies, such as National Institute for Health and Care Excellence (NICE), the Nursing and Midwifery Council (NMC) and Care Quality Commission (CQC). We want to have a continuous improvement and reflective practice culture that enables us to work upstream.



Strategic Objective 2: We will enable each other to be the best we can be.		
Outcomes	**Sub-outcomes**	**Measures**
We are an employer of choice.	More people are attracted to work for EPUT on a substantive basis.	Number of successful appointments per recruitment campaign. Vacancy rate. % substantive staffing across services.
	EPUT is an inclusive employer that is committed to tackling racism and discrimination.	Workforce Race Equality Standard (WRES) indicators. Workforce Disability Equality Standard (WDES) indicators.
	More people choose to stay working for EPUT.	Retention rate. Number of students, apprentices, work experience placements and volunteers taking substantive roles at EPUT.
We have an appropriate range of skills and experience in our multi-disciplinary teams.	Our services are staffed in line with agreed staffing models.	Shift fill demonstrates fidelity to staffing models *subject to agreement of staffing models.
	Our MDTs include lived experience roles.	Number of peer support workers, and other lived experience roles across EPUT. Number of peer support workers with lived experience of Learning Disability or Autism.
Our workforce is able to access high-quality development.	Our workforce is able to access a range of development opportunities.	Range and uptake of training and development opportunities. Volunteers and lived experience roles have access to development.
	Our development programmes support our workforce to grow and progress to more senior roles.	Reported satisfaction with development programmes (post programme surveys). Retention of talented staff members (Pen Plan). Number of staff achieving internal promotion, when available.
We are supporting more people into health and care careers.	Local people have a range of opportunities to enter and develop key skills for health and care roles.	% of workforce employed from local communities. Number of local people successfully completing trainee- and apprenticeships at EPUT. % BAME staff in roles >Band 7.
	More local young people are aware of work opportunities in health and care.	Number and range of school and college engagement programmes held.
	More unregistered staff are supported to qualify for a registered health or care role.	Number of clinical apprenticeships offered and successfully completed.
Our staff healthy and happy at work.	Our workforce feels that our culture reflects our values.	NHS Staff Survey.
	Our workforce has a positive experience of working for EPUT.	NHS Staff Survey. Pulse surveys. Incidence of poor staff experience, e.g., harassment, discrimination.
	Our workforce is healthy.	Sickness rates. Uptake of wellbeing offers.

Strategic objective 3: We will work together with our partners to make our services better

Context

EPUT serves diverse communities across Bedfordshire, Essex, Luton, Southend, Suffolk, and Thurrock, and has a wide range of partners across health care, voluntary and community services, housing, education, employment, and emergency services in each of these areas. We have already built strong relationships with system partners and taken key steps towards an integrated and holistic care model that has safe and high-quality care at the centre. EPUT will continue to build on this by sharing lessons learnt and best practice across the system to consistently drive the delivery of safety and high-quality care. We will also continue to remove barriers, build good partnerships, and enhance service delivery by actively involving our partners, and reflecting lessons learnt, in the design of our services going forwards.

Our response

Our most important partnership is with our service users, their families, and supporters. We will embed service user-led approaches and peer support across our services. We will work together with people who have lived experience to design and deliver our services, creating the environment to coproduce, codesign, and for shared decision making at both an operational and strategic level.

We will also commit to co-designing a new coproduction model next year with people who have lived experience of mental health and community services. Our approach to co-production will continue to evolve, as we embed the model over the next five years as the EPUT way of business.

We have a unique position and expertise to drive integration as a provider of both physical and mental health care, working across primary and secondary care and across multiple integrated care systems and local authority areas. Our collaborative approach and experience will enable us to work more effectively with our service users and partners at a neighbourhood, place, and system level.

We have made progress on building our relationships with our partners, and we will continue to work collaboratively with our partners going forwards. Our shared vision, aims, and approaches will enable us to continue to improve the quality of our shared services.

To support our care model, we will strengthen our learning, accountability, and governance frameworks, ensuring that best practice is shared across the system and that all colleagues will have opportunities to develop their skills and relationships, and the confidence to make every service user contact count.

We know that the way in which we support children to transition to the care of our adult services, and similarly for adults transitioning into care for older adults, could be improved. Proactive planning between teams with families and carers will be a core feature of our development plans for the coming years.

Spirometry Clinicabin, Rochford

Our priorities

1. To continue to build our partnerships with our services users, carers, and their families

EPUT will continue to build on our success to date of moving towards an integrated and holistic care model. Our ambition is to continue to progress this model, and in doing so consistently deliver an integrated approach to service user care that enables our service users, clinicians, and partners to work together effectively and collaboratively. We will grow our lived experience team and support them to be the best that they can be by affording them the same opportunities to develop themselves as our substantive workforce. We will also develop lived experience roles across all services, and at every level, to create an environment of shared decision making from ward to board.

2. To drive collaboration and integration through our partnerships across Southend, Essex, Thurrock, and the East of England region

EPUT has further ambition to expand and strengthen our relationships with our partners to improve integration of services. By working with others we can play a key role in the joining up of health and care services, primary and secondary services and mental and physical health services. This means working collaboratively with local authorities, primary care networks, acute trusts, mental health and community trusts, voluntary, community and social enterprise organisations and independent sector providers. We will do this across all of our services. We will also support collaborative arrangements to implement the developing Southend, Essex and Thurrock All-Age Mental Health Strategy.

3. To continuously improve quality, experience, access, and outcomes through collaboration

Our integrated care model is underpinned by education programmes and shared learning models, enabling information, knowledge, and best practice processes to be shared both locally and across the system. We will also work with our existing and future partners through our provider collaboratives in Mid and South Essex, North East Essex and the East of England to drive up quality and create opportunities for shared learning and development. We will work with our academic partners to pursue innovation and research that can improve our services.

4. To better enable local joint working

We will develop community hubs and introduce single referral hubs and pathways for our specialist services to improve access to and quality of care. We will build on joint and partnership roles in our teams, and support our teams to build relationships and work effectively together at a local level through improved ways of working.

Lived Experience Team

Over the last year, we have grown our team of lived experience ambassadors from 10 to 60 people, and significantly increased involvement activity and hours across EPUT. We agreed a new Reward and Recognition policy in August 2022 to ensure the contribution and time of our lived experience team is properly recognised and have introduced a new platform for services to advertise involvement activities. The Lived Experience Team has been involved in a range of important programmes, including Time to Care and our new Mental Health Urgent Care Department. The Lived Experience Team has made an invaluable contribution to development of this strategic plan, emphasising individualised care, co-production, inclusive and trauma-informed services, and reduced variation. We are excited to build on this great team, and to embed lived experience as a driving force across EPUT.

STRATEGIC OBJECTIVES

Key commitments

We will:

- **Be a strong advocate for people who use our services**
- **Grow our lived experience team, developing lived experience roles across all services, and at every level**
- **Expand and strengthen our relationships with our partners to improve integration of services across Southend, Thurrock, and Essex**
- **Work with our academic partners to pursue innovation and research that can improve our services**
- **Continue to work with existing and future partners through provider collaboratives in Mid and South Essex, North East Essex and the East of England**
- **Develop community hubs, bringing services and teams together**
- **Introduce single referral hubs and pathways to improve access to care**
- **Create an environment for shared decision making from ward to board, between lived and learned experience based on mutuality, reciprocity, and equity.**

Integrating physical and mental health services

We have developed several projects and interventions to improve the integration of our physical and mental health services. These include the 'Fitness and Lifestyle Intervention Programme', the 'Cultivating Recovery Opportunities Project', and the 'Healthy Eating Project'. In October 2022, Brockfield House Secure Services in EPUT were the overall winners in the category of 'Integrating Physical and Mental Health' at the National Positive Practice in Mental Health Awards. The award recognised how the multidisciplinary team has been working together to promote healthy lifestyles amongst service users with severe mental illness within the secure service. It was a proud moment for the Secure Services Team.

Hadleigh Ward, Basildon

Strategic Objective 3: We will work together with our partners to make our services better		
Outcomes	**Sub-outcomes**	**Measures**
We are working effectively with our partners and are providing system leadership.	We are perceived to be a good partner, and our partners have confidence in our services.	Stakeholder feedback survey. Contracts awarded or extended.
	Our partnership arrangements are effective. We are able to influence effectively.	Achievement of shared performance and outcome targets.
	We hold a range of formal system leadership roles.	Number and range of roles held.
	We have agreed shared models and pathways of care with a range of partners.	Number/range of pathways by sector, e.g., health, social care, housing, voluntary and community sector (VCS).
We are working with lived experience partners to co-design and deliver our services.	Lived experience roles are embedded across all care units, and at all levels of the organisation.	Number and range of lived experience roles.
	Services are designed and delivered through co-production with lived experience.	Co-production model agreed. Annual review of impact (Patient Experience annual review). Lived experience anecdotal and survey feedback.

Mental Health Unit, Basildon

Strategic objective 4: We will support our communities to thrive

Context

EPUT is committed to driving forwards community-based care to improve health outcomes, but we need to make our services more accessible and visible to people that are underserved and experience health inequalities. We can do more to support the communities where we work, by providing economic benefit, good work opportunities and minimising our impact on the environment.

Our response

We will focus on improving health access and outcomes for those experiencing health inequalities by determining what matters most to them. Our work with community services will aim to better raise awareness and access to services amongst groups who are currently underserved. Across our mental health services, we will address the inequalities in access, experience and outcomes experienced by racialised and ethnic minority communities, through our implementation of the Patient and Carer Race Equality Framework (PCREF). This will require cultural change to identify and address any inequity created or exacerbated by the way our services are currently delivered. We will improve our health promotion, education, and physical healthcare provision to reduce the disparity in health outcomes for people with serious mental illness, people with a learning disability or autism.

The demand for our services is increasing, and we recognise how important our role is in preventing illness and intervening early with those who are at risk. We will focus particularly on suicide prevention, and work with our partners and communities to raise awareness and reduce risk.

We will support community and voluntary organisations by offering development, mentoring and supervision so that they are equipped to deliver impactful support. By wrapping our support around these essential community assets, we will help to build resilience in our communities.

We will further support more people with severe mental illness, people with a learning disability or autism to find good quality work in their local community, and this includes supporting people with lived experience of our services to develop in professional and qualified roles to further strengthen the experience of our teams.

In the context of all these partnerships, at EPUT we are constantly focusing on the impact of our organisation in our local communities as an employer of large numbers of staff, a purchaser of goods and services as well as our environmental impact. We are working with our partners to maximise the positive impact we can have on the wider determinants of physical and mental health, including housing, employment, education and air quality.

Our priorities

1. To reduce health inequalities

We will reduce inequalities in access, experience, and outcomes and commit to developing and expanding our health outreach services for communities that experience challenges in accessing healthcare. We will have deep and meaningful connections with our local faith communities, to identify gaps in health inequality and work collaboratively to close these gaps.

2. To engage proactively with our communities to build on their existing strengths and priorities

EPUT will engage proactively with the communities that we serve through an agreed community engagement framework. We will collectively build resilience working with people and communities on what matters to them, bringing the strengths of our multi-professional workforce and partnerships together. We will work closely with community and voluntary organisations to learn from them and develop ourselves while also sharing our expertise and passion for the services we provide.

3. To reduce our environmental impact and operate sustainably

Our future plans must reflect the requirement to deliver greener and more sustainable services, and to improve the health and wellbeing of our teams and the community we serve, EPUT will deliver its green plan including making changes to reach Net Zero Carbon status by 2050 as an anchor organisation working alongside others in our region.

4. To prevent illness and intervene earlier

Our care models will be underpinned by recovery and prevention, and collaborative working with our community-based partners to improve the health outcomes of our population and keep our people out of hospital. Our pharmacy teams will work within our communities to optimise medicine regimens, and across our services we will promote good health behaviours, such as smoking cessation, vaccination uptake and weight management, and support timely access to healthcare. EPUT will raise awareness about suicide prevention, and in line with the Core20Plus5 approach to addressing healthcare inequalities, we will ensure people with severe mental illness have access to regular health checks.

Alex, EPUT service user who was helped to find work by EPUT, our partners Employ-Ability and employer Langdon Hills Golf and Country Club

STRATEGIC OBJECTIVES

Key commitments

We will:

- **Reach Net Zero Carbon status by 2050**
- **Develop a community engagement framework and put it into practice**
- **Improve health outcomes, focus on parity for people with serious mental illness, learning disability or autism**
- **Develop and expand health outreach services, and improve access for marginalised communities**
- **Reduce inequalities in access, experience, and outcomes for racialised and ethnic minority communities, through the implementation of PCREF**
- **Have positive economic impact in our communities**
- **We will utilise national frameworks such as the Equality Delivery System (EDS), Accessible Information Standard (AIS), PCREF, and Patient-Led Assessments of the Care Environment (PLACE), to improve the access, experience, and outcomes for all service users**
- **Deploy our Enable East team to deliver maximum social benefit through grant funded delivery programmes in our local communities.**

Veterans service

EPUT, in partnership with the Military Charity Walking with the Wounded, have hosted an employment support specialist within our military and veterans services. For many veterans, their military experience is characterised by discipline, integrity, and a drive to be meaningful members of the community. Sadly, for some, they return from the battlefield scarred both physically and emotionally. Our veterans employment specialist helps bring back a purpose and a sense of pride and has successfully ensured many of our veterans have gained meaningful employment and are able to support both themselves, their families and return a sense of purpose.

Rough sleepers service

The Southend Rough Sleepers Mental Health Team (RSMHT) provides specialist multi-disciplinary assessment and interventions for rough sleepers within Southend. The team works with people sleeping on the streets, people residing in supported accommodation provided by the local rough sleepers' network, and with people living in temporary accommodation as part of a housing rough sleeper's initiative. Individuals who access the service typically have complex needs, often with concurrent drug and alcohol dependence. One service user who was recently suicidal and was supported in collaboration with colleagues within the rough sleepers' network stated that *'if I was still on the streets, I'm not sure whether I would still be alive, … I now see a glimmer of hope!'*

SHELLS SOS bus

The SHELLS (Shelter & Health EnListing Local Support) SOS bus is an award winning outreach service, designed to support the homeless community in North East Essex. It operates with partner agencies to provide access to health, advocacy, mental health nursing, social prescribing, housing authority outreach teams, drug and alcohol support and signposting to all other local services. The SOS bus was piloted in Clacton at the end of 2020 and extended to Harwich, helping more than 650 people in its first year. The SHELLS SOS bus won the Health Equalities Award in the national finals of the NHS Parliamentary Awards 2022.

The SHELLS SOS bus

Strategic Objective 4: We will help our communities to thrive.		
Outcomes	**Sub-outcomes**	**Measures**
People have equal access to, experience of and outcomes from care.	More people from underserved communities are able to access EPUT services.	Uptake of all services from underserved communities. Numbers supported through outreach services.
	Fewer people from racialised and ethnic minority communities experience restrictive practices.	Rates of restraint, seclusion and detention among Black, Asian and Minority Ethnic (BAME) communities.
	There is no difference in experience of EPUT's care across population groups.	PREMS. Patient survey.
	There is no difference in outcomes from EPUT's care across population groups.	Clinical outcome measures. PROMS. Goal Attainment Scores.
People with serious mental illness, people with a learning disability or autism have better health.	More people with serious mental illness, people with a learning disability or autism access preventative services.	Health check uptake. Vaccination uptake. Smoking cessation.
	People with serious mental illness, people with a learning disability and people with autism have improved health outcomes.	Clinical outcome measures. PROMS. Goal Attainment Scores.
Our communities feel that EPUT understands what matters to them and supports them with actions.	EPUT proactively engages with community groups on their own terms. EPUT is an active and responsive partners in local place based alliances where we provide services.	Number of community meetings attended by EPUT staff. Feedback from local community groups. Stakeholder feedback survey.
We will deliver greener and more sustainable services.	EPUT will aspire to reach Net Zero Carbon status by 2050.	Sustainable Development Assessment Tool. (SDAT) score of 50% by 2025.
We have a positive economic impact in our community.	Local people have a range of opportunities to enter health and care roles and develop their skills and knowledge.	% of workforce employed from local communities. Number and range of trainee- and apprenticeships offered and successfully completed by local people.
	More services and products are supplied by local businesses.	Value and % of supply chain with local providers.
We are effectively supporting our VCSE partners.	We have agreed shared models and service arrangements with a range of VCSE partners.	Number and range of shared pathways and services. Number of coaching/mentoring/supervision arrangements in place with VCSE.
	Our VCSE partners feel well supported by EPUT.	Stakeholder feedback.
People in our communities are at decreased risk of death by suicide.	Our staff and partners are aware of signs of distress and suicidal behaviour and know how to access support.	Staff survey. Uptake and evaluation of suicide awareness training.
	Fewer people in our communities die by suicide.	Local suicide rates.

CARE UNIT STRATEGIC PLANS

Introduction

The Trust strategy is built up from the strategic plans developed by our care units. They describe local priorities within the overarching framework and commitments of the trust strategy. Our care units are committed to both the Trust strategy and their strategic plans and our goal is that all staff recognise their individual and collective roles in delivery of these.

We have developed strategic plans for Mid and South Essex Community Services, North East Essex Community Services, West Essex Community Services, Specialist Services, and Urgent Care and Inpatient Services. Our Psychological Services and Pharmacy Services are integrated into these plans.

West Essex Community

The West Essex Community care unit provides adult primary and community mental health services alongside community physical health services across Epping, Harlow and Uttlesford. The West Essex Care Unit sits within the Hertfordshire and West Essex Integrated Care System.

The West Essex Community care unit strategic plan is set out at **Appendix 1**. The plan is summarised below.

West Essex Community vision

- **Deliver a healthier future for the population of West Essex through our partnerships with other health and care organisations, our staff, the voluntary sector, and our local communities.**
- **Implement the Care Co-ordination Centre with our partners to improve outcomes and experience by navigating people to services at the right time, in the right place.**
- **Enable people to receive end-of-life support at home or in their preferred place of choice.**

We will deliver safe, high-quality integrated services

- We will develop our population health management approaches.
- We will improve end-of-life pathways.
- We will further develop our integrated neighbourhood teams.

We will enable each other to be the best we can be

- We will identify new staffing models and roles.
- We will introduce Integrated Care Worker roles.
- We will become an employer of choice for our communities.

We will work together with our partners to make our services better

- We will work with people with lived experience and our partners to shape our services.
- We will develop new ways of working across primary and community care.
- We commit to delivering the Out of Hospital model of care.

We will help our communities to thrive

- We will support the creation, or access to, community ‘hubs’.
- We will increase awareness of EPUT’s services.
- We will reduce health inequalities through the Core20Plus5 approach.

Mid and South Essex Community

The Mid and South Essex Community care unit provides adult primary and community mental health services in Mid and South Essex alongside community physical health services across South East Essex. We work across three upper-tier local authorities and across four health and care place-based Alliances. We are part of a provider collaborative for community services in Mid and South Essex.

The Mid and South Essex Community care unit strategic plan is set out at **Appendix 2**. The plan is summarised below.

Spirometry Clinicabin, Rochford

Mid and South Essex Community vision

- **Deliver high-quality integrated and individualised models of care and support for service users, families, and communities to achieve better health and well-being outcomes.**
- **Continue with community mental health transformation that creates teams that wrap around primary care networks with the ambition to further integrate these with physical health services.**
- **Redesign our community mental health offer for people with complex care needs by progressing our place-based clinical transformation work.**

We will deliver safe, high-quality integrated services

- We will deliver the National Community Mental Health Framework Agreement.
- We will support early intervention and prevention.
- We will expand our virtual wards offer.

We will enable each other to be the best we can be

- We will expand rotational posts.
- We will embed a robust supervision model for staff.
- We will support the further development of unregistered roles.

We will work together with our partners to make our services better

- We will work to develop effective transfer of care hubs.
- We will support a diverse approach to partnership working.
- We will support the roll-out of open dialogue training.

We will help our communities to thrive

- We will support ‘grow our own’ workforce initiatives.
- We will continue to focus on reducing health inequalities.
- We will partner with service users, families and carers in service improvement.

North East Essex Community

The North East Essex Community care unit provides primary and community mental health services across Colchester and Tendring districts, as well as three trust-wide services: perinatal mental health; children's learning disability service (CLDS); and Allied Health Professional services. The footprint of the community and primary care services is aligned to the North East Essex Alliance, one of three 'places' in the Suffolk and North East Essex system. Integrated primary care services are aligned to the six neighbourhoods within North East Essex.

The North East Essex Community care unit strategic plan is set out at **Appendix 3**. The plan is summarised below.

North East Essex Community vision

- **Bring more specialist mental health services into our neighbourhoods.**
- **Develop integrated person-centred community services with our partners.**
- **Provide a leading perinatal mental health service.**
- **Enable people to receive end-of-life support at home or in their preferred place of choice.**

We will deliver safe, high-quality integrated services

- We will work with our partners to develop our integrated neighbourhood teams.
- We will deliver trauma informed care for service users and staff.
- We will work with our partners to provide excellent children's learning disability services.

We will enable each other to be the best we can be

- We will develop a place-based approach to recruitment linking with our communities.
- We will embed a restorative supervision approach to support staff wellbeing.
- We will enhance our multidisciplinary team working across services.

We will work together with our partners to make our services better

- We will introduce lived experience roles to ensure coproduction in our services.
- We will provide learning and support to our systems partners.
- We will train our team in the ABCD approach to strength-based practice.

We will help our communities to thrive

- We will work with our partners to identify and address inequalities across our neighbourhoods.
- We will continue to focus on suicide prevention.
- We will offer work and development opportunities to our local population.

Urgent Care and Inpatients

The Urgent Care and Inpatient care unit provides urgent and emergency and inpatient mental health services across Essex, Southend, and Thurrock. We provide adult (18+) and older adult (70+) inpatient services from 23 wards across Chelmsford, Colchester, Rochford, Harlow, Clacton, Basildon, Thurrock, and Epping. The care unit also operate a Trust-wide rehabilitation unit and two nursing homes. Community based urgent care services include mental health liaison teams based within the five acute hospitals in Essex, crisis response services and home-treatment teams.

The Urgent Care and Inpatient care unit strategic plan is set out at **Appendix 4**. The plan is summarised below.

Hadleigh Ward, Basildon

Urgent Care and Inpatients vision

- **Work in partnership with our service users, their families and supporters.**
- **Modernise inpatient services to deliver excellent outcomes.**
- **Increase our skills and capacity to provide high-quality therapeutic care.**
- **Reduce inequalities in health outcomes.**

We will deliver safe, high-quality integrated services

- Develop and implement clear clinical pathways within our services.
- Further develop place-based alternatives to admissions.
- Implement family and social network-based approaches.

We will enable each other to be the best we can be

- Release Time to Care and develop our managers.
- Introduce peer support workers on every ward.
- Promote a caring, learning and empowering culture.

We will work together with our partners to make our services better

- Build a new partnership with service users, families and supporters.
- Drive transformation of urgent and acute mental health services.
- Develop shared education and learning modules.

We will help our communities to thrive

- Improve health outcomes for people with serious mental illness.
- Improve equity of access, experience and outcomes.
- Provide good quality work opportunities for our communities.

Specialist Services

The Specialist Services care unit provides a varied range of specialised services and serves a large population with many diverse communities across Essex and the wider East of England region. As part of the East of England Specialist Mental Health Provider Collaborative, EPUT is the lead provider of forensic psychiatric services, as well as community and tier 4 secure inpatient services. We also provide inpatient Children and Adolescent Mental Health Services (CAMHS). The care unit provides drug and alcohol misuse services across Essex and the veteran's service for the whole of the East of England. The Trust also provides inpatient and community learning disability services as part of the Essex Learning Disability Partnership with Hertfordshire NHS Foundation Trust, as well as General Practice and health outreach services for marginalised communities across Suffolk and inpatient perinatal and health and justice services.

The Specialist Services care unit strategic plan is set out at **Appendix 5**. The plan is summarised below.

Poplar Ward, inpatient Children and Adolescent Mental Health Services (CAMHS), Rochford

Specialist Services vision

- **Be the preferred provider for specialist community and inpatient services in the East of England.**
- **Develop and grow the Veterans, Substance Misuse and Health Outreach services in the region.**
- **Support more people at home and in community settings and ensure they receive an equitable service.**

We will deliver safe, high-quality integrated services

- We will improve our learning from incidents and complaints.
- We will work with partners to improve repatriation pathways.
- We will reduce restrictive practice.

We will enable each other to be the best we can be

- We will develop a tailored staff development offer.
- We will embed trauma informed care across services.
- We will create new and innovative roles to support our ambitions.

We will work together with our partners to make our services better

- We will improve family and carer experience through proactive engagement and co-production.
- We will work with our partners to reduce readmission.
- We will look for opportunities to strengthen our partnerships.

We will help our communities to thrive

- We will focus on activity and physical health for our service users.
- We will improve sharing of best practice and learning across care units.
- We will develop family-led decision-making approaches.

DELIVERING OUR PLAN

Our strategic plan will be delivered in improvement cycles over a five-year period. Improvement priorities for 2023/24 have already been identified, and each year we will iteratively reassess and plan for the next year, continuously building on our learning to increase innovation. The delivery of our strategy will be enabled by a new operating model and supported by wider organisational strategies.

New operating model

To enable us to achieve our vision, EPUT has adopted a new operating model based around our care units which are led by multi-disciplinary and multi-professional leadership teams.

The purpose of the new operating model is to ensure we can deliver the vision, values, purpose and strategic objectives of the Trust.

Our care units are:

- West Essex Community
- Mid and South Essex Community
- North East Essex Community
- Specialist Services
- Urgent Care and Inpatient Services
- Psychological Services.

Our commitments and priorities for Psychological Services are integrated across the Strategic Plans for the other care units. Pharmacy is also integrated in this way.

Accountability framework

As part of our operating model we have established an accountability framework to measure success and to ensure our care units have the support they need to deliver the Trust and care unit strategies and strategic plans. Our accountability framework is Executive led and covers:

- Quality and safety
- Operational performance
- Workforce and culture
- Finance
- Strategy, transformation, and external relations.

Organisational strategies

Our strategy and strategic plans will be supported by wider organisational strategies to ensure that expertise and best practice from across the organisation is reflected in everything we do. This includes the following:

- **Safety First Safety Always Strategy:** Our safety-first safety always strategy covers clinical safety, patient and family experience and clinical outcomes (effectiveness). It sets out how we will continue our journey of improvement and take this to the next level of ambition. Included in this is our plan to provide consistently safe, good quality care that is individualised and puts service users and families at the centre of everything we do. Themes of this strategy will run through the organisation like a golden thread and are supported by our new accountability framework and organisational culture.
- **Clinical Quality Strategy:** We will develop a new clinical quality strategy setting out our approach to delivering high-quality, evidence-based care. This will ensure we take a consistent approach to quality across our organisation and reflect best practice guidance. It will help us to develop better practice and improve care outcomes across our organisation and systems.
- **Digital and data Strategy:** EPUT aspires to be a digitally and data enabled organisation. The Trust's digital and data strategy will not only enable EPUT to meet national and system digital requirements but will also embed a digital culture where a digital-first approach is applied to transformation and improvement programmes. We will ensure access via a range of digital channels to maximise inclusion. The strategy will also focus on raising digital capability and literacy across our workforce, and in doing so strengthen the relationship between our service users, our workforce, and technology.
- **Working in Partnership with People and Communities Strategy:** EPUT is committed to publishing its plan for working with the people and communities as partners, in line with the National guidance from NHS England and Department of Health & Social Care. This will set out our plans to systematise our co-production methodology and invest in our lived experience team with a strong focus on service user leadership across all our services. We will set out actions we are taking action to address health inequalities.
- **Green Plan:** As a Trust we are committed to improving the health and wellbeing of our teams and the community we serve, now and into the future. We will achieve this not only from the provision of world class clinical services but by also embedding environmental sustainability into our operations, culture, and our spheres of influence.

- **Estates Strategy:** Our estates strategy will ensure that our estate enables our vision, values an strategic objectives, and is compliant and safe in line with existing guidelines, utilised to its full potential, and be of a quality that is not only 'fit for purpose' but meets the aspirations of our strategy. We will further aspire to ensure that our estate can be utilised in an agile manner to enable us to respond quickly and effectively to changing requirements of our services.
- **Nursing and Allied Health Professionals (AHP) Strategy:** The joint nursing and AHP workforce strategy "Collaborating for Care" seeks to build on our shared strengths across the nursing and AHP workforce, to ensure that we can consistently deliver high quality individualised care through multi-disciplinary working. We will do this by encouraging nursing and AHP led quality improvement programmes, and by championing joint learning across care professions.
- **People and Culture Strategy:** Our people strategy will support EPUT to be recognised as an attractive place to work, and that our leaders are best placed to make EPUT the best mental health and community provider. At the core of our strategy is our ambition to ensure that staff not only have a great experience but feel happy and valued at work. We will also tackle equality, diversity, and inclusion issues within our Trust to collectively improve civility and respect and ensure that staff from underrepresented backgrounds have equal opportunities. The strategy will have 3 key pillars: 1) workforce planning at strategic and operational levels, 2) leadership development at all levels of the organisation and, 3) culture with a specific focus on wellbeing, lived experiences, equality, diversity, and inclusion.
- **Pharmacy and Medicines Optimisation Strategy:** Medicines are the most common intervention in healthcare and play a critical role in maintaining health, preventing illness, managing chronic conditions, and curing disease. Our pharmacy and medicines optimisation strategy will ensure the consistent delivery of high-quality pharmaceutical care and pharmacy services. Patients will receive safe, clinically effective, and cost-effective medicines appropriate to their individual needs and be empowered as partners in medication treatment decisions through shared decision making. The goal is to help patients to take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, improve safety, and improve their outcomes.

Chelford Court, Chelmsford

DELIVERING OUR PLAN

Roadmap

Objective	Key Milestone / commitment	Date
SO1	Open Mental Health Urgent Care Department in Basildon	Mar-23
SO3	Agree North East Essex Integrated Care Collaborative	2023
SO2	New inpatient staffing model	Mid 2023
SO4	Early implementer of Patient and Carer Race Equality Framework	2023
SO2	Implement behaviours toolkit	2023
SO1	Develop Clinical Quality Strategy	2023
SO2	Pilot new peer support worker roles on our inpatient wards	2023
SO3	Co-develop our model for co-production with service users	2023/24
SO3	Develop Southend, Essex and Thurrock collaboration	2023/24
SO1	New Emotionally Unstable Personality Disorder pathway	2023/24
SO1	West Essex Care Coordination Centre fully implemented	2023/24
SO2	Introduce Integrated Care Worker roles	2024
SO1	Family Group Conferencing expanded across our services	2024
SO2	Increased trainee- and apprenticeships available	2024/25
SO1	Implement single Electronic Patient Record	2025
SO4	Community pop-up and hub models support local access	2025
SO4	Zero waste sent to landfill	2025
SO1	More specialist services available in neighbourhoods	2025
SO1	Service User Portal available	2026
SO2	Set up a health academy	2027/28
SO1	Clear clinical pathways for all major mental health conditions	2028
SO3	Lived experience leadership embedded across EPUT	2028

Governance

The Trust Board will receive a bi-annual report on progress, impact and any changes to the strategic context. The Executive chaired Strategy Steering Group will regularly review progress on the overall delivery of the strategic plan, with escalation to the Executive Team and Board as required. It will provide regular review of the strategic plan and ensure alignment of internal enabling strategies and with our partners' plans and strategies.

Delivery of Care Unit Strategic Plans will be overseen through the trust's accountability framework, as part of the strategy, transformation, and external relations domain. The Trust will develop an annual operational plan for each year of the strategic plan, including specific plans for each care unit. Through the annual planning cycle, we will take an iterative improvement cycle approach to reassess and plan improvements for the following year that build on progress and make further steps to achieve our strategic goals, vision and values. We will do this each year of the strategic plan, putting into practice the commitments we have made to continuous improvement and developing a culture of learning.

APPENDIX 1

STRATEGIC PLAN
WEST ESSEX COMMUNITY CARE UNIT

Introduction

Essex Partnership University NHS Foundation Trust (EPUT) has agreed a new vision, purpose, strategic objectives and values (below). This plan sets out how the West Essex Community care unit will deliver on the vision, purpose, strategic objectives, and values over the next five years.

This plan has been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. Engagement was informed by a review of the policy and strategic context, and analysis of demand and capacity across EPUT's services. Along with the plans for EPUT's other care units, this plan forms the basis of the Trust Strategic Plan for 2023/24 to 2027/28.

ABOUT THE CARE UNIT

The The West Essex Community care unit provides adult primary and community mental health services alongside community physical health services across Epping, Harlow and Uttlesford. The West Essex care unit sits within the Hertfordshire and West Essex Integrated Care System (ICS). The Princess Alexandra Hospital is developing plans for a new hospital. Its 2030 strategy supports that development and envisages a significant shift of activity in the community and an increase in digital care.

Journey so far

The West Essex Community care unit is a successful early implementer site for the model described in the Community Mental Health Framework. The team has shared learning from the transformation journey with services across the country.

West Essex has a history of good partnerships working with both NHS and local authority partners. It is one of two areas in Essex where EPUT provides a full range of community physical and mental health services. The team has built on these strengths to drive the integration of community services and alignment to the West Essex Health Care Partnership Out of Hospital model by developing the Care Co-ordination Centre (CCC), which is central to the new model and new integrated services such as specialist dementia and frailty teams.

The West Essex Health Care Partnership (WEHCP) brings together EPUT community and mental health services, Essex County Council, Princess Alexandra Hospital NHS Trust and six Primary Care Networks (PCNs). The Partnership operates at the West Essex place and has developed a 10-year plan which aligns with the NHS Long-Term Plan published in January 2019. The plan identifies both the clinical and non-clinical strategic priorities which will enable the improvement of local services, better health and care outcomes for our local population and a framework that will support the delivery of financial system efficiencies for the health economy. The Princess Alexandra Hospital is developing plans for a new hospital. Its 2030 strategy supports that development and envisages a significant shift of activity in the community and an increase in digital care.

Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

Demand

The older adult population within Essex is set to increase in size significantly over the next 5 years **(8.3%, 32,000 extra older adults)**. West Essex will see a faster increase than the rest of Essex in this cohort size of 10%, an extra 6000 older adults. Uttlesford District Council will see a rise of **14%** in older adults, and although generally considered less deprived, the volume of increase and relative rurality of this area will exacerbate pressures here particularly.

In specialist community mental health, the data suggests that with continuing trends the three integrated community teams could anticipate a smaller but potentially more acute caseload over time. Currently, the data shows a downward trend in referrals. For **Q1 2022/23** the number of referrals was down **34%** on the previous year, and the services expressed in engagement that acuity feels to be increasing across the area though this is neither fully substantiated nor disproved by the data for the mental health teams.

Within urgent and scheduled care, there has been a drop off in referrals to the three Integrated community teams during 2021-2022 following a spike during the pandemic, however, the caseload steadily rose from January to August 2021. The data suggest that acuity is increasing can be substantiated as this caseload is rising, and when comparing **FY 2019/20** and **2021/22** patients are staying for longer (average days on caseload increased from **13.5** to **17.1** days), the average number of contacts attended across a referral increased from 4 to 5 and the total clinical care time per patient across their referral also increased. The demand is expected to further increase with the introduction of the Urgent Community Response Team (UCRT) in November 2021 and the realisation of the out-of-hospital model of care however this impact is yet to be quantified.

Service user, carer, and family engagement

The Trust Strategic Plan sets out our engagement with service users, carers and families.

People have told us that they want:

- Accessible and inclusive services
- Choice of services and treatments
- Services designed and developed through co-production
- Trust and confidence in services, and continuity of care
- Better supported transitions between services
- Tackling stigma
- Better support whilst waiting.

Challenges and opportunities

The population of West Essex is living longer, growing, and marked by significant differences in health experience and outcomes between its least and most deprived communities. Whilst there are no areas within West Essex that are in the most deprived decile according to the Index of Multiple Deprivation, there are wards in the second most deprived decile in England.

Data and information are fragmented within EPUT and with partner organisations presenting a barrier to integration. Clinical information is recorded in multiple patient record systems making it difficult to understand the whole picture for an individual service user or across a team's caseload, and there is a lack of access to partner organisations' information systems. This makes care coordination

between teams and services more complicated and creates duplication.

Recruitment and retention are a challenge nationally in the NHS and features of the West Essex geography can make attracting staff to the service more difficult. There is competition from providers in London, Cambridge, and Hertfordshire, and variable application of the High Cost of Living allowance across the three districts of West Essex adds to this challenge. There is a high turnover rate and, combined with recruitment and retention challenges, this has created a workforce skill gap. Some staff say they are exhausted from the pandemic and the staff survey reflects that redeployed staff had a poorer experience in areas such as learning and recognition.

Managers want to have better data and support to understand their workforce and to plan and develop service capacity.

A non-statutory Independent Inquiry is currently investigating the circumstances of mental health inpatient deaths across NHS Trusts in Essex between 2000 and 2020. The Inquiry is currently collecting evidence, hearing from a range of witnesses including families, patients, staff and relevant organisations. The next phases will involve analysing this evidence and preparing a report and recommendations. EPUT will respond to the recommendations made, ensuring all actions required are completed. All care units will be active participants in any actions required to ensure a full cascade across operational services.

Key risks for West Essex Community services include:

- Recruitment and retention
- Staff well-being and recovery
- Access to data and real-time clinical information
- Connection and alignment with local providers
- High caseloads with increasing complexity/acuity
- Rejecting and excluding referrals.

VISION, PURPOSE, AND STRATEGIC OBJECTIVES

Vision

"To be the leading health and wellbeing service in the provision of mental health and community care."

West Essex Community Services will contribute to the delivery of the vision by:

- Delivering a **healthier future** for the population of West Essex through our partnerships with our health and care organisations, staff, the voluntary sector, and our population
- Implementing the **Care Co-ordination Centre** with our partners to improve people's outcomes and experience by navigating people to services at the right time, in the right place
- Developing **Integrated neighbourhood teams** that wrap around the six West Essex PCN's to meet the health and care needs of the individual, carers and family
- Enable people to receive end-of-life support at home or in their preferred place of choice
- Develop new **Integrated Care Worker roles** to provide flexible support across pathways and help join-up care
- West Essex's strategy is to build on current resources to **further psychological therapies and interventions** within the Care Unit in line with the National Institute for Health and Care Excellence (NICE) guidance.

Purpose

"We care for people every day. What we do together, matters."

Our vision for West Essex Community care unit focuses on co-production, working together with service users, their families, and supporters, with our colleagues across EPUT and with our partners across health, care, education, emergency services and the voluntary and community sector including lived experience representatives.

Working together as one to provide the best possible care and support for people when they need it. Fostering and nurturing an environment where our people are engaged, listened to, supported, and helped to grow. We want to provide holistic care with increased self-management and prevention support to help the population remain healthier for longer and out of the hospital. Accessible services tailored to the needs of our population with easy access and a seamless patient experience. We want to ensure a good experience for people who use our local health and care services.

Strategic objectives

We have four strategic objectives to achieve our vision:

- We will deliver safe, high quality integrated care services
- We will enable each other to be the best we can be
- We will work with our partners to make our services better
- We will help our communities to thrive

We have set out our key priorities to achieve these objectives in the next section.

Values

Our values underpin all that we do:

WE CARE • WE LEARN • WE EMPOWER

New International Recruits at Induction

STRATEGIC OBJECTIVE 1:
WE WILL DELIVER SAFE, HIGH QUALITY INTEGRATED SERVICES

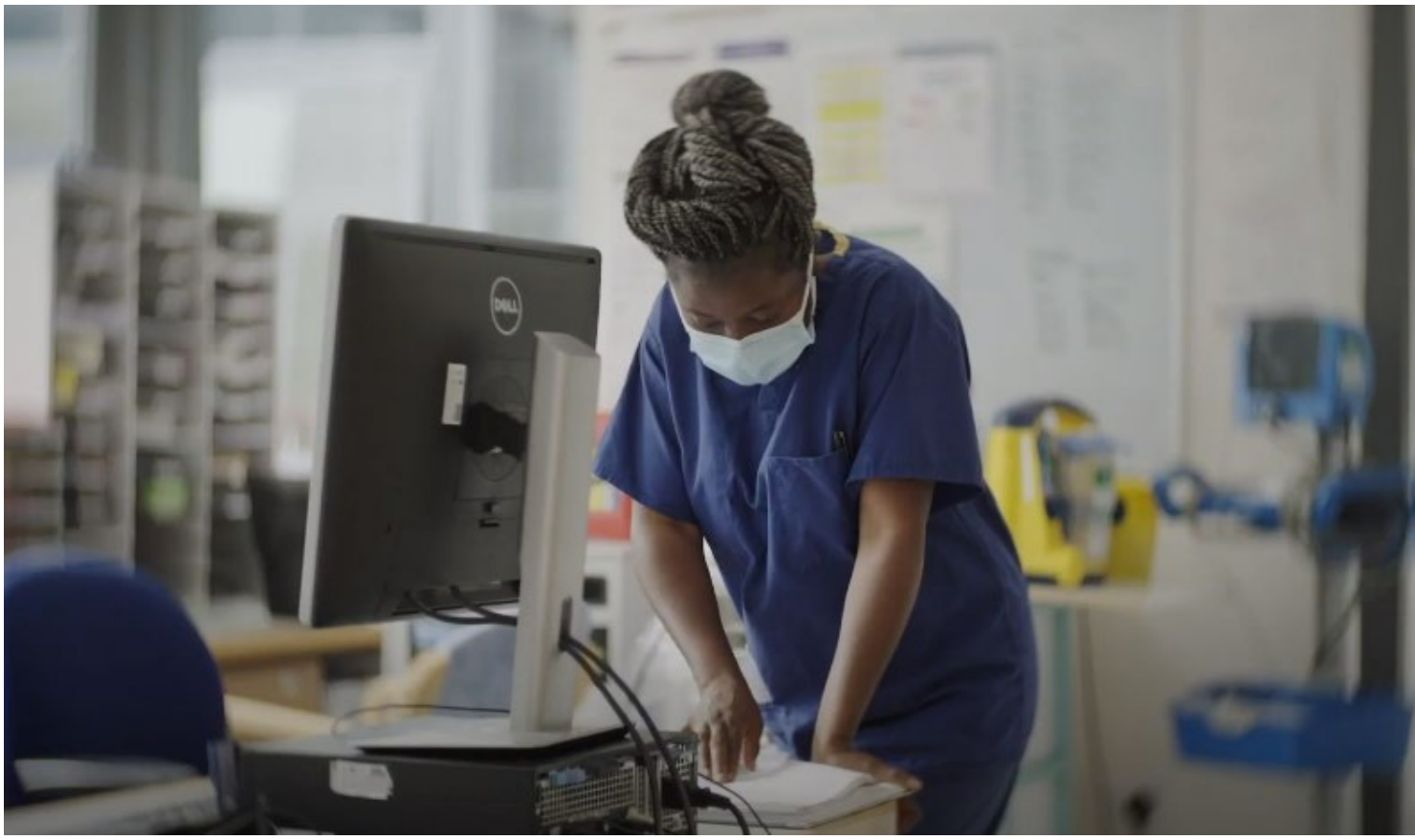
Introduction

We have seen great progress in joining up services in West Essex, the Care Co-ordination Centre (CCC) is at the centre of the West Essex Health and Care Partnership transformation programme to support the delivery of the Out of Hospital Strategy. The CCC is the engine room for services across West Essex across community health, community mental health, and acute and social care. The CCC will provide a "helicopter" view of demand and capacity. Nationally and Regionally the CCC is held up as the flagship illustrating the way forward for integrated working and joining up services.

The CCC ensures a single timely and coordinated response to everyone focusing on person-centred care. The CCC will create a single real-time view across the system that keeps all partners informed from referral to outcome allowing visibility. The CCC enables collaborative, flexible working with a simple referral process that prevents duplication and is a trusted service the CCC has an experienced workforce at the front door, harnessing technology and promoting multi-disciplinary problem-solving. This continues to be a programme in development.

Our key priorities

- Continue with the implementation of the CCC, including mapping and improvement of policies and processes.
- Create a local reducing restrictive practice group to feed into the Trust reducing restrictive group.
- Deliver more proactive care by working with system partners to connect data and develop population health management approaches.
- Improve community service productivity through the adoption of digital tools, such as auto-scheduler to maximise clinical time.
- Improve end-of-life pathways to provide seamless care transfer and support more people at home.
- Deliver system-wide awareness, identification, and treatment programme for depression in over 65s across West Essex.
- Successfully piloting management of part of the East of England Ambulance Service NHS Trust (EEAST) stack.
- Further development of the integrated neighbourhood teams and primary care relationships.



St Margaret's Hospital, Epping

Care Coordination Centre

The CCC will identify the most appropriate pathway to meet the individual's needs reducing the impact on the patient, family, or carer in navigating the highly complex health and care landscape and reducing the frustration for people having to repeat their stories.

The CCC will include a multi-professional health and care team who will coordinate care and support for complex patients to prevent hospital admission and support safe discharge from the hospital back home.

The CCC connect teams, professionals, and information so people don't need to repeat their story. There will be a single referral/ access to community services and a clear referral process for professionals across the health and care system as well as access to multi-professional health and care advice and guidance.

How will we measure success?

- **Progression of the integrated CCC.**
- **Continued delivery of the West Essex HCP Out of Hospital Model.**
- **Appropriate/purposeful admission**
- **Dying at home.**
- **Measure depression in over 65s.**
- **EEAST Stack – completed.**
- **Complete integration of the neighbourhood teams and primary relationships.**
- **Supporting Healthcare Industry User Group (HIUG) initiative.**

What will be different?

People will receive the ***"right care in the right place at the right time."*** The CCC will ensure people receive a single timely and coordinated response from health, care, and community services. The CCC will connect teams, professionals, and information within the services, so people don't need to tell their stories repeatedly. There will be clear referral processes for professionals across the health and care system and access to multi-professional health and care advice and guidance. This is a target for year 1.

Services will have good quality real-time information with tools to support risk assessment and supporting predictive analysis of both caseloads and the local population, allowing the service to provide timely and proactive support to people. The community staff can update patient records wherever they're working including when visiting people in their homes via their laptops. Digital technology will improve to allow the EPR app to allow finer efficiency.

Across the six PCNs, integrated neighbourhood teams will support people to feel well by identifying more physical and mental health problems earlier and providing support that prevents those problems from becoming more serious. The integrated neighbourhood teams will provide specialist support to more people locally to help them manage their health and well-being at home or in a community setting.

Community, primary and urgent care services will work together to enable people to receive end end-of-life support at home or in their preferred place of choice, rather than in hospital. We will actively encourage the Essex County Council life stage model: start well, live well, die well.

STRATEGIC OBJECTIVE 2:
WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Introduction

We will build our team by supporting more local people to develop successful careers in health and care, continuing to introduce new roles and developing joint workforce models with our partners. We will create a caring and compassionate culture, where our staff can thrive and are supported to learn and grow. We will use a trauma-informed approach and restorative supervision, to support our staff to feel safe, supported and listened to. We will support our staff to develop their skills for integrated care delivery, with a focus on physical and mental healthcare.

We have created new roles in community mental health transformation, co-designed with the system. The new roles sit within the PCNs and provide mental health interventions for those who would not have been eligible for services in the past. The roles are fully integrated into the PCNs and straddle into the locality's complex terms enabling a continuity of care approach and supporting the adoption of a no wrong door and trusted assessor approach. EPUT has recruited four Sports Science graduates to support the delivery of Musculoskeletal Health (MSK) rehab programmes.

West Essex supported an initial cohort of 10 international nurses from India to the community hospital wards at Epping. The nurses were welcomed to the "family" and have been an invaluable asset to the wards and reducing the vacancy rate and use of bank and agency staff.

West Essex has been commissioned to provide a "bridging service" for Essex County Council. This service supports patients discharged from the hospital and or to prevent a hospital admission who require care support to recover. The staff providing this care will be trained as integrated care workers.

Through co-producing with the system partners, they recognised the wider determinants of mental health needs, the need for social connection and low-level skills support. The model included a new role of mental health coaches directly employed by MIND and working in partnership with the IMHPs. The feedback from our MIND partners has been very positive describing the relationship as ***"equal partners at the table"***. The integrated mental health service is outward-facing working with a variety of voluntary, community, social enterprise (VCSE) providers and embedded within several district council community hubs including Harlow and Waltham Abbey.

Our key priorities

- Map staff skills and review skill requirements for future service delivery, identifying new staffing models and opportunities for new roles.
- Introduce new integrated care worker roles and competency framework for modular development of skills for integrated care to maximise capacity for delivery of health and care support.
- Provide structured training and opportunities to develop skills and experience across services, including rotational roles and rotational training, to create broader knowledge and skills required for person-centred care, and a method to support rotational arrangements between provider partners.
- Develop a programme of work experience and shadowing, enabling our local population to gain exposure and to learn about the potential roles and career opportunities within health and care.
- Identify career and development pathways via Pen Plan appraisals for all staff members regardless of ambition, and ensure protected time to undertake additional training or qualifications.
- Lead the way in the development of Band 4 associate practitioner roles, which supports the future pipeline for registered professional roles.
- Promote West Essex as an excellent place to work and become an employer of choice with exciting opportunities for the local population.
- Creation of joint/hybrid roles across providers.

End-of-life pathway

EPUT has implemented the Systm1 electronic end-of-life register (EPaCCs) to support patients to receive end end-of-life in their preferred place of death. The register includes information on the patient's preferred place of death, DNAR and status and is accessible to all GP practices on Systm1, St Clare Hospice, EEAST and Princess Alexandra Hospital palliative care team as a way of improving the experience for both patients, family, and carers for those at the end of their life. EPUT have employed a nurse to support practices to increase the uptake of the register.

Outstanding for End-of-Life Care, by the request of CQC West Essex has showcased the experience and written a case study to share with other trusts and has included a life-limiting nurse role within the integrated neighbourhood teams with the specific focus of supporting patients at the end of life, their family, and carers.

How will success be measured?

- **% of staff completing training and development.**
- **Increasing the number of students graduating with a permanent role staying at the end of a placement.**
- **% Staff completing Pen Plan appraisals.**
- **NHS Staff Survey – staff engagement theme.**
- **Reducing vacancy rate.**
- **Improved retention rate.**

What will be different?

We will promote West Essex community services as a great place to work and showcase our teams' diverse range of jobs and career development opportunities.

We will make a more precise development offer to current and prospective staff, including formal training and development support. We will ensure staff have the time to undertake training or qualification by protecting time in job plans.

New staff will have protected time to complete a structured induction programme and training before starting their clinical or operational duties and will have the support of a peer or buddy to settle into their new roles.

All staff will have high-quality 1:1 support, appraisals, and peer supervision and utilise the Pen Plan as outlined in the "Talent Framework". We will support current and aspiring managers to gain the management and leadership skills they need to support our staff well and cultivate happy and productive teams.

The development offer will enable staff to develop the skills necessary to deliver holistic person-centred care. We will develop a new role of Integrated Care Worker, who will be able to provide support across pathways and will support staff to develop competencies across disciplines. This will mean a more focused delivery for the service users, allowing the system partners to benefit from a more agile workforce supporting a range of specialists.

We will be developing non-registered roles with clear career pathways including the sports science graduates in MSK pathways and the use of clinical associate in psychology (CAP) roles for psychology initiatives such as the 18-25 pathway.

We will be collaborating with our IPS provider EmployAbility to look for employment opportunities within the organisation and ensure personal training programmes are in place whilst working with the Department of Work and Pensions (DWP).

We will continue to focus on the student experience and seek to retain an increasing number of students at the end of their placement with West Essex.

STRATEGIC OBJECTIVE 3:
WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Introduction

EPUT is a significant partner in the WEHCP, the place-based health and care partnership within the Hertfordshire and West Essex ICS. EPUT and Essex County Council jointly developed the Out of Hospital strategy and model of care with commissioners in 2019. We are committed to strengthening and growing our partnerships - with service users, communities, health and care organisations, local authorities, education, community and voluntary organisations and other public services - to improve the health and well-being of the local population. We will introduce new lived experience roles and commit to designing and delivering our service in partnership with our people and communities.

We have established significant working relationships with the voluntary and community sector including MIND and WECAN Essex County Council Adult social care, local district councils and with our ICS provider partners. This includes Hertfordshire Partnership University NHS Foundation Trust, Hertfordshire Community NHS Trust, Princess Alexandra Hospital NHS Trust and EEAST.

At Place, EPUT is working with West Essex mental health commissioners who are undertaking a wide-ranging review and evaluation of the mental health transformation investment to assess the impact on current services including which a gap analysis of psychological interventions will form a part.

EPUT provides both physical and mental community health services in West Essex and is uniquely placed to integrate services and increase parity

The integrated primary care mental health services are embedded within several local hubs in Epping Forest and Harlow. In Epping Forest, the integrated practitioners have co-delivered physical and mental health well-being groups working alongside district council colleagues. They have also been involved in initiatives with the fire brigade to access hard-to-reach residents. Working collaboratively with these community partners enables access to a very wide range of community and voluntary sector resources. This access is two-way and provides opportunities for voluntary sector organisations to support people who have not accessed services that are appropriate to meet their individual needs.

Our key priorities

- Continued development of partnership working with both statutory and non-statutory health and care partners.
- Create and recruit the leadership roles for each of the integrated neighbourhood teams and develop new ways of working across primary and community care.
- Strengthen links with care agencies providing domiciliary care and carers to improve carer involvement.
- Develop an approach to co-production working with members of our community with lived experience of our services and work with partners to develop system-wide approaches to involvement and co-production.
- Continue to develop and support active use of the system-wide directory of services (DOS).
- Continue to participate and contribute to the West Essex Health Care Partnership governance and development of integrated pathways of care.
- Continue to contribute to and influence collaboration initiatives with voluntary, community and social enterprise sector such as the Suicide Prevention initiatives led by MIND.
- Committing further to WEHCP by contributing and delivering the Out of Hospital Model of Care.
- Continue to work with EEAST to support low category 999 calls as a safe alternative to hospital attendance.
- Continue to deliver the key functions of the Integrated Neighbourhood Teams working together to proactively support our complex patients.

What will be different?

Our services will be developed in partnership with people who have lived experience of our services and mental illness. We are working towards the WEHCP vision of ***"Working together as one to provide the best possible care and support for people when they need it."***

We will work with our partners to ensure our information systems are connected and support us to develop our services.

The CCC and integrated neighbourhood teams will bring partners together to support the needs of the individual, family, and carers. Teams will increasingly work across organisations and multi-agency and multi-disciplinary teams will plan and deliver care together, removing the need for many referrals and handoffs.

One of the key functions of the integrated neighbourhood teams is to work together to proactively support patients with complex health and care needs, to support this approach, we have worked with leads from across the partner organisations to develop the Integrated Neighbourhood Team Approach to Anticipatory Care. We will endeavour to make good progress on the six Integrated Neighbourhood Teams.

The aim is to support our complex patients, through an anticipatory care planning approach, enabling earlier intervention and prevention and reduction in an escalation of need.

We will continue to develop initiatives working across our service boundaries, to improve joint working and reduce unwarranted variation. For example, our mental health teams are working with Hertfordshire Partnership NHS Foundation Trust to develop cross-border working protocols.

We will build on current resources to further psychological therapies and interventions within the care unit in line with the NICE guidance. The care unit specialist mental health teams have with additional investment established an 18-25 pathway that provides people with psychologically informed interventions. The community specialist mental health teams and integrated primary care teams also include a range of psychological interventions.

We will further work closely with the consortium of voluntary organisations in West Essex (WECAN) and have established innovative ways of supporting people to remain out of the hospital or to be discharged earlier by providing a wide range of practical and immediate help. We continue to work in partnership with EEAST to 'pull' urgent calls, which can be treated by responsive community teams preventing unnecessary journeys and admission to the hospital.

Our partnerships will support colleagues to develop their skills, relationships, and confidence to "make every contact count". We will explore opportunities for shared workforce approaches and joint learning programmes. We will support our partners to increase their confidence in working with people with serious mental illness, and their awareness of trauma and suicide. We will seek opportunities to learn from the strengths of our partners.

Integrated Neighbourhood Teams

The aim is to work as an Integrated Neighbourhood Team to support our complex patients, through an anticipatory care planning approach, enabling earlier intervention and prevention and reduction in an escalation of need.

Dengie Neighbourhood Team

To test a model of true integration with community nursing, adult social care and domiciliary care with a network of other professionals wrapped around the team. The desire is to enable the team to work together without the barriers that come with working for individual organisations, to deliver holistic and personalised care and support to adults.

Outcomes

- Significant reduction in levels of unsourced care
- Reduction in average waiting time for care packages
- Increase in workforce satisfaction

How will we measure success?

- **Capture staff, user, and carer experience.**
- **EPUT being recognised as a key stakeholder in the neighbourhood teams.**
- **Staff being able to move around the ICS.**
- **Reduction in urgent patient contacts where the service user is high-frequency user e.g. GP practice, social care, community care.**

STRATEGIC OBJECTIVE 4:
WE WILL HELP OUR COMMUNITIES TO THRIVE

Introduction

There are significant health inequalities in West Essex. We want to increase life expectancy, increase the average age at death in adults and increase disease-free life expectancy. We want to focus on reducing the gap in age at death between the most and least deprived deciles, reduce the rates of suicide, and reduce the proportion of the population who are digitally excluded either by lack of equipment, connectivity, skills, cost, or confidence to be able to access clinical services.

We will work with and through our communities to improve health access and outcomes for those experiencing health inequalities. We need to understand the experiences of our communities better and how we can develop services that are accessible and effective. Building on learning from other systems, we will engage with faith and cultural communities and work with our community partners to engage with other 'hidden' communities. We envisage that our approach will include "pop-up" or "drop-in" services located within communities.

There will be no wrong front doors to accessing care. The model will enable service users with a full range of mental and physical health needs to access care and ensures the availability of appropriate services for those (and their carers) with severe mental health needs. EPUT as the provider of both community physical and mental health services will enable a more integrated approach to meeting the physical health needs of those with Severe Mental Illness (SMI). There is a need to actively seek out underserved and invisible communities and ensure services can support diverse populations.

Harlow has been identified by Essex County Council as an area of focus for levelling-up. EPUT will work alongside our Essex County Council partners and other system partners to support the delivery of the 20 commitments which are divided into four key areas: economy, environment, health, and family. The plan whilst ambitious is certainly attainable.

Our key priorities

- Support the creation of, or access to, community 'hubs' focusing on mental and physical health care enabling more local delivery, as well as collaborative working spaces.
- Take appropriate services into the community, as well as deliver 'pop-up' activities to create service awareness and promote well-being initiatives.
- Work with community agents and social prescribers to increase awareness of and access to EPUT services via the CCC and develop alternative pathways for support.
- Use West Essex's profile and skills to support other community organisations (e.g. coaching, mentoring, consulting).
- Continue with the levelling-up plans for Harlow especially focusing on the Essex Green Infrastructure Strategy which will help to bring many social, economic, and environmental benefits.
- Support the delivery of Core20Plus5 to reduce healthcare inequalities across the West Essex system.
- Improve engagement with "invisible communities" by working with local trusted community organisations and agents to build relationships to support the health and well-being of those invisible individuals.
- With partners, continue our focus on suicide prevention, and support our colleagues outside of mental health services to develop their awareness and skills to identify and support people in distress and at risk of harm.
- As key partners in the integrated neighbourhood teams, identify and develop prevention initiatives and offer advice, support and intervention for cases highlighted by our multi-agency partners.

Independent Living Centre, Bishop's Stortford

Harlow "Levelling-Up" Programme

EPUT is supporting the multi-agency approach to addressing health inequality in Harlow. Essex County Council has identified Harlow as a priority area. EPUT community mental health practitioners are supporting community hubs weekly in Waltham Abbey and Harlow with advice and guidance alongside partners from the Citizens Advice Bureau, district/town council representatives and other voluntary organisations to provide proactive advice and guidance.

The CCC has had access to the EEAST online CAD since 25 October 2022 which enables the clinicians in the CCC to see patients on the EEAST stack who have been triaged as category 3, 4 and 5 calls - on the first day four out of six calls saw these patients safely cared for in the community.

The West Essex pulmonary rehabilitation programme has embarked on a pilot in Q3 2022-23 to increase access for people with the use of digital technology to provide a home-based virtual reality rehab programme.

How will we measure success?

- **Positive person and staff experience of working with commissioned voluntary sector as part of mental health pathway.**
- **Increase in access to voluntary sector referrals.**
- **Joint employment initiatives.**
- **Improved suicide awareness in partner services and communities.**
- **Reduction in suicides.**
- **Increase in the number of "pop ups".**

What will be different?

West Essex is committed to delivering a healthier future for its population through partnerships with health and care organisations, staff, the voluntary sector, and the population.

West Essex will make this approach to partnership across their communities and population "business as usual" and will offer unique skills and knowledge to help partners deliver better services. West Essex will engage with partnership approaches to ensure they are effective in improving the health and well-being of the local population.

West Essex will work with and through the communities to improve health access and outcomes for those experiencing health inequalities. The need to understand the experiences of the communities better and how they can develop services that are accessible and effective.

Building on learning from other systems, West Essex will engage with faith and cultural communities and work with community partners to engage with other 'hidden' communities. They envisage that their approach will include "pop-up" or "drop-in" services positioned within communities.

APPENDIX 1: POLICY CONTEXT

To ensure EPUT's strategy supports its partners' aims and ambitions, we have reviewed national policy for mental health and community services and the strategies of EPUT's partners across Essex, Southend and Thurrock, including the One Health and Care Partnership and Princess Alexandra Hospital's 2030 Strategy. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

- Services will become **increasingly joined up** across health and care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate w**ith health, care and other services to support integration; this includes 'place' level alliances; neighbourhood partnerships; and provider collaboratives.
- **'Places'** will be the engine for delivery and reform of health and care services, bringing together health and care partners to deliver on a shared plan and outcomes.
- Better use and integration of **data** will support joined-up care and risk-based approaches to **population health management**.
- Providers will involve service users, communities and staff in **co-production** of services and development.
- Care will be **person-centred**, and take account of an individual's context, goals and respond to all of their needs.
- Joined up services will ensure that there is '**no wrong door**' to access care and support.
- A more **flexible workforce** will operate across service and organisational boundaries to provide joined up and person-centred care.
- Services will increasingly focus on **prevention and earlier intervention**, providing pre-emptive and proactive care that helps people be and stay well.
- People will be supported to **live well in their communities**: improved community support will reduce admissions and support people to when they are discharged from inpatient and long-term care.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from user experience.
- Health services will work with partners to reduce **health inequalities** in the population.
- More services will be available online and using **digital applications.**

The **NHS Long Term Plan** makes the following commitments relevant to **Community Mental Health services**:

Category	Deliverable
Adult Common Mental Illnesses (IAPT)	IAPT-LTC service in place (maintaining current commitment) year-on-year (routine outcome monitoring)
Adult Severe Mental Illnesses (SMI) Community Care	370,000 people* receiving care in new models of integrated primary and community care for people with SMI, including dedicated provision for groups with specific needs (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)
Adult Severe Mental Illnesses (SMI) Community Care	Delivery of the Early Intervention in Psychosis standard
Adult Severe Mental Illnesses (SMI) Community Care	390,000 people* with SMI receiving physical health checks by 2023/24
Adult Severe Mental Illnesses (SMI) Community Care	55,000 people* with SMI accessing Individual Placement and Support services by 2023/24
Suicide Reduction	Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21
Suicide Reduction	Localised suicide reduction programme rolled-out across all STPs/ICSs providing timely and appropriate support
Suicide Reduction	Suicide bereavement support services across all STPs/ICSs by 2023/24

**These are national targets, EPUT will be contributing towards the national targets*

The **NHS Long Term Plan** makes the following commitments relevant to **Community Health Services**:

- **A new NHS offer of urgent community response and recovery support**: People will receive services within two hours in a crisis and a two-day referral for reablement care. Access will be improved through a single point of access for people requiring urgent care in the community.
- **Guaranteed NHS support for people living in care homes**: Care homes will have timely access to out of hours support and end of life care, and support to have easier and secure access to patient information.
- **Supporting people to age well**: Primary care networks will bring together primary care, community teams, social care and the voluntary sector to help their local population to stay well, manage their health and live independently at home for longer. This includes better identification of older people with moderate frailty at particular risk of deterioration, and a proactive personalised care and support offer.

The West Essex **One Health and Care Partnership (OHCP)** vision is:

"To help everyone in our area live long and healthy lives by supporting independence and providing seamless care."

The OHCP goals are:

1. Help people live independent, healthy and longer lives
2. Tackle health inequalities
3. Improve mental health and life chances of people with mental health issues
4. Improve services and outcomes for health and care
5. Transform our resources together to achieve more for the community

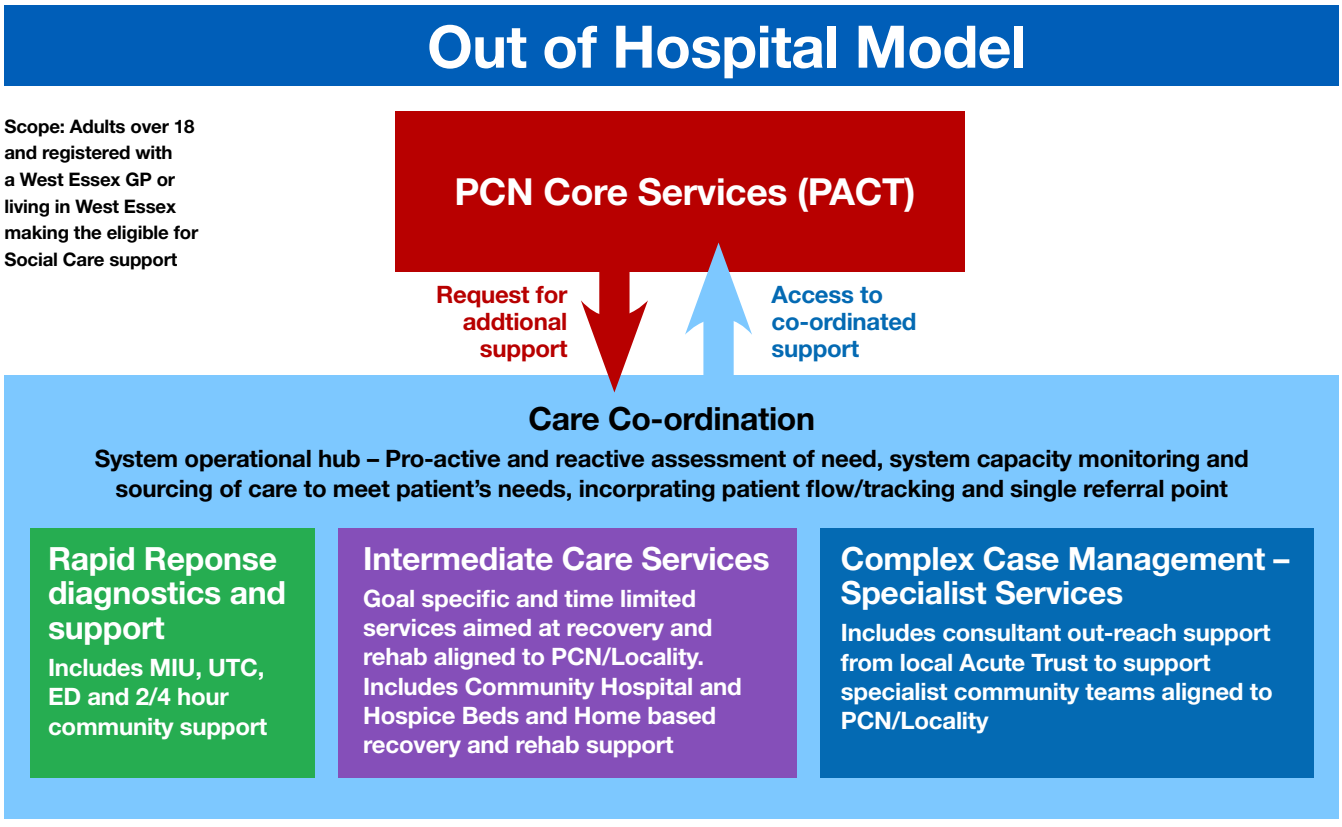
OHCP has agreed an out-of-hospital model based five core elements as below:

The Princess Alexandra Hospital NHS Trust 2030 vision is to be **modern, integrated** and **outstanding**.

The vision is based on five priorities - transforming our care, our culture, digital

health, corporate transformation and our new hospital – and five core objectives: patients, people, performance, places and pounds. It is underpinned by PAHT's values: patient at heart, everyday excellence and creative collaboration.

The PAHT 2030 vision describes a significant shift of hospital care into the community, working in collaboration with primary and community providers, and providing more remote and digitally-enabled care.



APPENDIX 2

STRATEGIC PLAN

MID AND SOUTH ESSEX COMMUNITY CARE UNIT

Introduction

Essex Partnership University NHS Foundation Trust (EPUT) has agreed a new vision, purpose, strategic objectives and values (below). This plan sets out how the Mid and South Essex Community care unit will deliver on the vision, purpose, strategic objectives, and values over the next five years.

OUR VISION

To be the leading health and wellbeing service in the provision of mental health and community care.

This plan has been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. Engagement was informed by a review of the policy and strategic context, and analysis of demand and capacity across EPUT's services. Along with the plans for EPUT's other care units, this plan forms the basis of the Trust Strategic Plan for 2023/24 to 2027/28.

ABOUT THE CARE UNIT

The Mid and South Essex Community care unit provides adult primary and community mental health services in Mid and South Essex alongside community physical health services across South East Essex.

This care unit is part of The Mid and South Essex Community Collaborative which was formed in September 2020 to review how best community physical health services can best meet the needs of local communities.

We have recently implemented a new 'place' based leadership structure with partnership and community delivery directors for South East Essex, Basildon and Brentwood, Thurrock and Mid Essex.

Journey so far

We are part of the Mid and South Essex Community Collaborative, this means that community health services in South East Essex work closely with partner community provider organisations across the Mid and South Essex footprint sharing best practices and working to reduce inequalities across the patch.

There have been many innovations within community health services recently including the implementation of virtual wards and the introduction of the Urgent Community Response Team (UCRT), then put in a comma between this and 'all supporting people to either stay out of hospital or be discharged from the hospital quicker than they otherwise would have been.

2022 saw the Lighthouse Children's Centre transfer from Mid and South Essex NHS Foundation Trust to EPUT provision providing an opportunity to embed this service in the local community.

Community Mental Health services in this care unit are well on the way in their transformation journey with each old 'CCG' area at a slightly different level of maturity but with all having a mental health specialist presence in primary care working across the system at the neighbourhood level. There is still work to do on this and the transformation of complex care mental health provision to a more strength-based, personalised care model.

Demand

The older adult population in Mid and South Essex is forecast to increase by 8% over the next five years or an extra 18,600 older adults. The increase is not even across all districts; it will be 5.8% in Basildon and Brentwood; 6.2% in Castle Point and Rochford; 8.8% in Mid Essex; 9.1% in Southend; and 8.4% in Thurrock. This population will be more elderly, with associated frailty and co-morbidities and an ageing carer profile.

There are some notable trends in our demand analysis:

- Demand for Dementia Intensive Support has increased strongly from the average monthly referrals for 2019/2020 was 588, for April 2021 onwards the figure was 1182.
- Acuity of cases seen in the First Response Teams appears to have increased between 2019/20 and 2022, with increases in the number of contacts per referral (2.1 to 3.2), in the average total clinical duration (106.9 to 150.9) and in average days on caseload have increased (36.1 to 109.8)
- Referrals and contacts within Integrated Adult Services have remained fairly consistent and slightly lower in Q1 of FY2022/23 than in 2019/20. Patients discharged in FY2021/22 were receiving 2.5 fewer care contacts on average than in FY2019/20 (from 12.5 to 10.0) and were on the caseload for approximately 20% fewer days.
- Acuity of cases seen in Community Podiatry also appears to have increased, as more patients are being seen in the community. There have been increases in contacts per referral (1.63 to 2.67), average total clinical duration per referral (17.28 to 53.65) and average days on caseload (22.52 to 91.32) when comparing 2020/2021 to 2021/2022.

Service user, carer, and family engagement

The Trust Strategic Plan sets out our engagement with service users, carers and families.

People have told us that they want:

- Accessible and inclusive services
- Choice of services and treatments
- Services designed and developed through co-production
- Trust and confidence in services, and continuity of care
- Better supported transitions between services
- Tackling stigma
- Better support whilst waiting.

Challenges and opportunities

EPUT operates in a complex system and has agreed on formal collaborative arrangements with partners across Mid and South Essex. There remain some barriers to joint working between partner organisations and a need to develop relationships and understanding across clinical teams. For example, staff say that lack of clarity on shared pathways or awareness of partner services can create delays in signposting or referring service users. We need to create new partnerships, such as with local employers, Jobcentre Plus, DWP and service users advocate groups to enhance our support and reflect people's whole needs.

Currently, mental health transformation is underway, with the establishment of integrated primary and community care teams, which may become the front door for mental health referrals in some localities. We need to develop the systems and ways of working to support this.

Mirroring national workforce shortages, there is a high vacancy rate across Mid and South Essex, which can create additional pressure on our teams to meet service demand. Local healthcare recruitment can be competitive, particularly with proximity to London and variable application of the High Cost of Living allowance across the area. Staff say that, at times, they are asked to complete tasks that they feel do not reflect their level of experience due to higher vacancies in some professional groups. Service pressures are having a knock-on impact on staff development, as there is a lack of cover to support training, and some staff say they feel fatigued. With increased demand for services, there is a risk that pressure on staff will increase and that this will affect health, wellbeing and morale.

A non-statutory Independent Inquiry is currently investigating the circumstances of mental health inpatient deaths across NHS Trusts in Essex between 2000 and 2020. The Inquiry is currently collecting evidence, hearing from a range of witnesses including families, patients, staff and relevant organisations. The next phases will involve analysing this evidence and preparing a report and recommendations. EPUT will respond to the recommendations made, ensuring all actions required are completed. All care units will be active participants in any actions required to ensure a full cascade across operational services.

VISION, PURPOSE, AND STRATEGIC OBJECTIVES

Vision

"To be the leading health and wellbeing service in the provision of mental health and community care."

Mid and South Essex Community Services will contribute to the delivery of the vision by:

- Delivering high-quality personalised integrated models of care and support for service users, families, and communities to achieve better health and wellbeing outcomes
- Involving carers and families in our services, and ensuring our services are informed by the lived experience of our service users and those around them
- Progressing the work on the place-based clinical transformation that is redesigning the community mental health offer for people with complex care needs
- Supporting the local Alliance priorities
- Working collaboratively with our voluntary care sector (VCS) colleagues
- Supporting more local people to develop successful careers in health and care, and enabling our staff to thrive
- Champion co-production working with the patient experience team, EPUT and local Health Watch
- Supporting the development of new and more flexible roles, able to support people with a broader range of physical and mental health needs
- Continuing with community mental health transformation that creates teams that wrap around primary health networks with the ambition to further integrate these with physical health services.

Purpose

"We care for people every day. What we do together, matters."

Our vision for Mid and South Essex Community Services focuses on bringing our services and partners together to improve services and outcomes for our population. What we do matters, and our plans will make every contact count for our service users, their carers, and their families.

We will strive to support a shift towards greater self-management of long-term conditions and engagement with local community assets recognising the wider determinants of health and wellbeing and how local communities have a role in this. Service users will be empowered to set their goals for recovery, and we will provide care, support, and treatment to help them achieve those goals.

Our plans will ensure we are delivering consistently high-quality care. By joining up services and being more person-centred, we want to improve support for people who experience health inequalities and those whose care may currently be fragmented.

We will learn from the experience of our service users and those around them, especially when things go wrong, and will use our understanding to improve our services. We will support our staff to learn new skills so they are confident in delivering our new model of care and will work with our partners to support learning across organisations.

Our development and well-being offer will enable our staff to thrive by giving them the support they need to achieve their career and health goals.

Strategic objectives

We have four strategic objectives to achieve our vision:

- We will deliver safe, high quality integrated care services
- We will enable each other to be the best we can be
- We will work with our partners to make our services better
- We will help our communities to thrive

We have set out our key priorities to achieve these objectives in the next section.

Values

Our values underpin all that we do:

WE CARE • WE LEARN • WE EMPOWER

New International Recruits at Induction

STRATEGIC OBJECTIVE 1:
WE WILL DELIVER SAFE, HIGH QUALITY INTEGRATED SERVICES

Introduction

We are working to rectify the high staff vacancies and ensure we provide safe, high-quality integrated care. We will work towards eradicating long waits for service users at the Lighthouse Children's Centre. Funding has been agreed upon to clear the backlog of waits alongside the model of care will be reviewed. There will be a focus on the integration of services across local neighbourhoods in the Mid and South Essex Community care unit. A clear mechanism for patients, service users, and carers to understand and receive support as they wait to hear about appointments.

There are well-utilised 'virtual wards' for respiratory and frailty, and we are considering the expansion of virtual wards and wider roll-out also include mental health. There will be a focus on joining-up support for people with several contacts with numerous health, care, and local authority services, including those with a dual mental health and addiction diagnosis and those with complex needs. Virtual wards for remote monitoring have implemented Wizan, the tool that takes all vital signs in patients' homes.

We have developed a Spirometry clinical cabin that focuses on clearing the backlog of patients through the pandemic. All areas in the care unit now have mental health workers in primary care.

As a care unit, we will work closely alongside our local alliances and Primary Care Network (PCNs) to support developing and delivering their strategies.

Our key priorities

- Bringing together strengths across the three providers and sharing learning to improve quality across the collaborative.
- Deliver the National Community Mental Health Framework Agreement with partners including Voluntary (Healthwatch and CVS) Housing Local Authority, Integrated Care Board, community and independent providers, Mind, Rethink and Trust links.
- Integrated neighbourhood teams will support in-reach of specialists and support early intervention and prevention with PCNs and primary care.
- Improve engagement with patients, carers, and families in discussions about the patient's care as standard practice through training, raising awareness and time allocation.
- Eradicating long waits for service users at the Lighthouse Children's Centre by focusing on ongoing recruitment using the recently received funding to support the clearing of the backlog.
- Create a mechanism to inform service users about waiting times before appointments and deliver early advice, information, and signposting to service users as they wait to hear about appointments and how they can best prepare for their eventual appointment.
- Expansion of virtual wards and consider wider roll-out also including mental health.

Spirometry Clinicabin, Rochford

Thurrock First is a vital first point of contact and single point of access for people requiring onward referrals, information, advice and support with their health, mental health, and adult social care needs.

Thurrock First Advisors also undertake assessments and reviews for adult social care (ASC) and ensure that people receive the appropriate support – and in doing so deliver ASC responsibilities contained within the Care Act 2014.

Thurrock First acts as a referral point for people requiring community health and mental health support – ensuring that referrals are sent to the correct teams and services so that the appropriate health support can be arranged and delivered.

Several of the referrals dealt with are time critical and require immediate action due to the level of risk or needs of the individual such as they are receiving end-of-life care. Without Thurrock First carrying out its role, there would be delayed discharges from hospitals, increased admissions, residents placed at risk of harm, and increased demand for other health, mental health, and adult social care services.

How will we measure success?

- **Recovery / Goal attainment score.**
- **Reduced crisis in community caseload.**
- **Reduced admissions/readmissions in community caseload.**
- **% Cases with high-quality care plans completed with user involvement.**
- **User, carer, and family experience.**
- **Users and families feel safe in EPUT's care.**
- **Reduction in serious incidents and self-harm.**
- **Staff survey – health and safety.**

What will be different?

Mid and South Essex Community care unit will move from the traditional way to a more individualised care approach and work with partners to join-up health, care, and community services.

We will be committing to clearing the backlog for the Children's Lighthouse Centre in Year 1.

People with mental health problems will have access to support, care, and treatment promptly, no matter where or how they seek that support.

Each time a person has contact with our mental health services, we will consider all their needs and develop a plan that helps them to achieve their own goals. Staff will work holistically reducing the burden on the individual to attend multiple appointments.

Teams will be connected across health, care, and community services to help people to access the necessary support, whether they need health, care, housing, or other support. Those teams will share information meaning people won't need to repeat their stories.

Within neighbourhoods, integrated primary care and community services will support feeling well, by identifying more mental health problems earlier and providing support that prevents those problems from becoming more serious. More people will be able to see specialist mental health professionals in primary care for both assessment and support.

Services will provide high-quality risk assessment, care planning, and ensure service users and those involved in their care are clear on the plan. Plans will support people to live well in their communities and enable service users and staff to take positive risks that support ongoing recovery.

There are options to create space in services keeping patients at home where appropriate the development of integrated workforce(s) with partners will help to reach patients and families.

Family and carers will be actively involved in caring for their loved ones. They will be able to share their concerns and other information with services and know whom to contact when their loved one is admitted to our services. Subject to the individual's agreement, they will be involved in conversations and decisions about their loved one's care allowing us to deliver safe, quality care.

STRATEGIC OBJECTIVE 2:
WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Introduction

We know that staff recognise that different skills and roles are required in their teams to meet the population evolving needs to provide holistic person-centred care. We want to increase the range of skills in our multi-disciplinary teams (MDTs) and address current variations in access to some professionals, such as Allied Health Professionals and social workers, across teams. There is an opportunity to develop a more flexible, multi-skilled workforce to support a broader range of needs.

Staff will be encouraged and supported to thrive in their work roles and their roles as part of the communities. Staff will be supported to achieve and maintain good health and well-being, whatever that means for them. They will be able to access development programmes that help them achieve their goals. Strong teams will support each other, creating a sense of community at work. Teams, managers, and the wider organisation will celebrate their successes and recognise their effort.

Regarding recruitment challenges, we will be supporting the local workforce and apprenticeships. We will be actively supporting the corporate divisions at recruitment fairs and assisting where possible to encourage applications into our care unit. We plan to create a supportive culture in the care unit that will be an enjoyable and interesting place to work. We will encourage flexible working options for all staff allowing for work-life balance.

There needs to be consistent standards and policies across the organisation, as it will give staff greater clarity and support them to work more flexibly across teams and geographies. There will be transparent mechanisms for staff to provide feedback and contribute to improving policies and procedures.

The new partnership directors' roles have been a good start for integrated working. The Partnership Directors across the care unit bring together community mental health and physical health together in place, encouraging the building of strong relationships and collaboration across Mid and South Essex.

Our key priorities

- Continue and consider expansion with rotational posts within Mid and South Essex and across care units to both attract staff and develop experience expanding across professions and bandings.
- Robust supervision and all staff to take part in the Pen Plan appraisals.
- Streamline policies and procedures; improve mechanisms for staff to feedback on them.
- Support the development of more flexible unregistered roles and competency framework for the modular development of skills for integrated care.
- Ensure an open supportive culture for staff, enabling a resilient and compassionate workforce through robust supervision by people in leadership positions, Mid and South Essex will support the Trust Strategy around cultural priorities.
- Making staff aware of the mechanisms of support available to them.
- Developing express working with the people and culture team and developing managers to support and lead happy and high-performing teams.
- Creating an inclusive culture of calling out poor behaviours, bullying, discrimination, and the freedom to speak up.
- Facilitation of joint working in collaboration (Human Learning System).

In South East Essex, we have developed a new Service Manager role to lead on older adult mental health, dementia, and frailty in the community. This bring together the Community Health Care Coordination and the Dementia & Older Adult Community Mental Health Services. which integrates both physical and mental health professionals into one service. This approach to MDT working supports early intervention and prevention as the staff have been upskilled to identify arising mental or physical health issues with their service users and manage or quickly share colleagues as appropriate. This supports the patient to be seen by fewer health care professionals, alleviates delays in care from referrals across teams, and causes less repetition of care; all of which improves the quality of service the person receives.

Across Mid and South Essex, FrEDA (Frailty, End of Life, Dementia Review and Assessment Template) is a new personalised care planning and support template within SystmOne that we have developed to support care coordination of our older adults. The template is adopted by all providers and localised to alliance need. It enables team members involved in an adults care within the FrEDA targeted cohort (Frail and/or End of Life) to easily review previous interactions and interventions to reduce duplication and open communication across physical and mental health professionals involved in their care. This improves MDT working and early intervention and is not only available to Mid and South Essex colleagues, but also to GPs. Staff can access training on FrEDA through the Mid and South Essex training platform.

How will we measure success?

- **Reduced vacancy rate.**
- **Improved retention.**
- **Increased recruitment from the local community.**
- **Increased uptake of, and satisfaction with, training and development.**
- **Staff experience.**
- **NHS Staff Survey – staff engagement theme.**

What will be different?

Mid and South Essex Community care unit will make a clear offer to current and prospective staff, which includes development and well-being support to allow each other to be the best we can be.

It will include a clear preceptorship offer for newly qualified staff, which develops their confidence and skills and offers opportunities for further learning and qualification. The staff will feel well-supported and happy at work, reducing the number of staff leaving the organisation, particularly in the first 1-2 years. There is also an opportunity to increase entry to the workforce through improved earn-and-learn opportunities, such as apprenticeships and sharing internally created videos such as “a nurse’s day” for potential recruits to grasp what the role looks like in reality. Provide has a trainee embarking on a traineeship in September 2022. It would be noteworthy to discuss their experience during the 12 weeks and if anything can be improved or adapted to encourage further traineeships.

The staff development offer will enable staff to develop the skills necessary to deliver holistic person-centred care. Offering support to staff to build experience and nurture relationships across a variety of settings will ensure they are well-equipped to support joined-up care. It will allow staff more time to care, reflect and complete training and development.

To allow clinical staff to make the best use of their time, they need improved processes and systems with more administrative and support roles positions.

Managers will look at balancing face-to-face and digital meetings to decrease digital fatigue among staff. EPUT is to implement an independent collaborative organisation panel allowing the line manager and the staff member to state their cases/reasons that would eradicate any bias around requesting flexible/condensed working hours with Mid and South Essex.

Mid and South Essex Community care unit will be well supported and encouraged to promote opportunities in their teams and to recruit for vacant positions with support from Corporate HR Teams. The recruitment campaigns will reach the community, and people who are interested in health and care careers will be able to learn more about roles and opportunities and how to apply.

STRATEGIC OBJECTIVE 3:
WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Introduction

EPUT operates in a complex system. EPUT has agreed on formal collaborative arrangements with partners in Mid and South Essex. The Mid Essex Rough Sleeper Initiative Outreach Service, covering Epping and Braintree, was presented with the Working in Partnership award at the recent Essex Housing Awards.

There is a need to remove the current barriers that exist between partner organisations; some exist due to the lack of communication as to whom they're partnered with. The is an overlap with some services, and staff are keen to remove this barrier and exist side by side, empowering each other and recognising that they are all one organisation moving in the right direction with community collaboration.

Currently, Improving Access to Psychological Therapy (IAPT) services are provided by EPUT in the South East only, we are trying to improve relations by involving IAPT and exploring different mechanisms to build a strong integration across IAPT and secondary mental health.

We are joint working with acute hospitals supporting discharge and hospital admission prevention. We also have posted in our urgent community response team supporting the East of England Ambulance Service by having patients sent to them than having an ambulance sent out to the patient.

Our key priorities

- Work with our place to develop effective transfer of care hubs - (TOCH) will be in each locality, a national requirement which will assess patients for discharge and refer them to the best out-of-hospital setting and support package.
- Agree on a common endeavour with local providers and partners to build collaborative structures at place.
- Working with our internal partners across EPUT.
- Endeavour to create a culture of open communication with colleagues across the health and care system.
- Explore the application of Time to Care across community services to reduce the bureaucratic burden to release time for staff to care for their patients.
- Support a diverse approach to partnership working with local authority/Integrated Care System/social care and voluntary organisations.
- Working closely with our Alliance colleagues and supporting the development of the PCN strategies – Mid has appointed 3 neighbourhood programme managers via Essex County Council/Provide/Alliance to deliver the neighbourhood integration. Mental health will be included in this.
- Exploring joint posts with the voluntary sector e.g. Trust Links in South East.
- Continue the community collaborative work around levelling up across Mid and South Essex in community adult and children's services.
- Support the roll-out of open dialogue training as funded by the Health Inequalities Fund, which aligns with the already agreed principles of Human Learning Systems.

In the Thurrock locality, EPUT has fully established a Primary Care Mental Health service that are integrated within the PCN's working closely with GP's and partner organisations. The service offered an assessment and treatment opportunities for service users who been referred. This service has enabled prompt assessment between one to three days which has meant that service users been getting a rapid consultation and follow-up where needed.

The Primary Care Mental Health service is closely aligned with various services across Health, Social and voluntary, community, social enterprise (VCSE) organisations to ensure smooth pathways are in place that enable transfer of care or additional support required to meet service user's needs. The service also focuses in ensuring those with mental health needs have a holistic review which include physical well. The team operation will continue to develop in line with the Integrated Primary and Community Care (IPCC) transformation programme.

The success of the Primary Care Mental Health service is already being recognised in the locality with GP's and Service Users expressing satisfaction with the prompt and high standard of interventions that the residents are receiving.

How will we measure success?

- **Creation of care hubs.**
- **Agree common endeavours with partners.**
- **Develop further partnerships within the system.**
- **Supporting PCN strategies.**
- **Creation of joint posts with the voluntary sector.**
- **Deliver on the levelling up plan.**

What will be different?

We will enhance the current partnerships and build new relationships with other services that enable us to support people to recover and live fuller and more rewarding life.

Staff will be encouraged to build on all relationships allowing us to provide joined-up care.

We will continue to work with their existing partners and build on new fluid relationships within the system. We will partner with social care, housing, and voluntary organisations, realising the deeply rooted relationships will allow the collaborative to do away with the power imbalance and recognise that all providers add value.

We will continue to drive the development of integrated neighbourhoods, by working with our partners in primary care, local authorities, and voluntary and community services. We will focus on developing our partnerships with voluntary, community and social enterprise partners to help us increase our holistic services offer and our connection to our communities.

We will be affirming and creating new partnerships, such as with local employers, Jobcentre Plus, the Department of Working and Pensions (DWP) and service users advocate groups to support patients, service users and carers. This will enhance support delivery moving forward with the added element of focusing on existing relationships with partners.

Our partnerships will support colleagues in developing their skills, relationships, and confidence to "make every contact count". Mid and South Essex will explore opportunities for shared workforce approaches, joint learning programmes, and the colocation of our teams like the Thurrock model.

STRATEGIC OBJECTIVE 4:
WE WILL HELP OUR COMMUNITIES TO THRIVE

Introduction

Mid and South Essex Community care unit strategy is committed to addressing the wider determinants of health, such as housing, education, and income through our Partnership, recognising it takes everyone to join forces and tackle inequalities if it's to make a real difference. This includes addressing increased mental health prevalence, suicide, deprivation, educational attainment, and obesity within our population.

Basildon has led the way in employment and recruitment by working with Essex County Council to support people with learning difficulties to enter the workplace. Thurrock Council has worked with North East London NHS Foundation Trust to develop a new shared vision of an integrated front-line health and care worker, with a defined career pathway. These posts are being recruited to and have proved very popular in offering a new career choice where carer jobs were seen as unpopular. Essex County Council is starting work on how to explicitly recruit from more deprived areas, recognising that there are barriers to accessing work that will need to be addressed.

With the significant workforce challenges, partners are recognising the importance of working with our schools to address aspiration and employment issues, particularly in more deprived areas. The Essex Children's Partnership Board, including head teachers, has endorsed this approach. Basildon Hospital has embarked on an outreach programme to local schools to help improve interest and recruitment to NHS roles.

Our key priorities

- 'Grow our own workforce' initiatives including school/college engagement, work experience and apprenticeship offers.
- Continued focus on levelling up and reducing health inequalities across Mid and South Essex, we will engage a variety of initiatives and support identified by place.
- Support staff to thrive through a staff well-being offer, that includes practical and emotional support and financial well-being.
- With partners, focus on suicide prevention, including developing awareness and skills outside of mental health services.
- Actively involving carers and families in conversations about services and hearing their voices.
- Making Mental Health services more accessible by offering them from an increased number of locations so people don't have to travel to a particular place.

Rough sleepers service

The Southend Rough Sleepers Mental Health Team (RSMHT) provides specialist multi-disciplinary assessment and interventions for rough sleepers within Southend. The team works with people rough sleeping on the streets, people residing in supported accommodation provided by the local rough sleepers' network, and with people living in temporary accommodation as part of a housing rough sleeper initiative. Individuals who access the service typically have complex needs, often with concurrent drug and alcohol use. One service user who was recently suicidal and was supported in collaboration with colleagues within the rough sleepers' network stated that *'if I was still on the streets I'm not sure whether I would still be alive, … I now see a glimmer of hope!'*

How will we measure success?

- **% Staff recruited from local communities.**
- **Apprenticeships offered, utilisation of apprenticeship levy.**
- **Improved staff survey result – health and safety domain.**
- **Staff satisfaction with development and health and wellbeing offers – duplicated above.**
- **Improved suicide awareness.**

What will be different?

Mid and South Essex Community care unit will attract more local people into good quality work in health and care roles and support people to develop their skills for a successful career in this sector. Local people, particularly young people, will be able to learn more about roles and opportunities in health and care through engagement with schools, colleges and local communities supported by EPUT. People considering health and care roles can try out positions through work experience and volunteering opportunities. There will be more opportunities for people to learn and qualify whilst working through an expanded range of traineeship and apprenticeship programmes.

Services will use family-led decision-making approaches, such as Family Group Conferencing, that give families and their wider support networks the opportunity to find solutions. Specialist Services will encourage and enable families and carers to actively support their loved ones when they return home, including providing education about relevant health issues.

APPENDIX 1: POLICY CONTEXT

To ensure EPUT's strategy supports its partners' aims and ambitions, we have reviewed the strategies of EPUT's partners across Essex, Southend and Thurrock, as well as national policy for mental health and community services. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

- Services will become **increasingly joined up** across health and care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate** with health, care and other services to support integration; this includes 'place' level alliances; neighbourhood partnerships; and provider collaboratives.
- **'Places'** will be the engine for delivery and reform of health and care services, bringing together health and care partners to deliver on a shared plan and outcomes.
- Better use and integration of **data** will support joined-up care and risk-based approaches to **population health management**.
- Providers will involve service users, communities and staff in **co-production** of services and development.
- Care will be **person-centred**, and take account of an individual's context, goals and respond to all of their needs.
- Joined up services will ensure that there is **'no wrong door'** to access care and support.
- A more **flexible workforce** will operate across service and organisational boundaries to provide joined up and person-centred care.
- Services will increasingly focus on **prevention and earlier intervention**, providing pre-emptive and proactive care that helps people be and stay well.
- People will be supported to **live well in their communities**: improved community support will reduce admissions and support people to when they are discharged from inpatient and long-term care.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from user experience.
- Health services will work with partners to reduce **health inequalities** in the population.
- More services will be available online and using **digital applications.**

The NHS Long Term Plan makes the following commitments relevant to Community Mental Health services:

Category	Deliverable
Adult Common Mental Illnesses (IAPT)	IAPT-LTC service in place (maintaining current commitment) year-on-year (routine outcome monitoring)
Adult Severe Mental Illnesses (SMI) Community Care	Delivery of the Early Intervention in Psychosis standard
Adult Severe Mental Illnesses (SMI) Community Care	390,000 people* with SMI receiving physical health checks by 2023/24
Suicide Reduction	Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21
Suicide Reduction	Localised suicide reduction programme rolled-out across all STPs/ICSs providing timely and appropriate support
Suicide Reduction	Suicide bereavement support services across all STPs/ICSs by 2023/24

**These figures are national targets, EPUT will be contributing towards the national targets*

APPENDIX 3

STRATEGIC PLAN

NORTH EAST ESSEX COMMUNITY CARE UNIT

Introduction

Essex Partnership University NHS Foundation Trust (EPUT) has agreed a new vision, purpose, strategic objectives and values (below). This plan sets out how the North East Essex Community care unit will deliver on the vision, purpose, strategic objectives, and values over the next five years.

OUR VISION

To be the leading health and wellbeing service in the provision of mental health and community care.

This plan has been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. Engagement was informed by a review of the policy and strategic context, and analysis of demand and capacity across EPUT's services. Along with the plans for EPUT's other care units, this plan forms the basis of the Trust Strategic Plan for 2023/24 to 2027/28.

ABOUT THE CARE UNIT

The North East Essex Community care unit provides primary and community mental health services across Colchester and Tendring districts, as well as three trust-wide services: perinatal mental health; children's learning disability service (CLDS); and Allied Health Professional (AHP) services. The footprint of the community and primary care services is aligned to the North East Essex Alliance, one of three 'places' in the Suffolk and North East Essex Integrated Care System (ICS). Integrated primary care services are aligned to the six neighbourhoods within North East Essex.

Journey so far

Over the last two years, the care unit has transformed its community services from a cluster-based to a place-based approach, supporting alignment and integration with system partners. EPUT has led the development of neighbourhood teams within the place-based Alliance partnership and established six integrated neighbourhood teams aligned to Primary Care Networks (PCNs).

The place-based primary and community teams have developed positive relationships with a range of system partners, including voluntary sector partners with joint initiatives in place with The Haven, Community 360 and Tendring CVS. The trust-wide perinatal service is one of the highest performing perinatal teams in England, and had excellent peer review against CCQI Community Quality Standards in 2021. The Children's Learning Disability Service has continued to develop, and expanded provision of its specialist intervention for sensory impairment into South Essex.

Demand

The care unit has seen large increases in demand and activity. Perinatal services have seen a near three-fold increase in demand between 2019/20 and 2021/22, and referrals to the Single Point of Access in the first six months of 2022/23 increased by 20% on the same period in 2021. Overall demand resulting from population growth in North East Essex is forecast to grow relatively modestly, increasing by 4% between 2023 and 2028. Within this, we expect significant demand for services for people aged 18-25, particularly in Tendring. The older adult population will increase by 9%, or 7000 additional people. This population will be more elderly, with associated frailty and co-morbidities and an aging carer profile.

There are some other notable trends in our demand and capacity analysis:

- Demand for second Improving Access to Psychological Therapies (IAPT) treatments has increased, and with it the average wait between the first and second treatment has significantly increased
- Across the Trust, there has been a notable increase in the prevalence of eating disorders, and there is a lengthening waiting list for this service
- Average number of contacts and clinical time has increased for people using perinatal, community dementia and specialist mental health services, suggesting higher complexity
- There has been a decline in the numbers of people coming forward for dementia and memory services, suggesting that there may be unmet need
- The North East Essex Older Adults Home Treatment team (Urgent Care and Inpatient Care Unit) has seen a significant decrease in referrals received compared to pre-pandemic levels.

Service user, carer and family engagement

The Trust Strategic Plan sets out our engagement with service users, carers and families.

People have told us that they want:

- Accessible and inclusive services
- Choice about their services and treatments
- Services designed and developed through co-production
- Trust and confidence in services, and continuity of care
- Better supported transitions between services
- Tackling stigma
- Better support while waiting.

Current challenges and opportunities

Community mental health services provided by EPUT are not currently integrated with physical health services. We have established a new collaborative arrangement with other community providers in North East Essex to support integration, but have not yet agreed the future model of community care with our collaborative partners. There is also more to do to develop positive relationships with primary care networks and strengthen our neighbourhood model.

There are significant health inequalities in North East Essex, reflected in large variation in life expectancy. Jaywick in Tendring is the most deprived area in the country, and there are other pockets of deprivation across the area. Both Colchester and Tendring districts have some of the highest rates of suicide in England, as well the highest rates in Essex of admissions to hospital for intentional self-harm, and detentions under the Mental Health Act. Tendring represents the highest Employment and Support Allowance claimants for mental and behavioural disorders per 1,000 working age population in Essex. The Suffolk and North East Essex Population Health Management programme identified progression of mental health need with age from anxiety and conduct disorders among teens to crisis, psychosis, self-harm and eating disorders.

There are high vacancy and staff turnover rates within North East Essex. Together with national workforce shortages, this has created staff shortages across professional groups and services, particularly for registered nurses and social workers. Recruitment and retention challenges are mirrored nationally in coastal areas with high levels of local deprivation. Staff say that, at times, they are asked to complete tasks that they feel do not reflect their level of experience due to higher vacancies in some professional groups. The workforce is becoming relatively less experienced as staff leave.

Staff shortages mean that a proportion of the caseload is allocated to a named member of the management team. Through our significant work to monitor and support flow and capacity, we know that the gap in allocation is directly linked to the number of vacancies in the team. The impact on staff experience leaves staff feel fatigued or under pressure in their roles. Some lack time to reflect, and unable to undertake non-mandatory training and development, to engage in improvement and transformation initiatives or to build relationships across services and teams.

Waiting lists have significantly improved in the care unit and this requires constant review to maintain flow and capacity. The care unit has been able to learn and improve from patient experience and learning from patient incidents and has had positive feedback from the ICS quality lead and the CQC around the grip and management of the waiting lists.

A non-statutory Independent Inquiry is currently investigating the circumstances of mental health inpatient deaths across NHS trusts in Essex between 2000 and 2020. The Inquiry is currently collecting evidence, hearing from a range of witnesses including families, patients, staff and relevant organisations. The next phases will involve analysing this evidence and preparing a report and recommendations. EPUT will respond to the recommendations made, ensuring all actions required are completed. All care units will be active participants in any actions required to ensure a full cascade across operational services.

Key risks for the care unit include:

- Recruitment and retention; and recruitment at pace leading to inexperienced staff
- Management and mitigation of waiting lists, including high Children's Learning Disability Service demand and waiting list
- Allocation of community caseload
- Back to basics care processes and coordination
- Staff wellbeing and recovery
- Access to data and real-time clinical information, including lack of interoperable systems
- Relationship between EPUT and PCNs
- High access rates for specialist services, and interventions not keeping pace with demand
- High levels of safeguarding cases with complex needs
- Community capacity impacting ability to step back cases to community mental health teams.

VISION, PURPOSE, AND STRATEGIC OBJECTIVES

Vision

"To be the leading health and wellbeing service in the provision of mental health and community care."

North East Essex Community care unit will contribute to delivery of the vision by:

- **Bringing more specialist mental health services into neighbourhoods:** We will align our specialist services to neighbourhood, in a way that reflects the needs of each locality and addresses health inequalities
- **Developing integrated person-centred community services with our partners:** We will work with our partners in the North East Essex Integrated Care Collaborative to bring together our services. We will develop a single care coordination centre, so that there is "no wrong door" and together we make every contact count for better health. We will develop our skills to deliver integrated care, with a focus on physical healthcare skills, trauma-informed care, digital skills and strength-based practice
- **Providing a leading perinatal mental health service:** We will continue to deliver a nationally high-performing perinatal mental health service and to inform further service development and quality initiatives at a national level
- **Reducing inequalities in access to healthcare and health outcomes:** We will reach into communities who experience health inequalities and develop initiatives to promote good health and improve access to healthcare.

Purpose

"We care for people every day. What we do together, matters."

Our care unit vision for focuses on bringing together our services with our partners to improve access and health for our population. We will work together with lived experience to design and deliver our services. Every contact we have with people and communities matters. By working together, we will make every contact count for more and ensure our services wrap around the person and their needs.

We will take a trauma-informed approach to our care and with our staff. This means we will care compassionately, recognising the widespread impact of trauma and avoiding retraumatising people. We will support our colleagues across the system to understand and recognise trauma, and to learn from our trauma-informed approach.

We will support our staff to learn new skills and be confident in this trauma-informed approach and in delivering new integrated services. We will work with our partners to share our learning across organisations, and to build their skills and confidence in supporting people with serious mental illness, with trauma and those at risk of suicide.

We will support more local people into health and care roles. Together with our partners, we will support people to develop successful careers in the health and care sector including through training, qualification and the option to move more easily between health and care opportunities.

Strategic objectives

We have four strategic objectives to achieve our vision:

- We will deliver safe, high quality integrated care services
- We will enable each other to be the best we can be
- We will work with our partners to make our services better
- We will help our communities to thrive

We have set out our key priorities to achieve these objectives in the next section.

Values

Our values underpin all that we do:

WE CARE • WE LEARN • WE EMPOWER

New International Recruits at Induction

STRATEGIC OBJECTIVE 1:
WE WILL DELIVER SAFE, HIGH QUALITY INTEGRATED SERVICES

Introduction

We are working with our partners to join up our services for local people in North East Essex through the North East Essex Integrated Care Collaborative and North East Essex Alliance. Across Essex, we are working with partners to integrate services for expectant and new parents and for children with a learning disability. We will bring more of our specialist mental health services into local neighbourhoods, ensuring that those services reflect the needs of each locality. With our partners, we will bring together our information and our care coordination so that we wrap our services around the person. Learning from our staff and services users, we will continue to improve the quality of our care and will develop our high performing perinatal mental health service as a national leading service.

Our key priorities

- With partners, develop our integrated neighbourhood teams, with in-reach and alignment of specialist mental health services to neighbourhood profiles, and support targeted inequalities projects, including drug and alcohol, health and housing, family outcomes primary care.
- Develop trauma-informed care for service users and staff and support the system in taking a kind and compassionate approach to trauma, working with HealthWatch to introduce Trauma Cards and a structured supervision approach to trauma and complex care.
- Deliver an integrated care co-ordination centre, supported by interoperable information systems, and explore new ways of integrated working as part of the North Essex Integrated Community Collaborative and a key stakeholder in the North East Essex Alliance.
- Continue to work collaboratively with Suffolk and North East Essex ICS, social care and Therapy for You to support and manage the waiting lists for intervention in North East Essex, and provide a single point of access.
- Introduce the Outcome Based Accountability Approach to review the quality of our services, and continue our focus on getting the basics right in our care planning and clinical processes, and on learning lessons across the Care Unit.
- Develop the systems and skills to use high-quality, real-time clinical information in management of caseloads, and introduce predictive analysis tools to identify people at risk of deterioration and crisis.
- Continue to provide a high-quality perinatal service nationally, working collaboratively with each ICS and aligned maternity services, and inform further service development and quality initiatives at a national level.
- Work collaboratively with each ICS, child and family services and local education authorities to provide high quality children's learning disability provision and maintain strong links with neighbouring commissioners to extend learning disability business opportunities.

Harwich Place Based Pilot

We are working with the local community and voluntary sector to support local service delivery according to need in EPUT base. This includes supporting food bank and Citizens Advice Bureau and having co-located clinics in local areas. We are taking a new approach to assigning and managing the Harwich case load across a small team, rather than on an individual basis.

Non-Complex Primary Care Service

We have successfully recruited workers based within primary care to support those with non-complex needs. This right place, right time local support is helping to prevent more serious mental illness, and has led to very low numbers stepped up to local treatment teams.

Perinatal Hubs

We have developed five perinatal hubs aligned to the five acute hospitals. Our peer support initiatives are supporting the whole family in the local area.

How will we measure success?

- **Positive user, carer and family experience and representation in transformation and service reviews.**
- **Staff feel safe at work.**
- **Attainment of user-defined goals and improved outcomes.**
- **Reduced crisis and admissions from community caseload.**
- **Care plans are high-quality and include user-defined goals.**
- **Reduction in serious incidents and self-harm.**
- **Reduction in staff burnout.**
- **Management of waiting lists.**

What will be different?

We will work with partners to join up health, care and community services and ensure there is “no wrong door” to care and support. An integrated care coordination centre will bring together our place-based services with our partners to ensure that people receive the right care at the right time from the right person or people. Joined up information systems will enable us to share information, coordinate care and communicate better with the people we serve.

We will continue to work collaboratively with our partners to develop our community specialist services. We will continue to increase access to and deliver a high-quality perinatal mental health service and outcomes.

We will identify more mental health problems earlier and more people will be able to access specialist assessment and support in primary care that prevents those problems becoming more serious. We will continue to improve access, and reduce waiting times, for specialist interventions.

Digital technology will support our clinical teams to identify people who have increased need or are at risk of deterioration and to offer earlier intervention to prevent poorer health.

We will take a trauma-informed approach across our care unit and support awareness and adoption of trauma-informed care across the wider system. Trauma Cards will identify individuals needs and stories, ensuring we provide compassionate care and do not retraumatise people.

STRATEGIC OBJECTIVE 2:
WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Introduction

We will build our team by supporting more local people to develop successful careers in health and care, introducing new roles and developing joint workforce models with our partners. We will create a caring and compassionate culture, where our staff can thrive and are supported to learn and grow. We will use a trauma-informed approach and restorative supervision, to support our staff to feel safe, supported and listened to. We will support our staff to develop their skills for integrated care delivery, with a focus on physical healthcare, digital skills and strength-based practice in line with Asset-Based Community Development (ABCD).

Our key priorities

- Recruit community apprentice roles within the care unit to "grow our own workforce" with a commitment recruitment from the local area, and build on the positive experience of Kick Start recruits moving into substantive clinical and admin roles.
- Develop a place-based approach to recruitment, linking in with local colleges, schools and employment fairs in North East Essex, and support development of a Suffolk and North East Essex employment passport, enabling people to remain and build their experience in local health and care roles.
- Embed implementation of a restorative supervision approach to staff wellbeing, which supports practitioners at all levels with the time to think and make decisions to support safe transition, care and support plans and safety planning. We will take a trauma-informed approach with staff.
- Take a learning approach to leadership, being honest and open when we don't get things right and try to make them right, and work with our leadership team to understand our impact on others and how we can strive to better support our communities and staff.
- Set out an attractive development offer for staff, which supports people to enhance their skill set in line with community transformation, including physical health care skills to support our "making every contact counts" approach.
- Develop enhanced multi-disciplinary team working across our services to ensure we have the right range of skills and experience to support individualised care.
- Explore development of new joint roles with the voluntary sector within our integrated neighbourhoods and develop peer support worker and care navigator roles, and provide joint approaches to supervision for our partners, such as social prescribers, to support their work with people with serious mental illness.
- Increase digital literacy and develop digital skills and leadership across the care unit, to support a digital-first approach to transformation, working with the corporate digital team.
- Review the effectiveness of AHP roles and services across the organisation and ensure they are fit for purpose.

Restorative Supervision

We invested in restorative supervision training and supervision within the care group to support residence within our teams. With the support of a leadership consultant, this helped us to learn and understand the impact on the leadership team looking at burn out and dehumanisation.

Perinatal flow

We went back to basic and used a flow and capacity lead to understand what we were doing well and what we needed to improve.

Joint Supervision

We have created a mutual agreement with Community 360 and Tendring CVS, EPUT provide clinical supervision for social prescribers in return for joint group facilitation.

How will we measure success?

- **Reduced vacancy rate and increased substantive staffing.**
- **Improved retention.**
- **Increased recruitment from local community.**
- **Increased uptake of, and satisfaction with, training and development.**
- **Staff and volunteer experience.**
- **Reduced staff sickness, and increased update of wellbeing support.**
- **Development of new AHP roles.**

What will be different?

We will attract more local people into good quality work in health and care roles, and support people to develop their skills for a successful career in this sector. There will be more opportunities for people to learn and to qualify while they are working, through an expanded range of traineeship and apprenticeship programmes.

Local employment passports, developed with our partners in Suffolk and North East Essex, will enable people to move more easily between health and care roles in different organisations. This will help people build a range of experience while retaining skills and knowledge in the health and care system. It can also support a more flexible approach to developing new services or when services are under pressure.

Staff will be supported to thrive within a caring culture, and with a clear offer to support their learning and wellbeing. Staff will be supported to build their skills, experience and their relationships, so that they are well-equipped to support integrated care and to use technology to enhance their practice.

Staff will feel well-supported and happy at work, and more staff will stay working in our services.

STRATEGIC OBJECTIVE 3:
WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Introduction

We are committed to strengthening and growing our partnerships - with service users, communities, health and care organisations, local authorities, education, community and voluntary organisations and other public services - to improve health and healthcare. We will introduce new lived experience roles and commit to designing and delivering our service in partnership with our people and communities. As a key partner in the development of the North East Essex Integrated Care Collaborative, the North East Essex Alliance and local neighbourhood teams, we will seek opportunities to improve our services and capabilities together.

Our key priorities

- As a key partner in the North East Essex Integrated Care Collaborative, identify and pursue opportunities for formal and informal integration and develop a multi-agency integrated care coordination approach.
- Introduce lived experience roles within our local transformation and review projects, to ensure co-production in design and development of our services.
- Work with HealthWatch Essex to implement Trauma Cards across all care unit services, making every contact count and reducing the need for people with trauma to repeatedly tell their story.
- Be a key partner in development of integrated neighbourhoods and in the North East Essex Alliance, including leading on the Feel Well domain across our place.
- Provide learning and support to our system partners to help our colleagues feel more confident to work with people with serious mental illness.
- Train our team in the ABCD approach to strength-based practice and continue to work with community mental health transformation, recognising community assets, voluntary sector and the person as key stake holders.
- Working with local acute maternity hubs, develop our perinatal services and use digital technology and apps to support self-care and resilience.

Partnership with voluntary and community organisations

We are working with voluntary sector partners across North East Essex, to improve our care and support to local people.

Age UK has taken over the dementia support line from EPUT, and this is supporting transformation of other services.

Community 360 and Tendring CVS are providing safe warm spaces for people in our Assertive Outreach service.

The Haven is offering intensive discharge support for people North East Essex with complex trauma who are transitioning from inpatient services.

Community 360 and EPUT are working together to provide a patient support group for people on our waiting list.

How will we measure success?

- **EPUT recognised as a key stakeholder in neighbourhood teams.**
- **Increased partner and community confidence in EPUT.**
- **Positive experience of lived experience roles.**
- **Number of users and staff with a Trauma Card.**
- **Implementation of the Community Framework.**
- **Shared performance and outcome targets are met.**
- **Staff being able to move around the ICS.**

What will be different?

Our services will be developed in partnership with people who have lived experience of our services and mental illness.

Through the North East Essex Integrated Care Collaborative, we will join up health, care and community services. We will develop an integrated care coordination model, which ensures there is “no wrong door” to care and support.

We will work with our partners to ensure our information systems are connected and support us to develop our services.

Working with our partners in primary care, local authorities, voluntary services and communities, we will develop vibrant neighbourhood services, which reflect the populations they serve.

We will recognise the voluntary, community and social enterprise sector as key partners in developing strength-based practice and connect our service users with community assets and services to support them.

Our partnerships will support colleagues to develop their skills, relationships and confidence to “make every contact count”. We will explore opportunities for shared workforce approaches and joint learning programmes. In particular, we will support our partners to increase their confidence in working with people with serious mental illness, and their awareness or trauma and suicide. We will seek opportunities to learn from the strengths of our partners.

STRATEGIC OBJECTIVE 4:
WE WILL HELP OUR COMMUNITIES TO THRIVE

Introduction

There are significant health inequalities in North East Essex and the people we see in both our perinatal mental health service and children's learning disabilities service are likely to have poorer health outcomes than the rest of the population. We want to level up opportunity and health outcomes in our population. We will build on our successful outreach and community support projects, and work with our partners to identify inequalities and develop initiatives to promote good health and improve access to healthcare.

Our key priorities

- Continue to work with our partners to identify inequalities across our neighbourhoods, perinatal services and children's learning disability services, and be key partners in the levelling up agenda within the North East Essex Alliance.
- With partners, continue our focus on suicide prevention, and support our colleagues outside of mental health services to develop their awareness and skills to identify and support people in distress and at risk of harm.
- Continue to highlight marginalised groups, including BAME, transient and travelling communities, and develop our outreach to difficult to engage groups including through the Shelter & Health EnListing Local Support (SHELLS) project, Harwich place-based pilot and ongoing projects in Jaywick Sands.
- As key partners in the neighbourhood teams, identify and develop prevention initiatives and offer advice, support and intervention for cases highlighted by our multi-agency partners.
- Work with our communities in areas of high violence and drug and alcohol use, to reduce risk of mental ill health and support good health and emotional safety, including through our support to the Nights of Safety, and working with the police and district and city councils.
- Offer good quality work and development opportunities for our local population through targeted local recruitment, and expanding apprenticeships.
- Recognise the voluntary sector as a key provider in the mental health framework and support the cultural shift in our communities, providers and staff that the voluntary sector are a trusted partner to support our communities and are indeed often best placed to do so.
- Support our teams to support and signpost to community assets and stop the practice of "not for us" and bouncing referrals, by developing our service directories and supporting staff to build relationships across community organisations.
- Use informal and formal data derived from multiple stakeholders to provide intelligence of community and place based need and use the trusted knowledge of local community connectors to support development of services.

SHELLS SOS Bus

The SHELLS (Shelter & Health EnListing Local Support) SOS bus is an award winning outreach service, designed

to support the homeless community in North East Essex. It operates with partner agencies to provide access to health, advocacy, mental health nursing, social prescribing, housing authority outreach teams, drug and alcohol support and signposting to all other local services. The SOS bus was piloted in Clacton at the end of 2020 and extended to Harwich, helping more than 650 people in its first year. The SHELLS SOS bus won the Health Equalities Award in the national finals of the NHS Parliamentary Awards 2022.

Community Support initiatives

The Tendring Team provided debriefing and support sessions to the local district council after a beach drowning, to the search and rescue team.

EPUT worked with Community 360, local police and trading standards officers on a night of safety in Colchester city centre.

Through neighbourhood data we identified a local car park as a suicide hotspot. We worked with local police and ICP car parks, Samaritans and Chelmsford City Council to problem solve and support development of security and support.

What will be different?

We will continue to work with local authority, NHS, voluntary and community services to reduce health inequalities across North East Essex.

We will develop new service models that reach into communities, and ensure that services are accessible and sensitive to the needs of communities. This will include further drop-in or pop-up services, such as the SHELLS SOS bus, a partnership providing support to some of the most vulnerable people in Tendring.

Perinatal services will continue to monitor demand across the ICS and identify localities with high demand and identify early intervention to reduce health inequalities in mothers from marginalised communities.

We will attract more local people into good quality work in health and care roles, particularly people in our more deprived communities, and support people to develop their skills for a successful career in this sector.

Communities and the services supporting them will be more aware of the signs of distress and suicidal behaviour, and be better equipped to support people when they are in distress and at risk of harm.

How will we measure success?

- **Reduced disparity in access, experience and outcomes by demographic group.**
- **Improved suicide awareness in partner service and communities.**
- **Shared objectives for suicide reduction achieved.**
- **Positive user and staff experience of working with commissioned voluntary sector in mental health pathway.**
- **Increase in access to voluntary sector referrals.**
- **Increased joint employment initiatives.**

APPENDIX 1: POLICY CONTEXT

To ensure EPUT's strategy supports its partners' aims and ambitions, we have reviewed the strategies of EPUT's partners across Essex, Southend and Thurrock, as well as national policy for mental health and community services. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

- Services will become **increasingly joined up** across health and care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate** with health, care and other services to support integration; this includes 'place' level alliances; neighbourhood partnerships; and provider collaboratives.
- **'Places'** will be the engine for delivery and reform of health and care services, bringing together health and care partners to deliver on a shared plan and outcomes.
- Better use and integration of **data** will support joined-up care and risk-based approaches to **population health management**.
- Providers will involve service users, communities and staff in **co-production** of services and development.
- Care will be **person-centred**, and take account of an individual's context, goals and respond to all of their needs.
- Joined up services will ensure that there is **'no wrong door'** to access care and support.
- A more **flexible workforce** will operate across service and organisational boundaries to provide joined up and person-centred care.
- Services will increasingly focus on **prevention and earlier intervention**, providing pre-emptive and proactive care that helps people be and stay well.
- People will be supported to **live well in their communities**: improved community support will reduce admissions and support people to when they are discharged from inpatient and long-term care.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from user experience.
- Health services will work with partners to reduce **health inequalities** in the population.
- More services will be available online and using **digital applications**.

For community mental health services, the **Community Mental Health Framework** (CMHF) introduced a place-based community mental health model from 2021/22 and will replace the Care Programme Approach. The framework was tested in pilot areas, including West Essex, during 2020/21.

The CMHF describes services being provided at two levels:

- **Core service at neighbourhood level** bringing together mental health support in primary care, secondary care community mental health teams and residential settings. It includes consultation and care delivery as well as advocacy, education, employment, financial advice, housing, support groups.
- **More complex care at place level** including crisis, inpatient and specialist residential care, as well as intensive and assertive care for people at risk of exclusion from their community, including rough sleepers, people leaving the criminal justice system and complex needs.

A NHS England position statement on the **Care Programme Approach (CPA)** in 2021 stated the intention is to "shift away from an inequitable, rigid and arbitrary CPA classification and bring up the standard of care towards a minimum universal standard of high-quality care for everyone in need of community mental healthcare."

It emphasises five principles:

- Meaningful intervention-based care
- A named key worker for all service users with a clearer MDT approach
- High-quality co-produced and holistic personalised care and support planning for people with severe mental health problems living in the community
- Better support for and involvement of carers
- A much more accessible, responsive and flexible system.

The **NHS Long Term Plan** makes the following commitments relevant to North East Essex Community care unit:

Category	Deliverable
Adult Common Mental Illnesses (IAPT)	IAPT-LTC service in place (maintaining current commitment) year-on-year (routine outcome monitoring)
Adult Severe Mental Illnesses (SMI) Community Care	370,000 people* receiving care in new models of integrated primary and community care for people with SMI, including dedicated provision for groups with specific needs (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)
Adult Severe Mental Illnesses (SMI) Community Care	Delivery of the Early Intervention in Psychosis standard
Adult Severe Mental Illnesses (SMI) Community Care	390,000 people* with SMI receiving physical health checks by 2023/24
Adult Severe Mental Illnesses (SMI) Community Care	55,000 people* with SMI accessing Individual Placement and Support services by 2023/24
Suicide Reduction	Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21
Suicide Reduction	Localised suicide reduction programme rolled-out across all STPs/ICSs providing timely and appropriate support
Suicide Reduction	Suicide bereavement support services across all STPs/ICSs by 2023/24
Specialist Community Perinatal Mental Health	Maternity Outreach Clinics in all STPs/ICSs by 2023/24
Specialist Community Perinatal Mental Health	Extended period of care from 12-24 months in community settings and increased availability of evidence-based psychological therapies by 2023/24
Specialist Community Perinatal Mental Health	At least 66,000 women* in total accessing specialist perinatal mental health services by 2023/24
Specialist Community Perinatal Mental Health	Evidence-based assessments for partners offered and signposting where required by 2023/24

**These are national targets, EPUT will be contributing towards the national targets*

APPENDIX 4

STRATEGIC PLAN

URGENT CARE AND INPATIENTS CARE UNIT

INTRODUCTION

Essex Partnership University NHS Foundation Trust (EPUT) has agreed a new vision, purpose, strategic objectives and values (below). This plan sets out how the Urgent Care and Inpatients care unit will deliver on the vision, purpose, strategic objectives, and values over the next five years.

This plan has been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. Engagement was informed by a review of the policy and strategic context, and analysis of demand and capacity across EPUT's services. Along with the plans for EPUT's other care units, this plan forms the basis of the Trust Strategic Plan for 2023/24 to 2027/28.

ABOUT THE CARE UNIT

The Urgent Care and Inpatients care unit provides urgent and emergency and inpatient mental health services across Essex, Southend and Thurrock. The Trust provides adult (18+) and older adult (70+) inpatient services from 23 wards across Chelmsford, Colchester, Rochford, Harlow, Clacton, Basildon, Thurrock and Epping. There is also a Trust-wide rehabilitation unit and two nursing homes. Urgent care services include mental health liaison teams based within the five acute hospitals in Essex, crisis response services and home-treatment teams.

Journey so far

We have improved the physical environment in our inpatient units, including gardens and décor, to provide a more comfortable environment for people who are admitted. We have also made vital safety improvements to remove ligatures in line with our *Safety First, Safety Always* strategy, and our project to improve accommodation at our Basildon Mental Health Unit won a Building Better Healthcare Award for the Best Patient Safety Initiative.

We have implemented a range of national initiatives to improve our urgent care services, including 24/7 access to crisis services via NHS 111 and meeting Core24 standards in all five-hospital mental health liaison teams. These improvements mean that people in Southend, Essex and Thurrock can access the same high-quality support for an urgent need at any time 24 hours a day, 7 days a week. We have invested in and developed our crisis resolution and home treatment teams and have worked with our partners to increase provision of crisis cafés and sanctuaries in Colchester, Clacton, Harlow, Braintree, Southend and Thurrock. In Mid and South Essex, we support the new Crisis House. These services provide support and safety for people who find themselves in need of support for their mental health, and are an alternative to hospital services.

We have introduced integrated discharge teams and worked with our partners to improve discharge and reduce delays. This includes successful development of discharge support schemes with the voluntary sector.

Demand

The number of inpatient ward stays fell by **42%** over the three years to June 2022. Occupied bed days have reduced by only **20%** over this same period, and weekly occupied bed days remain lower than before the Covid-19 pandemic. Occupied bed days have been partially sustained by increasing lengths of stay from an average **32 days in Quarter 1 2019/20 to 49 days for the same period in 2022/23**. Length of stay on the assessment units has increased from **8 days in June 2019 to 14 days in June 2022**, while stays on the two Psychiatric Intensive Care Units (PICUs) have increased from **48 days in FY2020/21 to 85 days for patients discharged in the first quarter of FY2022/23** (not accounting for leave days).

Demand for inpatient stays has exceeded inpatient capacity leading to high levels of out of area placements. Out-of-area placements accounted for **11.8%** of all occupied bed days between April 2019 and June 2022. Out-of-area PICU placements occupied bed days percentages across that period have been higher than for other services (Adult MH 7.1%, Forensic and Older Adults both <1%). Adult mental health out-of-area bed days have been consistently high throughout the first quarter of 2022/23 (11.7%) but PICU ended the quarter highest with **21%** of bed days being out of area.

Referrals to liaison and crisis teams has remained relatively constant since the end of 2021, and demand remains slightly below pre-pandemic levels. The North East Essex Older Adult Home Treatment Team is an exception, with a significant decrease in referrals over this period.

Service user, family and carer engagement

The Trust Strategic Plan sets out our engagement with service users, carers and families.

People have told us that they want:

- Accessible and inclusive services
- Choice about their services and treatments
- Services designed and developed through co-production
- Trust and confidence in services, and continuity of care
- Better supported transitions between services
- Tackling stigma
- Better support while waiting.

Challenges and opportunities

Urgent care and inpatient services at EPUT are very challenged. Although we are meeting key indicators for quality and safety, indicators for performance, workforce and culture and finance are not currently being met, with many not met over some time. This includes high ward occupancy, length of stay and out of area placements; high vacancy, sickness and bank or agency use; and a negative financial position, largely driven by high temporary staffing costs. These issues are related: high vacancy and sickness rates drive high bank and agency use, which in turn reduces the ability to provide therapeutic activity and a recovery focus. This leads to high lengths of stay and reduces capacity to meet local demand, meaning local people need to be placed out of area. Inpatient stays remove an individual from their home and support network. Long inpatient stays and stays that are out of the local area have negative impact on individuals, their families and supporters.

Additionally, the inpatient model is a traditional medical model. There is a lack of alternative services, meaning people are sometimes admitted to an inpatient bed when they could be supported better in another place closer to home. Staff say that it can be difficult to co-ordinate care across services, including with primary and community services. There is a lack of visibility about

the range of services available and there are not well-defined pathways across services.

There are significant pressures on staff. Staff say they feel fatigued, and sometimes they feel that they don't have enough time to carry out their roles to a high quality or to reflect on their practice. Service pressures are having a knock-on impact on staff development, as there is a lack of cover to support training. There is real concern about staff burnout. Despite this, there are examples of good practice and of staff going the extra mile. Staff feel that they can offer solutions on how to address challenges they face and want to feel proud of their work and team. For example, staff identify opportunities to release clinical time by improving processes, systems and skill mix and we are taking forward some of these changes through our 'Time to Care' programme.

Complaint and incident themes identify that people's physical health needs are not always met in mental health settings; that carers and families are not always included in discussions about people's care; and that some young people transition into adult services without adequate support or planning. Other incident themes include documentation, risk assessment, training, discharge and communication.

EPUT operates in a complex system. EPUT has agreed formal provider collaborative arrangements with partners in Mid and South Essex, North East Essex and across the East of England, but these do not include urgent care and inpatient mental health services. While there are partnership arrangements in place, such as the Essex Crisis Concordat, the care unit lacks formal provider collaborative arrangements to work with a diverse range of health, care, voluntary, community and emergency services across its three Integrated Care Boards and three upper tier local authorities.

A non-statutory Independent Inquiry is currently investigating the circumstances of mental health inpatient deaths across NHS trusts in Essex between 2000 and 2020. The Inquiry is currently collecting evidence, hearing from a range of witnesses including families, patients, staff and relevant organisations. The next phases will involve analysing this evidence and preparing a report and recommendations. EPUT will respond to the recommendations made, ensuring all actions required are completed. All care units will be active participants in any actions required to ensure a full cascade across operational services.

Key risks for urgent care and inpatient services include:

- Ward shift fill rates
- Inappropriate out of area placements
- Bed occupancy
- Ability of staff to complete training
- Average length of stay.

Psychiatric Intensive Care Unit, Linden Centre, Chelmsford

VISION, PURPOSE, AND STRATEGIC OBJECTIVES

Vision

"To be the leading health and wellbeing service in the provision of mental health and community care."

Urgent care and inpatient services will contribute to the Trust vision by:

- **Working in partnership with our service users, their families and supporters**: We will develop user-and family-led approaches to treatment and decision-making across our urgent care and inpatient services, building on the successful Family Group Conferencing approach first developed in local adult community mental health services. We will bring lived experience into the multi-disciplinary teams across all of our adult inpatient wards. We will learn from the experience of individuals, carers and families by seeking feedback and listening to their views.
- **Modernising inpatient services to deliver excellent outcomes:** We will work with internal community and specialist teams and wider system partners to transform our inpatient services to ensure that admissions to our inpatient services are purposeful and beneficial. We will develop clear clinical pathways to ensure admission provides therapeutic benefit and maximises recovery.
- **Increasing our skills and capacity to provide high-quality therapeutic care:** We will increase the range of skills and experience in our teams, including the lived experience of peer support workers. We will expand the skills and capacity of our inpatient services embracing a multidisciplinary approach recruiting allied health professionals, psychologists and social workers to ensure a holistic, strengths-based approach to our collaboration with patients, carers and families. We will improve our processes and ways of working to release 'Time to Care', and develop our people so they are able to lead and deliver high-quality services.
- **Reducing inequalities in health outcomes:** We will reduce the disparity in health outcomes for people with serious mental illness by improving provision of physical healthcare, health education and promotion in acute mental health services. As an early implementer of the Patient and Care Race Equality Framework, we will improve equality of access, experience and outcomes in urgent and inpatient mental health care for racialised and minority ethnic communities. We will also focus on supporting people who develop mental health problems either because of characteristics they were born with or experiences they've had and use trauma-informed models of care and treatment.

Purpose

"We care for people every day. What we do together, matters."

Our vision for urgent and emergency care and inpatient services focuses on working together - with service users, with their families and supporters, with our colleagues across EPUT and with our partners across health, care, education, emergency services and the voluntary and community sector.

Together, we are transforming the way we care for people across our services. We will work with our community care units and our partners to care for more people in the community and strengthen pathways from community to discharge. We will strengthen local urgent care and assessment services in each of our six places by working with our service users and our local communities services, offering earlier support to prevent a crisis and more local services to support people when a crisis happens.

In our inpatient services, we are bringing together a much wider range of skills and experience to improve the ways we care for people. Our approach will bring the informal support of families, loved ones and peer support workers together with the formal support of a range of professionals, volunteers and support organisations to provide high-quality therapeutic care and holistic support.

Strategic objectives

We have four strategic objectives to achieve our vision:

- We will deliver safe, high quality integrated care services
- We will enable each other to be the best we can be
- We will work with our partners to make our services better
- We will help our communities to thrive

We have set out our key priorities to achieve these objectives in the next section.

Values

Our values underpin all that we do:

WE CARE • WE LEARN • WE EMPOWER

New International Recruits at Induction

STRATEGIC OBJECTIVE 1:
WE WILL DELIVER SAFE, HIGH QUALITY INTEGRATED SERVICES

Introduction

We are working to stabilise our services, in the context of high staff vacancies, and to ensure that we are providing safe care. Over the next five years, we will modernise our inpatient services, ensuring that admissions to our services are purposeful and therapeutically beneficial. We will develop and implement clear pathways for different diagnoses and needs, and work collaboratively with individuals, carers and families. We will develop our ways of working with community care units to ensure people do not stay in our inpatient services for longer than needed and are well supported to return home. These actions will significantly reduce average lengths of stay across our inpatient services, and the use of out of area placements.

Mental Health Unit, Basildon

Our key priorities

- Develop and implement clear clinical pathways within our inpatient services for a range of conditions and needs in adherence to National Institute for Health and Care Excellence (NICE) guidance, starting with implementation of our agreed pathway for emotionally unstable personality disorder.
- Working with partners and our community care units, further develop place-based alternatives to admission, such as the crisis house in Mid Essex, as well as short-term assessment units and more intensive community treatment approaches to support those at risk of crisis or admission.
- Reduce admissions from and waits in acute emergency departments and improve mental health emergency pathways, including through implementation of a new Mental Health Urgent Care Department.
- Implement family-and social network-based approaches to care planning and decision-making, building on our successful Family Group Conferencing model.
- With our community care units and partners, develop care coordination approaches across our services to improve continuity of care and planning for risk-based discharge.
- Introduce positive practice cards, developed with the individual to outline a different care approaches for different circumstances.
- Develop family and social network-based health education and therapy, to provide these important partners with the tools to support the recovery journey and healthy behaviours.
- Improve transition of care arrangements for young people moving into adult services and people moving from inpatient to community services, including supporting readiness related social and life skills and management of physical health.
- Improve the use of current data and technology, including access to system Shared Care Records, to support teams and delivery of care, and work with the digital team to identify opportunities and design solutions for new systems and staff upskilling.
- Implement Safewards to keep people safe on our mental health wards, and support service users and staff to work together to reduce conflict and containment.

Essex Mental Health Family Group Conferencing Service

Family Group Conferencing offers a unique approach to empowerment and recovery. By adopting this model in adult mental health, we have successfully enabled individuals and their network around them to take ownership of their unique situations and together address what matters to them.

This process enables families to independently create their own plan and make decisions for themselves, focusing on their own solutions and recovery. This empowers individuals to feel supported by their whole network, rather than feeling isolated and often having to struggle on their own.

Over 90% of users recommend the service, the team was Highly Commended at Positive Practice in the 2022 Mental Health Awards and won the Regional Excellence in Mental Health Care Award at the 2022 NHS Parliamentary Awards.

"A massive thank you… it was so worthwhile, and I finally felt relaxed last night, first time in a long time... I think this is the start of something good for us."

How will we measure success?

- **Service user, carer and family experience.**
- **Staff feel safe at work.**
- **Reduction in serious incidents and self-harm.**
- **High-quality care and safety plans, completed with user involvement.**
- **Improved clinical and patient-reported outcomes.**
- **Attainment of user-defined goals.**
- **Purposeful admission.**
- **Reduction in average length of stay.**
- **Reduction in out of area placements and increased repatriation.**
- **Urgent care access targets achieved.**
- **Number of inpatient clinical pathways implemented and fidelity to pathways.**

What will be different?

Year 1

Our focus in the first year of this strategy is on stabilising and ensuring the safety of our inpatient services. We will implement a new staffing model to support safe and therapeutic care, and increase our substantive staffing. Implementation of Safewards will increase safety, by reducing conflict and containment. Improvements in our ward operating model, will reduce variation and improve flow and recovery focus.

We will launch a new Mental Health Urgent Care Department in Mid and South Essex. We will evaluate and make improvements to our urgent care pathway to ensure consistency and adherence to RCPsych guidance.

We will explore Discharge to Assess and virtual models and eliminate out-of-area placements, supported by the System Recovery Plan.

We will continue our focus on learning, and implement a new quality improvement approach led by the Deputy Director of Quality and Safety.

We will have a clear focus on those staying on our wards for 60 or more days. Led by the Deputy Medical Director and Flow Lead, we will identify what has contributed to the extended inpatient stay and will drive further work to identify what steps or interventions might have prevented or reduced the need for such a lengthy admission.

We will move to routine outcome reporting and will use this information to help shape the best way to deliver our services, with available resources and improve therapeutic benefit. This is in line with the focus of the new Mental Health Bill on therapeutic benefit, moving away from an historic risk-driven approach nationally and a focus on reporting harmful outcomes.

What will be different?

Year 5

All admissions to our treatment wards will be purposeful, and clear clinical pathways for a range of conditions will guide high-quality therapeutic care. Service users, and where appropriate their families and supporters, will be involved in care planning, and we will support them to build skills and confidence to support the recovery journey. Lived experience will be part of our multi-disciplinary teams (MDTs) on all wards.

Local urgent care and assessment services will enable more people in crisis, or at risk of crisis, to be supported in the places where they live. There will be a range of options including more intensive community support; in community-based crisis cafes and houses; and in local short-stay assessment services. These services will also support people returning home after an admission, supported by Discharge to Assess and Virtual Ward models helping to reduce the average length of time people need to stay on our wards.

We will continue to build on the capacity and flow work to achieving a baseline of 85% bed occupancy to enable temporary surges in demand to still be supported within an “easy in, easy out” model, including robust recording and adherence to the purpose of admission.

These changes mean that treatment beds are always available when they are needed, and people will no longer be admitted to a bed out-of-area away from their family and support networks.

STRATEGIC OBJECTIVE 2:
WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Introduction

We are increasing the capacity and range of skills in our clinical and operational teams, through focused recruitment, improving our ways of working. We will introduce a new staffing model including peer support workers, family ambassadors and activity coordinators to enhance our multi-disciplinary teams. We are investing in leadership of our teams, with new leadership roles and a specific development programme for our managers. Over the next five years, we will support our staff to develop the skills to deliver modern, therapeutic services and work effectively in partnership with our service users, their families and supporters and across the health and care system. We will focus on building a great place to work and pride in our teams.

Mental Health Unit, Basildon

Our key priorities

- Release significant and quantifiable 'Time to Care' on inpatient mental health wards by increasing the capacity and range of skills in our staff teams, optimising processes and ways of working and improving use of data and technology.
- Introduce a new staffing model across our inpatient services, which includes peer support workers on every ward to provide emotional and practical support, inspire hope and model recovery, and support recovery-focused practice, as well as additional occupational therapists, psychologists and pharmacists on our wards.
- Introduce a ward manager development programme to equip our managers to lead high-performing teams and provide consistent, high-quality support to all staff.
- Set out an attractive staff development and continuous training offer including enhanced therapeutic skills and skills for delivering care in partnership with families and social networks; and ensure capacity released through 'Time to Care' creates time for staff development.
- Promote a caring, learning and empowering culture across the care unit, which builds pride in teams, and develop a staff compact to capture key commitments and behaviours that support this.
- Promote urgent care and inpatient services as a great place to work, and develop a plan to grow our workforce including through school, college and university engagement, increased trainee- and apprenticeship programmes and focused recruitment for hard-to recruit roles.
- Improve staff wellbeing and work satisfaction through an enhanced wellbeing offer, including restorative supervision, practical and emotional support and financial wellbeing.
- Strengthen our leadership team, including through new leadership roles for quality, safety, education and flow, and improve leadership visibility and engagement across our services. Work with the People and Culture Department to develop a scheme for reward and recognition.

Time to Care

Our 'Time to Care' programme seeks to release significant and quantifiable time to care on our inpatient wards. The key elements are:

Staffing model

We are redesigning our staffing model to increase capacity, safety and quality. We will increase the range of clinical skills and experience in our multi-disciplinary teams and introduce new roles such as peer support workers, family ambassadors and compliance administrators.

Process improvement

We are optimising our processes and ways of working to remove time-consuming activities.

Technology improvement

We are supporting our teams to improve their use of technology, and to identify new digital solutions.

Engagement inclusivity and wellbeing

We are co-designing all proposals with staff and lived experience representatives. We are supporting staff wellbeing and skills development, including through roll-out of a restorative resilience model.

How will we measure success?

- **Reduced vacancy rate and increased substantive staffing.**
- **Increased retention.**
- **Uptake and satisfaction with training and development.**
- **% workforce recruited from local communities.**
- **Staff and volunteer experience.**
- **Reduced staff sickness, and increased update of wellbeing support.**
- **Fidelity to agreed staffing model / number of new roles filled.**

What will be different?

Year 1

We will increase substantive staffing across our care unit, with a particular focus on inpatient wards and crisis and home treatment teams.

Staff will have more time to care, as well as to reflect and complete training and development. Improved processes and systems, and more administrative and support roles will ensure clinical staff can make best use of their time.

We will increase leadership capability, and support our managers to lead high-quality teams through roll-out of a new development programme informed by lived experience.

Therapeutic teams will be supported to take time away from the service for development.

We will review our supervision policy to have a restorative resilience model combining a focus on staff well-being and the assurance of good practice.

Year 5

Our staffing model will have a range of skills and experience to support high-quality therapeutic care, including peer support workers.

We will grow our workforce and attract more people to work in our services on a substantive basis, including from our local communities. We will offer a diverse range of opportunities for people to start and grow their health and care careers with us.

We will have a clear offer to current and prospective staff, which includes an attractive development offer and wellbeing support. Our managers and leaders will be supported to lead happy and productive teams, providing high-quality services.

Our staff will feel supported, recognised and proud in their work. Staff will have access to an enhanced wellbeing offer, supporting improved health and resilience. More staff will stay working in our services.

STRATEGIC OBJECTIVE 3:
WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Introduction

We work in a complex system, with an enormous range of partners in integrated care systems, local authorities, hospital services, emergency services, primary care, community and voluntary services, other mental health services, education and more. We are committing to build a new partnership with our service users, their families and supporters, and to develop new mental collaborative arrangements across Southend, Essex and Thurrock. We will work together with our partners to develop and improve our shared services and pathways, with a particular focus on our place-based services and our emergency and discharge pathways.

Our key priorities

- Build a new partnership with our service users, their families and supporters, and develop the structures, skills and practices across our care unit to enable co-production in the design and operation of our services.
- With our community care units, develop our partnerships with primary, community and voluntary services through the six 'place' Alliances to support development of place-based alternatives to admission and multi-agency approaches to care coordination and discharge.
- Drive transformation of urgent and acute mental health services through new collaborative arrangements with health, local authority, care, voluntary and emergency services and lived experience partners in Southend, Essex and Thurrock.
- Work with our partners in housing and social care services to deliver a new accommodation pathway that maximises the potential of each adult to live as independently as possible and ensure shared pathways support our aim that more people will be cared for in the community without the need for admission.
- Develop our partnerships with acute and emergency services, advocating parity of esteem while ensuring good flow, with the aim of reducing the number of people admitted to our services via acute emergency departments, ambulance or police services.
- Continue to develop the Pan-Essex Crisis Concordat and our local partnership working with Essex Police, British Transport Police and East of England Ambulance Service (EEAST) to improve community safety, as well as user and staff safety on our sites.
- Develop shared education and learning modules to support more effective joint working, enabling colleagues across our shared workforce to be the best they can be.
- Work with national partners and provider networks, including Getting it Right First Time (GIRFT) [and national inpatient improvement programme], to identify and make improvements in our services, to learn from others and share our learning.

Getting It Right First Time (GIRFT)

The GIRFT programme supports improvement in care and treatment through detailed review, benchmarking and consideration of the evidence base.

A GIRFT review of our Adult Mental Health Crisis and Acute Care services in October 2022 highlighted access and flow issues within EPUT.

With GIRFT's support we are focusing on the following improvements:

- Development of our capacity and flow work, with an aim to achieve 85% bed occupancy
- Reduce short-term admissions by using alternative options
- Reduce long inpatient admissions over 60 days
- Create 'easy in, easy out' services to prevent people being stranded in the wrong pathway
- Focus on the therapeutic plan and clinical outcomes
- Improve post-discharge support
- User data and benchmarking to improve services.

How will we measure success?

- **Increased confidence in EPUT as a partner.**
- **Positive experience of lived experience roles.**
- **Shared performance and outcome targets are being met, including Essex Crisis Concordat aims and objectives.**
- **Reduction in admission via acute emergency departments, ambulance and police services.**

What will be different?

Year 1

Every ward will have a link worker to work with families, carers and supporters and support their involvement in the care of their loved one. We will build on good practice in family involvement such as open evenings with clinical matrons, weekend family events and the carers forum.

We will continue to work with the GIRFT programme to implement recommendations from their recent visit through our Purposeful Admission Steering Group.

We will work with system partners to support crisis prevention, early intervention and to further develop crisis alternatives and the accommodation pathway.

We will eliminate inappropriate Out-of-Area Placements with a revised Pan-Essex system recovery plan including Multi-Agency Discharge Events (MADE).

We will work with the voluntary and community sector (VCS) partners to further develop our discharge support schemes and pathways.

We will roll-out revised multi-agency Pan-Essex s135/136 protocols, and open a new health-based place of safety in North East Essex to support increased demand in this area.

Year 5

Lived experience leadership will be established within our care unit, and our services will routinely be designed and delivered through co-production.

New partnerships and collaborative structures will support us to integrate care and drive up quality across Southend, Essex and Thurrock, and to develop effective local urgent care and assessment services.

We will improve our emergency and discharge pathways through our partnerships with health, housing, VCS, employment and care services. Fewer people will be admitted to our inpatient service via a hospital emergency department, ambulance or police service. More people will be discharged to suitable, stable accommodation, with good support around them.

Our staff will have a clearer understanding of our partnerships and will be supported to develop their skills and knowledge to work across organisations, through shared learning programmes.

STRATEGIC OBJECTIVE 4:
WE WILL HELP OUR COMMUNITIES TO THRIVE

Introduction

The people we see in acute mental health services are likely to have poorer health outcomes than the rest of the population. We want to move towards parity in health outcomes for people with serious mental illness. We will do that by improving our focus on physical healthcare, by offering our service users, their families and supporters health education and promotion and offering good quality work opportunities.

We also want to address differences too in people's outcomes from mental health care, according their ethnicity and other characteristics. We know that people's mental health is affected by social, economic and environmental factors, and we will work with our partners across health, housing, education, social care and the justice system to collectively influence better mental health over the long term.

Our key priorities

- Improve health outcomes for people with serious mental illness, by improving provision of physical healthcare, health education and promotion in acute mental health services.
- Improve equality of access, experience and outcomes in urgent and inpatient mental health care for racialised and minority ethnic communities, supported by the Trust's early implementation of the Patient and Carer Race Equality Framework.
- As part of our ambition to grow our workforce, provide good quality work opportunities for local people, particularly people with serious mental illness, people with a learning disability and autistic people, including opportunities to train and qualify for health and care careers.
- Support the development of resilient communities and networks, through our focus on education and support for families and informal networks.
- Working with our partners, raise awareness of suicide, including signs of distress or suicidal behaviour and how to access support, and of mental health, supporting understanding and awareness of our services.

Patient and Carer Race Equality Framework

The Patient and Carer Race Equalities Framework (PCREF) is an organisational competency framework to help services improve ethnic minority community experiences of mental health services and provide culturally appropriate care.

The disproportionate impact of Covid-19 on ethnic minority communities and global movements to address racism have brought longstanding inequalities to the surface.

We have made good progress in understanding our experience and outcome data and establishing the governance needed to implement PCREF. Like many mental health trusts, we know that people from ethnic minorities experience higher levels of restraint, seclusion and detention at EPUT, and lower levels of access to prevention and early support services.

We already have a focus on reducing restrictive practice in our services. As an early implementer of PCREF, we will be developing our organisational competence to ensure equality and improve outcomes.

How will we measure success?

- **Increased % of workforce employed from local communitites.**
- **Increased % of workforce employed with severe mental illness, learning disability or autism.**
- **Reduced disparity in access, experience and outcomes by demographic group.**
- **Improved suicide awareness in partner service and communities.**
- **Shared objectives for suicide reduction achieved.**
- **Improvement in recorded physical health measures at discharge.**

What will be different?

Year 1

We will have a Registered General Nurse on all wards and in our urgent care pathway to lead on physical health. These nurses will work with other professionals in the Multi-Disciplinary Teams skilled in physical healthcare, including pharmacists and allied health professionals, to improve physical healthcare provision.

We will agree and implement a focused recruitment and retention plan for the care unit, including actions to increase local recruitment and opportunities for good quality work.

Year 5

People who have been admitted to our services due to serious mental illness will have better support to manage their physical health, and will leave our services with the skills and knowledge to manage their health well.

Differences between ethnic groups in their access to and outcomes from acute mental health care will be reduced.

EPUT will attract more local people into good quality work in health and care roles, particularly people with serious mental illness, people with a learning disability and autistic people, and support people to develop their skills for a successful career in this sector.

Communities and the services supporting them will be more aware of the signs of distress and suicidal behaviour, and able to have a conversation and direct people to the right support.

APPENDIX 1: POLICY CONTEXT

To ensure EPUT's strategy supports its partners' aims and ambitions, we have reviewed the strategies of EPUT's partners across Essex, Southend and Thurrock, as well as national policy for mental health and community services. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

- Services will become **increasingly joined up** across health and care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate** with health, care and other services to support integration; this includes 'place' level alliances; neighbourhood partnerships; and provider collaboratives.
- **'Places'** will be the engine for delivery and reform of health and care services, bringing together health and care partners to deliver on a shared plan and outcomes.
- Better use and integration of **data** will support joined-up care and risk-based approaches to **population health management.**
- Providers will involve service users, communities and staff in **co-production** of services and development.
- Care will be **person-centred**, and take account of an individual's context, goals and respond to all of their needs.
- Joined up services will ensure that there is **'no wrong door'** to access care and support.
- A more **flexible workforce** will operate across service and organisational boundaries to provide joined up and person-centred care.
- Services will increasingly focus on **prevention and earlier intervention**, providing pre-emptive and proactive care that helps people be and stay well.
- People will be supported to **live well in their communities**: improved community support will reduce admissions and support people to when they are discharged from inpatient and long-term care.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from user experience.
- Health services will work with partners to reduce **health inequalities** in the population.
- More services will be available online and using **digital applications.**

For urgent care and inpatient services, planned Mental Health Act Reform will raise the current bar for detention. The draft Mental Health Bill 2022 sets out that the reason for detention must always be mental illness and that detention must be for the purpose of recovery. It identifies four key principles:

- Choice and autonomy
- Least restriction
- Therapeutic benefit
- The person as an individual.

Individuals will be able to express their views in Advance choice documents before the need arises.

The **NHS Long Term Plan** makes the following commitments relevant to mental health urgent care and inpatients services:

Category	Deliverable
Inpatient Care	Improved therapeutic offer to improve patient outcomes and experience of inpatient care
Inpatient Care	Reduce average length of stay in all in adult acute inpatient mental health settings to the current average of 32 days (or fewer) by 2023/24
Inpatient Care	Maintain ambition to eliminate all inappropriate adult acute out of area placements
Suicide Reduction	Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21
Suicide Reduction	Localised suicide reduction programme rolled-out across all STPs/ICSs providing timely and appropriate support
Suicide Reduction	Suicide bereavement support services across all STPs/ICSs by 2023/24
Crisis Care and Liaison	70% of Liaison Mental Health Teams achieving 'core 24' standard by 2023/24

APPENDIX 5

STRATEGIC PLAN

SPECIALIST SERVICES CARE UNIT

Introduction

Essex Partnership University NHS Foundation Trust (EPUT) has agreed a new vision, purpose, strategic objectives and values (below). This plan sets out how the Specialist Services care unit will deliver on the vision, purpose, strategic objectives, and values over the next five years.

This plan has been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. Engagement was informed by a review of the policy and strategic context, and analysis of demand and capacity across EPUT's services. Along with the plans for EPUT's other care units, this plan forms the basis of the Trust Strategic Plan for 2023/24 to 2027/28.

ABOUT THE CARE UNIT

The Specialist Services care unit provides a varied range of specialised services and serves a large population with many diverse communities across Essex and the wider East of England region. EPUT is the lead provider of forensic psychiatric services, as well as community and Tier 4 secure inpatient services. We also provide inpatient Children and Adolescent Mental Health Services (CAMHS) as part of the East of England Provider Collaborative. The care unit also provides drug and alcohol misuse services across Essex and the Veterans Service for the whole of the East of England. The Trust also provides inpatient and community learning disability services as part of the Essex Learning Disability Partnership with Hertfordshire Partnership University NHS Foundation Trust, as well as Adult Psychiatric Morbidy Survey (AMPS) and health outreach services for Suffolk health inequalities and inpatient perinatal and health and justice services.

Journey so far

Specialist services is a new team and has been operating since July 2021. We have a focus on operational and clinical development centred around pathways and quality of care, especially for inpatients.

We became the lead provider of secure services within the East of England Provider Collaborative after taking the lead for the Clinical Design Group and facilitating regional transformation. There are 160 forensic beds for secure adult provision within forensic psychiatric services, including Tier 4 inpatient services.

We have recently been successful in recruiting new staff for the female forensic service, with a specifically targeted recruitment campaign and a two-day open day supported by the corporate HR team in June and July 2022. The pilot was well received and is currently under review for consideration across other services.

We provide inpatient services for Children and Young People (CAMHS) and have 29 beds for adolescents and a 10 bedded Psychiatric Intensive Care Service (PICU). Community mental health services for children and young people are provided by North East London NHS Foundation Trust. We have made significant improvements in our CAMHS service over the last 18 months following enforcement action by the Care Quality Commission (CQC) in 2021. In 2022, the CQC improved our rating and noted that our staff work well together to provide holistic, recovery-oriented care in line with national guidance and best practice.

Essex's drug and alcohol misuse services have been running a year-long pilot for inpatient detox beds in Chelmsford, which was commissioned by Essex County Council. To date, this pilot has been successful and will be expanded regionally with a possibility of around 10-12 beds for this service. The service provides the community component of drug and alcohol misuse services, including detox and management covering the clinical aspects of this service, supported by Open Road for the psychosocial factors of the pathways.

The Veterans Service covers the East of England area. It includes rapid assessment and interventions for veterans from all military backgrounds. At this stage, it's under re-procurement (September 2022). An emergency and crisis treatment process in the community is currently being piloted by Norfolk and Suffolk Foundation Trust, and EPUT is also leading this work.

Specialised services also cover health outreach for Suffolk health inequalities for physical and mental healthcare and a Special Allocations GP Service.

Specialist services also provide inpatient perinatal services at Rainbow unit, a six bedded ward in Chelmsford. Perinatal services will be migrated into the Provider Collaborative in the next 12 months.

Learning Disability Service is provided through partnership arrangements with Hertfordshire Partnership University NHS Foundation Trust known as Essex Learning Disability Partnership (ELDP). The service provides inpatient and community services with a one-stop shop access pathway (Way In service) for all persons with a learning disability and/or autistic people. Inpatient services are provided at Byron Court in Billericay in a shared arrangement with Lexden Hall, Colchester within a bed capacity of 11 beds. The community offering is comprised of two teams, Enhanced Support and Community Specialist Health with a focus on prevention and the right support at the right time.

Demand

Activity in our CAMHS service shows a steep decrease in demand from **May to December 2021** due to the CQC Section 31 order. The number of ward stays and occupied bed days has not recovered to pre-pandemic levels. Ward stays fell **54%** from **54** to **25** occupied bed days (not accounting for leave) and fell **35%** between **Q1 FY2019/20** and **Q1 FY2022/23**. The CAMHS wards have seen a **26%** reduction in beds between **April 2020 and September 2022**, mainly in the Larkwood ward (PICU).

In specialist inpatient wards, the forensic wards saw relatively stable levels of ward stays throughout the period. Our engagement with staff reflected that this was to be expected with the criteria for admission to these wards. There may be evidence to suggest that average length of stay is rising in these wards, but the current rise shown is not yet significant.

Within forensic wards, out-of-area, placements accounted for between **0.4%** and **2.3%** of occupied bed days on forensic wards during the period. The largest proportion of out-of-area placement days was seen throughout **2021** and has since fallen to **0.8%**, the lowest in the 3-year period. In engagement, staff mentioned that seclusion facilities often were a bottleneck in capacity for these inpatient services.

Service user engagement

The Trust Strategic Plan sets out our engagement with service users, carers and families.

People have told us that they want:

- Accessible and inclusive services
- Choice of their services and treatments
- Services designed and developed through co-production
- Trust and confidence in services, and continuity of care
- Better supported transitions between services
- Tackling stigma
- Better support while waiting.

Current challenges and opportunities

Many forensic inpatients are in beds out of the area, and the service is keen to repatriate these to local beds and start service improvements around this issue. We have big ambitions to improve the community provision for forensic patients. Another challenge we face is how to reduce reliance on bed-based care through increased prevention and planning in primary care and community services while dealing with ongoing operational challenges.

There is a need to establish clear pathways and referral routes for complex services. Some referrals into the service are of poor quality and do not provide adequate patient information causing delays and frustrating service users.

There is a lack of eating disorders beds in the region, and we need to think differently about supporting individuals into the right beds/services and pathways and managing workforce issues.

As described above, our CAHMS inpatient services were subject to a section 31 enforcement notice from CQC and have recently received a revised rating of requires improvement. The unit is looking forward to being reinspected again as we have worked very hard to improve our services.

Families and carers feel they're not as involved as they want to be in the care of their loved ones. We appreciate that families and support networks hold valuable knowledge and imperative information about their loved ones that can contribute to a speedy recovery and shorter lengths of stay. Families and carers are instrumental in supporting the reintegration of their loved ones into their community following an extended stay in our services. Many people staying in the services for some time will form local communities.

Multi-agency discharge meetings are not always well attended, meaning that partners are not always involved in discussion to support patient care transitions. Sharing patient information is difficult between partners; a need for shared records is seen as a priority.

There is a lack of sufficient workforce to ensure "we place the right staff, in the right place, at the right time" and a shortage of key workers including learning disability nurses. Specialist services are less able to flex staff between teams and sites due to the specialism of its services. EPUT has struggled to attract and retain staff over the years due to fighting off fierce competition from other organisations within the system and the severe national staff shortages within the NHS. Internal issues add to the problem as current recruitment processes are time-consuming, and staff feel there is not enough time to complete these tasks within their existing roles. Some staff within the Specialist Services care unit say they would appreciate better recognition of their efforts and achievements, and to be more involved in addressing the challenges they face in their roles.

We are working with the corporate HR team to transform recruitment and have been successful in taking new recruitment approaches for our forensic services team. There's also an opportunity to increase entry to the workforce through improved earn-and-learn opportunities, such as apprenticeships. To respond to the population's evolving needs, staff recognise that diverse skills and roles are required to deliver new models of care. These may include hybrid or dynamic roles, which require a range of skills that cross the boundaries of traditional roles.

A non-statutory Independent Inquiry is currently investigating the circumstances of mental health inpatient deaths across NHS trusts in Essex between 2000 and 2020. The Inquiry is currently collecting evidence, hearing from a range of witnesses including families, patients, staff and relevant organisations. The next phases will involve analysing this evidence and preparing a report and recommendations. EPUT will respond to the recommendations made, ensuring all actions required are completed. All care units will be active participants in any actions required to ensure a full cascade across operational services.

Key risks for specialist services include:

- Recruitment and retention
- Staff well-being and recovery
- Management and mitigation of waiting lists in Learning Disability services
- Access to data and real-time clinical information
- Service user's involvement
- Carers and families' involvement
- The increase in asylum seekers and refugees
- PFI site's environmental maintenance and fire compliance issues
- Underutilisation of forensic beds in some areas
- Patient flow and delayed discharges due to community placement options
- A lack of resources to provide community service for adults with a learning disability and/or autistic people
- Capacity within teams.

VISION, PURPOSE, AND STRATEGIC OBJECTIVES

Vision

"To be the leading health and wellbeing service in the provision of mental health and community care."

Specialist Services will contribute to the delivery of the vision by:

- Being the preferred provider for **specialist community and inpatient services** in the East of England.
- **Leading the regional secure service provision** within the East of England Provider Collaborative and facilitate transformation through the Clinical Design Group.
- Leading the **repatriation of out-of-area** and private patients back into regional NHS facilities to continue their treatment pathways and create a more sustainable landscape for patient care, working with commissioners and partners where necessary to provide new pathways of care, maximise bed utilisation and meet the unaddressed need.
- **Developing and growing** the veterans, substance misuse and health outreach services in the region.
- **Reducing** the length of stay from 2022/23.
- Embedding the integrated practices of **community forensic services** to ensure we are reaching all appropriate patients across our region.
- Extending **health and justice services** to provide expertise to all courts and custody areas in Essex and working with Essex Police's review to ensure Street Triage services are optimised.
- Supporting more people at home and in **community settings** and ensure they receive an equitable service.
- Enabling children, young people, and their families in **service initiatives and transformation plans** and creating opportunities for meaningful voluntary and paid roles in conjunction with the Provider Collaborative and local initiatives.
- Adopting flexible and meaningful ways to engage including **'virtual initiatives'** utilising remote conferencing, and social media and seeking the advice and steer of users.
- Working to **reduce readmissions with partners.**
- Enhancing our offer to ensure all episodes of care are **meaningful and personalised** and bring partners into this agenda at every step.
- Focusing on working with **community providers and Integrated Care Boards** to systematically identify those most at risk and offer proactive care.

Purpose

"We care for people every day. What we do together, matters."

Our vision for the Specialist Services care unit focuses on working together with service users, their families, and supporters, with our colleagues across EPUT and with our partners across health, care, education, emergency services and the voluntary and community sector.

Working together as one to provide the best possible care and support for people when they need it. Fostering and nurturing an environment where our people are engaged, listened to, supported, and helped to grow. We want to provide holistic care with increased self-management and prevention support to help the population remain healthier for longer.

In our inpatient services, we are bringing together a much wider range of skills and experience to improve the ways we care for people. Our approach will bring the informal support of families, loved ones and peer support workers together with the formal support of a range of professionals, volunteers and support organisations to provide high-quality therapeutic care and holistic support.

Strategic objectives

We have four strategic objectives to achieve our vision:

- We will deliver safe, high quality integrated care services
- We will enable each other to be the best we can be
- We will work with our partners to make our services better
- We will help our communities to thrive

We have set out our key priorities to achieve these objectives in the next section.

Values

Our values underpin all that we do:

WE CARE • WE LEARN • WE EMPOWER

New International Recruits at Induction

STRATEGIC OBJECTIVE 1:
WE WILL DELIVER SAFE, HIGH QUALITY INTEGRATED SERVICES

Introduction

We will continue to work in partnership to deliver a high-quality service for adults with a learning disability and/or autistic people in South Essex and reduce waiting lists. We are working on a business case to ensure equality of care by aligning the workforce offer in areas where commissioning is less.

We will build on excellent clinical work within learning disability services in dysphagia, learning disability frailty, posture clinics, blood desensitisation, STOMP clinics and admission avoidance and increase our community offer.

Within forensic services, we will continue to work towards repatriating out-of-area patients into the region thus supporting our service users receiving care closer to home. We will build on existing service models but also shape new models to meet the needs of our patients.

Across specialist services, we understand the importance of working with persons with lived experience and are keen to learn from carers and families to enhance their experience within and of the service. As such we will develop an engagement plan with outcome measures in partnership with our service users, and ensure involvement is visible within the service through clinical care pathways, service improvement initiatives, meetings, recruitment, training, etc.

Furthermore, we aim to continue increasing the accuracy of the screening and referral data which will improve key performance indicators such as an increase in successful entry into services, an increase in referrals into Peer Support and provide accurate data. We will work with our digital team to improve the interoperability of IT systems, ensure access to real-time clinical information, and increase our digital capability.

Oxevision

Over the last 18 months, a new medical device, called Oxevision, was installed to support patient safety. Oxevision is a contact-free vision-based patient monitoring and management platform provided by Oxehealth. It helps clinicians to plan care and intervene proactively by providing them with: location and activity based alerts and warnings; reports on risk factors; and cardio-respiratory vital signs.

This has benefited our service users by improving safety and reducing instances where a service user is disturbed by staff to take a vital sign observation, for example when they are sleeping. We have been working with Oxehealth to develop this digital clinical assistance tool further with the pilot of an electronic observations tool by staff on our wards, reducing reliance on paper based observation records.

Our key priorities

- Leadership and clinical teams will use real-time clinical information, using tools such as Microsoft Power BI, to support decision-making in everyday practice.
- Forensic services will prioritise the repatriation of out-of-area and independent sector patients into regional NHS services.
- Our commitment to Op Courage will grow and we will provide clinical leadership across the region in providing responsible and high-quality care for our ex-service personnel.
- Develop and grow Medical Detoxification for Alcohol and Opioids to meet current and future needs in concert with commissioners at both a local and regional level to provide the safest, most effective care.
- Development of collaborations with community, social care, as well as voluntary, community and social enterprise (VCSE) partners to support successful transitions from inpatient to community services.
- Develop consistent regional practice and enable the adoption and spread of best practices across EPUT and the regional provider collaborative.
- Reduce restrictive practice in line with the Trust-wide initiative and create a care unit Reducing Restrictive Practice group involving users, carers, and families to co-design our approach.
- We will develop how we use Positive Behaviour Support (PBS) to support patients' recovery and experience.
- Improve risk management and learning from incidents and complaints, risk management and move towards a positive risk approach, working with and taking learning from other care units.
- Work with the Urgent Care and Inpatient care unit, to improve the transition of care arrangements for young people moving into adult services.
- We will equip our teams to work in a psychologically informed way, providing training and supervision to be able to meet the needs of adults and young people with specific needs around autism spectrum disorder (ASD) to improve their experience and provide care in a way that is most beneficial to them.

What will be different?

A better-quality collaboration across all services will improve care and outcomes for our service users. Through regional provider collaboration, we will develop consistent regional approaches and adopt evidence-based best practices, ensuring that patients across the East of England receive the same high-quality care regardless of their postcode.

Closer working with partners, such as CAMHS and children's social care, forensic services and VCSE partners, will support people to move from inpatient settings into the community more readily. We will also work with North East London NHS Foundation Trust to develop more joined-up pathways between community and inpatient CAMHS services for children and young people.

The Crisis management services in the community will be improved through collaboration with community partners by offering improved home treatment. Specialist services has well-established working relationships with its partner organisations and will continue to invest in these relationships. There will be more excellent responsiveness through improved communication and further joined-up services.

Children and young people will be admitted to the right type of CAMHS bed in the right place readily available at the right time. Repatriation is key to achieving this goal as alignment within the provider collaborative strategic goals. Repatriation benefits young people, as it ensures they are close to family and friends, and has significant financial benefits for EPUT, releasing funding for transformation and improvement.

Recently, the CAMHS service has created a singular regional referral pathway to support this, and a similar approach will be introduced for forensic services to support the coordination and repatriation of these service users into the region.

We will work with our partner to develop new pathways and opportunities for patients both to repatriate from out of the area. This will include a review of ward profiles and remodelling where this is identified.

We will explore opportunities for new leadership models ensuring a psychologically informed approach, upskilling staff teams to be equipped to better support those with neurodivergent conditions and personality disorders.

We will ensure physical healthcare is prioritised and will recruit and upskill staff to be able to ensure all patients receive equitable and responsive physical healthcare. Access to national screening programmes for both men's and women's health will be a priority.

We will strengthen our Health Outreach team and further integrate this service with International Care Board partners to meet the challenges in our communities for a vulnerable group. We will provide leadership and direction to the design of this challenge and ensure there is a rapid and coherent pathway for asylum seekers and other vulnerable groups.

We will enhance our Medical Detoxification Service, increasing capacity so more patients can benefit from the service. We will further improve links with acute service partners to avoid and limit admission to those services wherever avoidable. We will seek to build new arrangements with physical health diagnostic and treatment services and work collaboratively with Hepatology and other services.

How will we measure success?

- **Portfolio of sharing best practices.**
- **Portfolio of learning from incidents.**
- **Number of collaborations with community, social care and VCSE.**
- **Maintain or improve CAMHS CQC rating.**
- **Maximised bed utilisation.**
- **Appropriate/purposeful admission (clear purpose recorded).**
- **Reduction in the average length of stay.**
- **Reduction in out-of-area placements.**
- **Service user feedback.**
- **Reduction in serious incidents and self-harm.**
- **Staff feedback.**
- **Number and range of shared pathways with agreed partners.**

STRATEGIC OBJECTIVE 2:
WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Introduction

Staff morale is good, and the services are bouncing back from fatigue created by the pandemic, as noted by CQC on a recent inspection. We want our services to be happy and fulfilling places to work. We will support our staff by developing a tailored offer to ensure all staff have a development pathway with the opportunity to achieve professional registration should they wish. We will support our leaders through coordinated opportunities and support them to receive training and mentoring to enable them to grow as clinical leaders and be empowered to deliver excellent care and outstanding teams.

We are working to reduce vacancies in our services and ensure we are providing safe care. We will continue to work with the People and Culture Department to develop and replicate successful recruitment models to recruit staff, such as our successful pilot in forensic services. We will be flexible in our recruitment offer and have a robust induction package and staff development opportunities in place to make specialist services a place to work.

New roles have been introduced across the care unit which include Deputy Director for Quality and Safety, activities coordinators, CAMHS Band 6 senior clinical nurses, advanced care practitioners in learning disabilities and potentially other services. We have also appointed a lead for rostering across forensic services and will be testing this role with a view to service rollout. We are also piloting compliance leads within CAMHS wards and will review the effectiveness of the service's wider rollout as part of 'Time to Care'.

New pathway development in CAMHS and forensic services will lead to reviews of the skills and competencies required and the care unit will develop new development pathways for staff and leaders which will compliment this.

Our key priorities

- Develop a tailored offer to ensure all staff have a development pathway with the opportunity to achieve professional registration.
- Support our leaders through coordinated opportunities and support to receive training and mentoring to enable them to grow as clinical leaders and be empowered to deliver excellent care and outstanding teams.
- Create platforms for innovation to come from the front line into reality and enable staff at all levels to input into service transformation and the improvement of day-to-day practice.
- We will embed trauma-informed care across our services and provide support to staff to be responsive to the needs of patients.
- Upskill staff in relevant areas and create new pathways for patients with Autism spectrum disorder, learning disability, emotionally unstable personality disorder and other complex conditions.
- Create new and innovative roles to support our ambitions and these will be underpinned by evidence and best practice guidance.
- Support families by training clinicians in family work both in hospital and in our community teams. This is a priority for our psychological services within CAMHS, forensic and learning disability services. This will be supported by effective supervision and ongoing training.

Poplar Ward, Children and Adolescent Mental Health Service, Rochford.

Recruitment open days

The forensic team held two successful recruitment open days in June and July 2022, promoted widely via social media. The Corporate HR team reinforced the process by including an accelerated onboarding method and transformed induction by extending it to four weeks. The first two weeks focused on face-to-face induction; the remaining two weeks emphasised on-the-job ward training with a buddy. An updated staff training package followed this piece of work.

How will we measure success?

- **Capture staff experience.**
- **% Of staff completing training and development.**
- **% Staff completing Pen Plan appraisals.**
- **Reduced staff vacancy rate.**
- **Increased staff retention.**
- **Reduction in sickness.**
- **Increase in the number of staff moving into more senior roles.**
- **Increased uptake of well-being support.**
- **% workforce recruited from local communities.**
- **Increase in substantive staffing.**
- **Staff and volunteer experience.**

What will be different?

We will promote specialist services as a rewarding and exciting place to work. We will recognise and applaud excellent practice in our teams and support our staff to encourage their practice across regional and national networks. In doing so, we will build our reputation as a leading provider of specialist services with great opportunities. We will continue to work with HR colleagues to transform our recruitment processes and to attract local people to work in our services.

Staff will have more time to care, reflect and complete training and development. Specialist services will improve processes and systems will create more administrative and support roles allowing clinical staff to use their time proficiently. Current and aspiring managers will be supported to gain the management and leadership skills they need to maintain happy and productive teams.

The organisation will make a clear offer to current and prospective staff, including development, well-being, and supportive working methods. This includes opportunities for further learning and qualification, and clear development pathways to support staff to 'grow' into more senior and experienced roles. We will introduce approaches to team development that support improvement and growth across the service. New ways of working will support collaboration, connection, and efficiency in teams, making the best use of available technology. Staff will feel well-supported and happy at work, and fewer staff will leave the organisation.

Staff will be encouraged and supported to be involved in and undertake improvement projects within their service area, in line with EPUT's approach to quality improvement and thrive in their work roles and their roles as part of the communities.

Staff will be supported to achieve and maintain good health and well-being, whatever that means for them. They will be able to access development programmes that help them achieve their goals. Strong teams will support each other, creating a sense of community at work. Teams, managers, and the wider organisation will celebrate their successes and recognise their effort.

STRATEGIC OBJECTIVE 3:
WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Introduction

We will capture the involvement of service users, carers, and families as partners in service planning delivery to make our services better. We will enhance our offer through partnership to ensure all episodes of care are meaningful and personalised and that we systematically identify and offer proactive care to those most at risk. We will take every opportunity to highlight mental health as a key priority with partners and educate on the specific needs for our patients including veterans, marginalised and vulnerable adults and those with complex needs who present to other parts of the system.

We have some good and trusted established partnership workings in specialist services. Our Veterans Service emphasises family and community partners as well as working with various organisations and has had no staff sickness absence in the past 5 years (excluding covid) showcasing the positive impact of successful partnership working.

Substance misuse services already work in a fully integrated fashion with third-sector partners as part of the Essex Specialist Treatment and Recovery Service (STARS), and we will seek opportunities to strengthen this further. In 2023 we will relocate some of our provision and host partners to work alongside community services in West Essex. We believe this will strengthen joint working and unlock opportunities for faster referral and support for professionals for those with dual diagnosis.

We have a good and established relationship with partners in delivering the integrated health and justice pathway within the county, and our commissioning partner recently extended the contract by a further two years. Street Triage is maintaining a high level of performance in successfully diverting individuals from detention under 136 and attendance to A&E, a testimony to the hard work of committed and skilled staff.

Our key priorities

- To lead forensic services within the provider collaborative and development of a shared vision for all specialist mental health services within the provider collaborative.
- Use our expertise in partnerships to bring expertise together in our community substance misuse and harm reduction work to better support individuals their families and our communities.
- Work with primary and secondary partners to improve relationships and the quality of referral in all services within specialist services, working towards single referral hubs and pathways.
- Work with our Integrated Care Systems and Integrated Care Partners to support quality oversight and accountability.
- Further develop relationships across health, care, voluntary and community services, which enable joined-up care and support.
- Bring together the community forensic team and the generic community mental health teams to provide an improved service to patients.
- Improve CAMHS services via Mid and South Essex collaborative, including developing community alternatives to admission and strengthening discharge pathways and support allowing children and young people to be admitted for as long as necessary.
- Continue to seek opportunities to extend our expertise and offer to commissioners and partners, with a focus on marginalised and high-risk groups within the criminal justice system, working with partners to innovate and remodel services in partnership with Essex Police.
- We will work to reduce readmissions with partners.
- We will involve experts with experience in planning, delivery, and evaluation of our services.

Reducing restrictive practice in child and adolescent mental health services

The psychological therapies team have been using three new initiatives to support young people in their care. They have set up groups for young people to learn specific skills to manage their emotions, distress, and relationships more effectively.

Individual positive behavioural support plans help best support young people when they are distressed. These are put together by the young person, their parents and carers, and our staff.

The team are also working with young people to identify alternatives to prescribing medicine to manage their emotional distress, such as weighted animals and fidget toys.

Each of these initiatives was designed to reduce the use of restrictive practices with young people in the service.

What will be different?

We will continue to be a trusted partner across the East of England and be the preferred provider for specialist community and inpatient services in the system.

We will continue to lead forensic services within the regional provider collaborative and work with our partners to develop a shared vision for all specialist mental health services. We will further develop our collaborative structures and governance arrangements to support the delivery of our shared vision together with experts by experience. We will work with our integrated care systems to strengthen our quality oversight and accountability arrangements to ensure we are providing consistently high-quality services across the region.

Our Health and Justice teams will continue to with our partners including the police to identify persons from age 10 years with mental health, learning disabilities, substance/ alcohol abuse and other vulnerabilities at any point within the criminal justice system and provide a comprehensive screening and multi-disciplinary assessment, support, refer and signpost to appropriately identified agencies.

We will work with other services to improve the quality of referrals to our services, ensuring a timely and appropriate response to our population. Following the success of the model introduced for CAMHS, the forensic service will have a single referral hub and referral pathway for the region. Clinicians will be encouraged and empowered to attend referral forums previously attended by senior management only. Clinicians will contribute to the quality of discussions and decision-making via their experience.

There are emerging priorities for those with substance misuse needs and the marginalised and vulnerable communities in our area of operation. Refugees will continue to be a focus of this work with robust and innovative ways of working will be needed to meet their needs across the whole system.

Families will experience greater proactive engagement through our social care team. We will facilitate and support families to come together as part of the care pathway and better equip them through education, training, and support.

We will train staff to deliver care using Positive Behaviour Support Plans (PBS).

We will continue to work in partnership to deliver inpatient and community services with a one-stop shop access pathway for all persons with a learning disability and/or autistic people.

We will look for new opportunities to improve partnerships and extend our service offers within our in-patient and community services.

We will support perinatal service inclusion in the Provider Collaborative in 2023. We are exploring opportunities to use digital solutions to support the care of mothers and babies. This will include how we include “hope fathers” and families to be included as much as possible during episodes of inpatient care. We will explore opportunities to strengthen our joint work with maternity and community perinatal teams to maximise rapid information sharing and safe care.

How will we measure success?

- **Capture user, and carer experience.**
- **Number of referrals through the single referral hub.**
- **Reducing readmissions.**
- **Staff being able to move around the Integrated Care System.**
- **Pilot on 1 ward use of PBS.**
- **Experts by experience will be an integral part of service planning, delivery, and evaluation.**
- **Increased confidence in EPUT as a partner.**
- **Positive experience of lived experience roles.**
- **Shared performance and outcome targets are being met.**

STRATEGIC OBJECTIVE 4:
WE WILL HELP OUR COMMUNITIES TO THRIVE

Introduction

We want to provide better community support earlier in a person's journey reducing the need for some admissions. We understand and accept that some people don't seek or aren't able to access support at this stage, so there is a need to make services more visible and accessible.

Across inpatient services, we are working closely with social care and other partners to ensure appropriate accommodation options. This will contribute to service users living well in their communities with the right level of support. We will also work with partners to address the lack of long-term stable registered accommodation for looked-after children combined with the lack of foster placements, nationally and in Essex leading to an extended length of stay.

Forensic services are relaunching the Recovery College to promote recovery and social inclusion in secure services, which offers various co-produced courses to support recovery. Community forensic service will continue to engage and empower service users to look after their own health, including physical and mental well-being whilst living in the community and improve the access of forensic service users to peer support opportunities.

In learning disability services, we are working collaboratively with partner organisations to ensure people with a learning disability and/or autistic people are active and have social opportunities within their own community. We will further support a proactive and preventative model of care to ensure an equitable and nationally recognised offer in line with set standards. We will work with partners to build knowledge and skills in working with someone with a learning disability and/or autistic people within mainstream services, to increase life expectancy and enhance the quality of life, in line with the Improvement Standards (2018) and Building the Right Support frameworks.

Our key priorities

- Asylum seekers and refugees are a growing and critical needs group. We will lead the way forward with Integrated Care Boards to ensure that services adapt and coordinate in a way that is rapid, flexible and supports these emerging communities.
- Support the long-term forensic community to thrive, with a focus on activity and physical health.
- Work with community services and partners to strengthen community services and interventions to avoid unnecessary admissions.
- Educate service users and families about health issues to support safer more successful transitions into the community.
- Reinstate and expand the recovery college for forensic services patients.
- Discuss the possibility of an 18-25 adult service with EPUT.
- We will work with Hertfordshire Partnership University NHS Foundation Trust and our communities to ensure that those with a learning disability and neurodevelopmental diversity receive equal and excellent care through our partnership.
- For all services including children, young people and their families will be engaged in service initiatives and transformation plans. We will develop new roles for experts by experience to work with us both locally and linking into Trust wide efforts to help us deliver safe, effective, and transformative services.
- We will adopt flexible and meaningful ways to engage including 'virtual initiatives' utilising remote conferencing, and social media and seek the advice and steer of users.
- Learning and best practice will be shared across the care units through the Deputy Directors of Quality and Safety to ensure continued organisation development, integration, and consistency.

Health Outreach Service

The Health Outreach Service provides help and support to people who would not normally access healthcare in the East and West Suffolk areas. The team provides care and support in community settings, at hostels, on the street or in the home.

They support people such as the homeless, Gypsies, Travellers, Roma, refugee and asylum seekers, migrant workers, ex-offenders, and Black and Minority Ethnic groups.

The team has seen a significant increase in its caseload, which is likely to extend further with refugees from the Ukraine conflict likely to settle in the areas alongside other dispersals.

The team led a successful mass vaccination programme for vulnerable adults in Essex and Suffolk as well as refugees and asylum seekers in Suffolk and were nominated for an NHS Parliamentary Award.

How will we measure success?

- **Increase in access to voluntary sector referrals.**
- **Joint employment initiatives.**
- **Re-Launch of recovery college.**
- **Number of service users using the recovery college.**
- **Increase in family members, friends or carers attending multi-disciplinary meetings for patients.**
- **Providing 4 carer, friends and family conferences each year with increasing attendance.**
- **Increased % in workforce employed from local communities.**
- **Reduced disparity of access, experience, and outcomes by demographic group.**
- **Improved suicide awareness in partner service and communities, and shared objectives for suicide achieved.**

What will be different?

Specialist services will attract more local people into good quality work in health and care roles and support people to develop their skills for a successful career in this sector. Local people, particularly young people, will be able to learn more about roles and opportunities in health and care through engagement with schools, colleges and local communities supported by EPUT. People considering health and care roles can try out positions through work experience and volunteering opportunities. There will be more opportunities for people to learn and qualify whilst working through an expanded range of traineeship and apprenticeship programmes.

Family and carers will be actively involved in caring for their loved ones. They will be able to share their concerns and other information with services and know whom to contact when their loved one is admitted to our services. Subject to the individual's agreement, they will be involved in conversations and decisions about their loved one's care.

Services will use family-led decision-making approaches, such as Family Group Conferencing, that give families and their wider support networks the opportunity to find solutions. Specialist Services will encourage and enable families and carers to actively support their loved ones when they return home, including providing education about relevant health issues.

We want to expand specialist support to help young people in the children's services reintegrate back into the community after often long spells in the hospital, working with our partners Phoenix Futures and Full Circle.

Specialist services will support their internal community of long-term forensic patients to thrive and enthusiastically encourage people to be active and improve their physical health.

Specialist services will take learning from the Veterans Service, which has a strong community feel and focus on health and well-being.

APPENDIX 1: POLICY CONTEXT

To ensure EPUT's strategy supports its partners' aims and ambitions, we have reviewed the strategies of EPUT's partners across Essex, Southend and Thurrock, as well as national policy for mental health and community services. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

- Services will become **increasingly joined up** across health and care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate** with health, care and other services to support integration; this includes 'place' level alliances; neighbourhood partnerships; and provider collaboratives.
- **'Places'** will be the engine for delivery and reform of health and care services, bringing together health and care partners to deliver on a shared plan and outcomes.
- Better use and integration of **data** will support joined-up care and risk-based approaches to **population health management**.
- Providers will involve service users, communities and staff in co-production of services and development.
- Care will be **person-centred**, and take account of an individual's context, goals and respond to all of their needs.
- Joined up services will ensure that there is **'no wrong door'** to access care and support.
- A more **flexible workforce** will operate across service and organisational boundaries to provide joined up and person-centred care.
- Services will increasingly focus on **prevention and earlier intervention**, providing pre-emptive and proactive care that helps people be and stay well.
- People will be supported to **live well in their communities**: improved community support will reduce admissions and support people to when they are discharged from inpatient and long-term care.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from user experience.
- Health services will work with partners to reduce **health inequalities** in the population.
- More services will be available online and using **digital applications.**

The **NHS Long Term Plan** makes the following commitments relevant to mental health urgent care and inpatients services:

Category	Deliverable
Children and Young People's (CYP) Mental Health	Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases and maintain delivery afterwards
Children and Young People's (CYP) Mental Health	CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice.
Children and Young People's (CYP) Mental Health	Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all STPs/ICSs by 2023/24
Therapeutic Acute Mental Health Inpatient Care	Maintain ambition to eliminate all inappropriate adult acute out of area placements
Therapeutic Acute Mental Health Inpatient Care	Improved therapeutic offer to improve patient outcomes and experience of inpatient care, and reduce average length of stay in all in adult acute inpatient mental health settings to the current average of 32 days (or fewer) by 2023/24
Suicide Reduction and Bereavement Support	10% reduction in suicides by 2020/21
Suicide Reduction and Bereavement Support	Localised suicide reduction programme rolled-out across all STPs/ICSs by 2023/24

		Agenda Item No: 10a
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	CQC Compliance Update					
Executive/Non-Executive Lead:	Denver Greenhalgh, Senior Director of Corporate Governance					
Report Author(s):	Alison Buckland Compliance Officer Nicola Jones, Director of Risk and Compliance					
Report discussed previously at:	Executive Operational Team Quality Committee					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	Maintaining ongoing compliance with CQC registration requirements	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
The purpose of this report is to: 1. Provide an update on the key CQC related activities being undertaken within the Trust. 2. Provide details of CQC guidance/updates received.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1. Receive and note the content of the report.

Summary of Key Issues

- EPUT is registered with the CQC.

- The Trust has applied to de-register Mountnessing Court as North East London NHS Foundation Trust (NELFT) will be taking on the provision of the inpatient, with the regulated activity being transferred.

- The CQC inspection of six core services which commenced in November 2022 continues.

- The CQC have commenced their inspection of Well Led at Trust level on the 17 January 2023.

- The CQC have suspended EPUT's rating for the acute wards for adults of working age and psychiatric intensive care units, as a result of the concerns about the service raised from the Channel 4 documentary on 10 October 2022, pending outcome of the current inspection

- Following the CQC visits as part of the core services inspection, a letter of intent was issued seeking immediate action to be undertaken. A full review of the concerns raised was completed by key experts in the Trust and an action plan developed to address the concerns.

- The core services action plan is being actively progressed overseen by the Clinical Intensive Support Group.

- The CAMHS CQC Action Plan has been fully completed and the Executive Team will review for approval to close.

- The Trust received and completed a CQC request for an Adult Social Care Provider Information Return (PIR) for Rawreth Court nursing home.

- During this reporting period (November and December 2022) the CQC has raised three enquiries which are being processes in line with Trust procedures.

- The CQCs new Quality Statements launch date has been delayed until later in 2023.

- The CQC have published the Community Mental Health Survey. In comparison to other Trust's, there were 2 areas where EPUT scored "worse than expected" or "somewhat worse than expected" (Support with financial needs and Feedback).

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	✓
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	✓
Financial implications: **Capital £**	

			Revenue £ **Non Recurrent £**
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
CQC	Care Quality Commission	EPUT	Essex Partnership University Trust
CAMHS	Child and Adolescent Mental Health Service	EOT	Executive Operational Team
PICU	Psychiatric Intensive Care Unit	CCG	Clinical Commissioning Groups
MHA	Mental Health Act		

Supporting Documents and/or Further Reading
CQC Compliance Update Report Appendix 1 – Statement of Purpose Appendix 2 – CQC Inpatient MH Action Plan update Appendix 3 – CQC CAMHS Action Plan Closed Appendix 4 – CMH Survey Benchmark Report Appendix 5 – CQC State of Care 2021-22 Summary Report

Lead
Denver Greenhalgh **Senior Director of Corporate Governance**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CQC Compliance Update

1. INTRODUCTION

The purpose of this report is to provide an update on the key Care Quality Commission (CQC) registration requirements and related activities within the Trust. The report provides details of guidance/updates that have been received since the previous report.

2. CQC REGISTRATION REQUIREMENTS

EPUT is fully registered with the CQC.

The CQC have suspended EPUT's rating for the acute wards for adults of working age and psychiatric intensive care units as a result of the concerns about the service raised from the Channel 4 documentary on 10 October 2022, pending outcome of current inspection.

2.1 Mountnessing Court

Following consultation, North East London NHS Foundation Trust (NELFT) have taken on the provision of the inpatient services at Mountnessing Court, with the regulated activity being transferred. As EPUT are no longer providing inpatient services at the location we have de-registered Mountnessing Court as a registered location with the CQC and amended our Statement of Purpose to reflect the change. (See Appendix 1)

All other EPUT services based at Mountnessing Court site are community based and as such are registered is under Head Office (The Lodge).

3. CQC INSPECTIONS

3.1. Comprehensive Inspection November 2022

On Tuesday 22 November 2022, the CQC commenced an unannounced inspection of the following core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Mental health crisis services and health-based places of safety
- Substance misuses services
- Community-based mental health services for adults of working age

All information requests from the CQC have been submitted.

Following this inspection, the CQC wrote to the Trust to notify us of concerns. These concerns focused predominantly on Adult Mental Health Inpatient Wards and included accuracy of incident reporting, staff sleeping on duty, restrictive practices, sexual safety concerns, racial abuse of staff, lack of boundaries, timely management of patients in crisis and medication management concerns. Assurance was submitted back to the CQC along with an action plan The CQC wrote to EPUT on 2 December

2022 confirming that it had decided not to take urgent enforcement action, based on the action plan and assurance submitted by EPUT. We continue to deliver the action plan (Appendix 2).

This plan is reviewed weekly by the Inpatient Clinical Support Group, the group membership includes all MH wards and Specialist Service wards to ensure actions are taken across the Trust. The group will continue to meet weekly and work on improvements incorporating the continued focus on actions taken in response to the S29A notice issued for Galleywood and Willow wards, while the Trust awaits the final report from the CQC. Progress against the plan is shared with our system partners on a weekly basis following executive review.

3.2. CAMHS March 2022

The CAMHS improvement planning group has continued to meet to take forward the actions, as at 21 December 2022 all 25 actions have been reported as completed. The updated action plan is attached as Appendix 3. The Executive Team will close the action plan subject to review of assurances.

3.3. CQC Mental Health Act (MHA)

There have been no CQC MHA inspection activity in November & December 2022.

3.4 CQC Enquiries

All CQC enquires received are reviewed in full and a formal response is returned following approval by the Chief Operating Officer / Executive Chief Nurse.

During November 2022 the CQC has raised two enquiries; one for Community MH Services which is being investigated by the Complaints Team and one for Rochford Hospital which is being investigated by the Safeguarding Team.

During December 2022 the CQC raised one enquiry for Cherrydown Ward, which is being investigated by the Safeguarding Team

3.5 Future Inspections

The CQC are undertaking a planned Well Led inspection of the Trust in January 2023.

4. CQC PROVIDER INFORMATION RETURN REQUEST

The Trust received a CQC request for an Adult Social Care Provider Information Return (PIR) for Rawreth Court nursing home, which was completed and submitted to the CQC within the deadline set.

The Trust received a CQC request for an Adult Social Care Provider Information Return (PIR) for Clifton Lodge on 12 January 2023, the Compliance Team is currently reviewing the PIR with the Registered Manager for Clifton Lodge and a responses is being formed, which will be submitted with the deadline set.

PIRs are part of how the CQC continually monitor nursing home services, with the requirement that the registered managers complete the PIR. Within the PIR the CQC collect information on changes the nursing homes have implemented and how we ensure the nursing homes are safe, effective, caring, responsive and well-led. The purpose of the PIR is to help the CQC to identify areas to explore in more detail as part of their continuous monitoring of a service and ahead of any site visit.

5. COMMUNITY MENTAL HEALTH SURVEY 2022

The CQC have published the Community Mental Health Survey, looking at the experiences of people, who received specialist care or treatment for a mental health condition nationwide (01 September 2021 and 30 November 2021).

The CQC asked people to answer questions about different aspects of their care and treatment, questions included in the survey consider access to care, experiences of different aspects of care and treatment, and involvement in care. Based on the response received, the CQC gave each NHS trust a score out of 10 for each question (the higher the score the better).

There were 5 areas were improvement has been seen in comparison to the 2021 Community Mental Health Survey:

- Do you know how to contact this person if you have a concern about your care?
- Have you agreed with someone from NHS mental health services what care you will receive?
- In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?
- Were these NHS talking therapies explained to you in a way you could understand?
- Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?

In comparison to other Trust's, there were 2 areas where EPUT scored "worse than expected" or "somewhat worse than expected":

- Support with Financial Needs
- Feedback (Being asked to give their views on the quality of their care)

The full report is attached in Appendix 4 for information.

6. ANNUAL PROGRAMME 2022/23

As previously reported, the Trust annual plan to promote and monitor adherence to the fundamental standards of care (CQC registration requirements) has been developed and initiated for 2022/23. The following key activity has taken place in this reporting period:

6.1. Themes for Focus

The key focus has been on the concerns raised by the CQC in terms of achieving our stated actions and embedding these sustainably across our services. Updates are included with the action plan status in Appendix 2 as above.

6.2. Ward / Service Focus

The internal ward heat map document which reviews multiple sources of data has been used to identify key wards/services for focused support. The table below summarises the heat map findings for this period:

Level	Descriptor	Map
Level 1 (score 0-11)	Review for good practice	33 wards
Level 2 (score 12-15)	Ward Review via Accountability Meetings	7 wards
Level 3 (score 16-19)	Compliance Team to visit and consider deep dive	5 wards*
Level 4 (score 20+)	Compliance Team to visit and consider Rapid Response	0 wards

*3 of the 4 wards identified already have support in place by both Corporate and Nursing Staff. A compliance visit has been booked for the remaining two wards.

6.3. Ongoing programme of ward/service visits to test compliance with the fundamental standards of care

The Compliance Team visit schedule has been paused since September to enable the Compliance team to focus on the implementation of the new CQC Framework and Quality Statements and to support the unannounced CQC visits and data requests.

The Compliance Team continue to support ICB Quality Assurance visits.

The Compliance Team has continued to support Galleywood Ward & Willow Ward following the recent unannounced CQC visits.

6.4. New CQC Approach to Regulation

The CQC has been working with health and social care providers and professionals, the public and other stakeholders to develop a new regulatory model. This has included publication of a new Single Assessment Framework, Quality Statements (replaced current Key Lines of Enquiry) and introduced 6 evidence categories that the CQC will use to organise their findings.

The CQC are due to deploy their new Approach to Regulation, with an expected launch date of March 2023 (previously January 2023). Further information regarding the CQC launch date is expected, but is unavailable at this time.

Due to the unannounced CQC inspections, the data requests that the CQC submitted following their inspections and the need for the Compliance Team to continue to support both Galleywood Ward and Willow Ward, work associated to the new CQC Approach to Regulation has been paused for December.

7. CQC GUIDANCE / UPDATES

7.1. CQC State of Care Report 2021/22

The CQC have published their report on the state of health care and adult social care in England for the reporting period of 2021/22.

In 2021/22, the CQC continued to focus on higher risk providers and where people were most at risk of receiving poor care. However, the CQC has deep concerns about certain types of care. The report highlighted the following concerns,

- The health and social care system is gridlocked (Capacity and Demand is a key risk for EPUT and a capacity and flow workstream is in place)
- People are struggling to access care
- Inequalities pervade and persist
- There is a depleted workforce across all health and social care services (Staffing is a key risk for EPUT and a staff recruitment and retention programme is in place)
- There are challenges and opportunities within local systems (EPUT is a key partner in 3 ICB systems. The Trust has a strategic objective to work together with our partners to make our services better)
- The care for people with a learning disability and autistic people is still not good enough. Despite multiple reviews and reports, people continue to face huge inequalities when accessing and receiving health and social care.
- Mental health services are struggling to meet the needs of children and young people. This increases the risk of their symptoms worsening and people reaching crisis point – and then being cared for in unsuitable environments. (as above links to Capacity and Demand)
- Ongoing problems with the Deprivation of Liberty Safeguards process mean that some people are at risk of being unlawfully deprived of their liberty without the appropriate legal framework to protect them or their human rights. (The Trust Safeguarding team oversees DOLs in the Trust)

A summary of this report is included as Appendix 5, CQC State of Care 2021-22 Summary Report.

The full report can be read here - State of Care 2021/22 - Care Quality Commission (cqc.org.uk)

7.2. Monitoring the Mental Health Act in 2021/22

This report sets out the CQC activity and findings from their engagement with people subject to the MHA and review of services registered to assess, treat and care for people detained using the MHA during 2021/22.

This report is based on the findings from the CQC monitoring reviews of 609 wards carried out during 2021/22. These involved private conversations with 2,667 patients and 726 carer. In addition, the CQC have engaged at a policy level with a range of stakeholders in the use of the MHA, handled 2,434 new contacts in 2021/22 from patients and others, and took part in 82 Independent Care Education and Treatment Reviews (IC(E)TRs).

The key messages highlighted within the report are,

- Workforce issues and staff shortages mean that people are not getting the level or quality of care they have a right to expect, and the safety of patients and staff is being put at risk (Staffing is a key risk for EPUT and a staff recruitment and retention programme is in place)
- Gaps in community mental health care are compounding the rising demand on inpatient services, with delays in admission, transfer and discharge (Capacity and Demand is a key risk for EPUT and a capacity and flow workstream is in place)
- Urgent action is needed to tackle the over-representation of people from some ethnic minority groups and, in particular, the over-representation of Black people on community treatment orders (Monitoring of application of the MHA is overseen by the trust MHA and Safeguarding Committee this includes review of ethnicity data)
- The quality of ward environments is an ongoing concern, with many inpatient environments in need of immediate update and repair (The Trust Capital programme prioritises patient safety)
- Despite the challenges facing services, we have seen examples of good practice around advance planning and applying the principle of least restriction.

The report can be found in full here - Monitoring the Mental Health Act in 2021 to 2022 - Care Quality Commission (cqc.org.uk)

8. ACTION REQUIRED

The Board of Directors is asked to:

1. Received and note the content of the report

Report Prepared by:

Alison Buckland
Compliance Officer
Nicola Jones
Director of Risk and Compliance

On behalf of:
Denver Greenhalgh
Senior Director of Corporate Governance

Statement of Purpose (Version 48)
6th January 2023

Providers Name & Legal Status:

Essex Partnership University NHS Foundation Trust (Organisation) (R1L)

Providers Address and Contact Details:

Trust Head Office
The Lodge
Lodge Approach
Wickford
Essex
SS11 7XX

0300 123 0808

www.eput.nhs.uk

Vision and Values

Our Vision: Working to Improve Lives
Our Values:

- We care
- We learn
- We empower

Board of Directors

The Trust Board of Directors as of the 31st March 2021:

Executive Directors:

Professor Sheila Salmon, Chair
Paul Scott, Chief Executive (Nominated Individual)
Alexandra Green, Chief Operating Officer
Natalie Hammond, Executive Nurse
Dr. Milind Karale, Executive Medical Director
Nigel Leonard, Executive Director of Major Projects & Programmes
Trevor Smith, Executive Chief Finance & Resources Officer
Sean Leahy, Executive Director of People and Culture
Zephan Trent, Executive Director of Digital, Strategy and Transformation
Denver Greenhalgh, Senior Director of Corporate Governance

Non-Executive Directors:

Janet Wood (Vice Chair)
Manny Lewis
Rufus Helm
Dr Mateen Jiwani
Loy Lobo
Professor Stephen Heppell
Jill Ainscough

Registered Managers:

Philippa Crocket (R1LJ3) pippa.crocket@nhs.net

Philippa Crocket (R1LJ2) pippa.crocket@nhs.net

Aims & Objectives

Strategic Objective 1: We will deliver safe, high quality integrated care services

Strategic Objective 2: We will enable each other to be the best that we can

Strategic Objective 3: We will work together with our partners to make our services better

Strategic Objectives 4: We will help our communities to thrive

List of Registered Locations

Location Name	Address	Wards / Homes based at this Location	Regulated Activities	Service Types	Service User Bands
Trust Head Office					
Trust Head Office (R1LZ8)	The Lodge Lodge Approach Wickford Essex SS11 7XX	• None – Community-based services	• Treatment of disease, disorder or injury • Surgical Procedures • Diagnostic and screening procedures • Family Planning	• Community Healthcare Services (CHC) • Community-based services for people with mental health needs (MHC) • Community-Based services for people with a learning disability (LDC) • Substance Misuse Service (SMC)	• Whole Population
Mental Health Inpatient					
439 Ipswich Road (R1LY8)	439 Ipswich Road Colchester Essex CO4 0HF	• 439 Ipswich Road (Long Stay Rehabilitation)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Rehabilitation Services (RHS) • Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Mental Health • People detained under the Mental Health Act
Basildon Mental Health Unit (MHU) (R1LY9)	Basildon Mental Health Unit Nethermayne Basildon Essex SS16 5NL	• Basildon Mental Health Assessment Unit (Assessment Unit) • Cherrydown Ward (Adult Acute) • Kelvedon Ward (Adult Acute) • Hadleigh Unit (PICU) • Health-based Place of Safety	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People detained under the Mental Health Act • Learning difficulties or autistic spectrum disorder • Dementia

Location Name	Address	Wards / Homes based at this Location	Regulated Activities	Service Types	Service User Bands
Brockfield House (R1LX6)	Brockfield House Kemble Way Runwell Chase Wickford Essex SS11 7FE	• Alpine Ward (Medium Secure) • Aurora Ward (Pre-Discharge) • Causeway Ward (Low Secure) • Dune Ward (Low Secure) • Forest Ward (Medium Secure) • Fuji (Medium Secure) • Lagoon (Medium Secure)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People detained under the Mental Health Act
Broomfield Hospital Mental Health Wards (R1LX7)	Puddings Wood Drive Broomfield Chelmsford Essex CM1 7LF	• The Christopher Unit (PICU) • Edward House (Low Secure) • Finchingfield Ward (Adult Acute) • Galleywood Ward (Adult Acute) • Rainbow Unit (Mother & Baby Unit) • Ruby Ward (Older People's MH) • Topaz Ward (Adult Acute) • Health-based Place of Safety	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People detained under the Mental Health Act • Dementia
Chelmer and Stort Mental Health Wards (R1LX9)	Derwent Centre Princess Alexandra Hospital Hamstel Road Harlow Essex CM20 1QX	• Chelmer Ward (Adult Acute) • Stort Ward (Adult Acute) • Health-based Place of Safety	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Mental Health • People detained under the Mental Health Act

Location Name	Address	Wards / Homes based at this Location	Regulated Activities	Service Types	Service User Bands
Colchester Hospital Mental Health Wards (R1LY2)	Turner Road Colchester Essex CO4 5JL	• Ardleigh Ward (Adult Acute) • Gosfield Ward (Adult Acute) • Health-based Place of Safety • Henneage Ward (Older People's MH) • Peter Bruff Unit (Assessment Unit)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults 65+ • Dementia • Mental Health • People detained under the Mental Health Act
Heath Close (R1LY3)	Heath Close Unit 2-5 Heath Close, Billericay Essex CM12 9NW	• Byron Court (Learning Disability)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People detained under the Mental Health Act • Dementia • Learning difficulties or autistic spectrum disorder
Landermere Centre Mental Health Wards (R1LY4)	Tower Road Clacton on Sea Essex CO15 1LH	• Tower Ward (Older People's MH)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 65+ • Mental Health • Dementia • People detained under the Mental Health Act
Robin Pinto Unit (R1LY7)	Robin Pinto Unit Calnwood Road Luton Bedfordshire LU4 0FB	• Robin Pinto Unit (Low Secure)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People Detained under the Mental Health Act

Location Name	Address	Wards / Homes based at this Location	Regulated Activities	Service Types	Service User Bands
The St Aubyn Centre (R1LX1)	Severalls Hospital Colchester Essex CO4 5HG	• Larkwood Ward (CAMHS) • Longview Ward (CAMHS)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Children aged 13-17 • People detained under the mental health act • Mental Health
Thurrock Hospital (R1LX2)	Thurrock Community Hospital Long Lane Grays Essex RM16 2PX	• Gloucester Ward (Older People's MH) • Meadowview Ward (Older People's MH)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People detained under the Mental Health Act • Dementia • Learning difficulties or autistic spectrum disorder
Wood Lea Clinic (R1LX3)	Wood Lea Clinic 2-5 The Glades Northampton Road, Bromham Bedford Bedfordshire MK43 8HJ	• Wood Lea Clinic (Low Secure)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People Detained under the Mental Health Act • Learning difficulties or autistic spectrum disorder
Mental Health and Community Health Services					
Rochford Hospital (R1LZ9)	Rochford Hospital Union Lane Rochford Essex SS4 1RB	• Beech Ward (Older People's MH) • Cedar Ward (Adult Acute) • Poplar Unit (CAMHS) • Cumberlege Intermediate Care Centre (CHS Rehab)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS) • Rehabilitation Services (RHS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People detained under the mental health act • Dementia

Location Name	Address	Wards / Homes based at this Location	Regulated Activities	Service Types	Service User Bands
		• Willow Ward (Adult Acute) • Health-based Place of Safety			• Children aged 4-12 • Children aged 13-17
St. Margaret's Community Hospital (R1LT1)	St Margaret's Community Hospital The Plain Epping, Essex CM16 6TY	• Beech Ward (CHS Neuro) • Kitwood Ward (Older People's MH) • Plane Ward (CHS Step Down / Rehab) • Poplar Ward (Step Up / Direct Admissions) • Roding Ward (Older People's MH)	• Treatment of disease, disorder or injury • Assessment or medical treatment for persons detained under the Mental Health Act 1983 • Diagnostic and screening procedures	• Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS) • Rehabilitation Services (RHS)	• Adults aged 18-65 • Adults aged 65+ • Mental Health • People Detained under the Mental Health Act
Community Health Services (CHS)					
~~Mountnessing Court (R1LY5) Temp closed due to Covid-19~~	~~Mountnessing Court 240 Mountnessing Road Billericay Essex CM12 0EH~~	• ~~Mountnessing Court~~	• ~~Treatment of disease, disorder or injury~~	• ~~Rehabilitation Services (RHS)~~	• ~~Adults aged 18-65~~ • ~~Adults aged 65+~~ • ~~Mental Health~~ • ~~Dementia~~
Saffron Walden Community Hospital (R1LZ3)	Radwinter Road Saffron Walden Essex CB11 3HY	• Avocet Ward (CHS Step-Up / Down)	• Treatment of disease, disorder or injury	• Rehabilitation Services (RHS)	• Adults aged 18-65 • Adults aged 65+ • Dementia • Physical Disability
Nursing Homes					
Clifton Lodge (R1LJ3)	Clifton Lodge Balmoral Road Westcliff On Sea Essex SS0 7DB	• Clifton Lodge (Nursing Home)	• Treatment of disease, disorder or injury • Accommodation for persons who require nursing or personal care	• Care Home Service with Nursing (CHN)	• Adults aged 18-65 • Adults 65+ • Dementia

Location Name	Address	Wards / Homes based at this Location	Regulated Activities	Service Types	Service User Bands
Rawreth Court (R1LJ2)	Rawreth Court Rawreth Lane Rayleigh Essex SS6 9RN	• Rawreth Court (Nursing Home)	• Treatment of disease, disorder or injury • Accommodation for persons who require nursing or personal care	• Care Home Service with Nursing (CHN)	• Adults aged 18-65 • Adults 65+ • Dementia
Primary Medical Services					
St. Helen's Street (R1LXD)	70-74 St. Helen's Street Ipswich Suffolk IP4 2LA	• Special Allocation Scheme (SAS) Service	• Treatment of disease, disorder or injury	• Doctors Consultation Service (DCS) • Doctors Treatment Service (DTS)	• Adults aged 18-65 • Adults aged 65+ • People who misuse drugs or alcohol • Physical Disability

Key Clinical Locations Registered under Trust Head Office:

Location Name	Address	Service Type (CQC)	Service Types (Internal)
Addison House	Hamstel Road Harlow CM20 1EP	Community Healthcare Services (CHC)	Adult Community Health
Adobe House	5 Barton Road Norwich NR1 1DL	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Basildon MHU	Nethermayne Basildon Essex SS16 5NL	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC)	Adult Mental Health Community Crisis Community Eating Disorders Learning Disability Community Older Adult Mental Health Community
Benfleet Clinic	513 High Road Benfleet Essex SS7 5AD	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
Billericay Health Centre	Stock Road Billericay	Community Healthcare Services (CHC)	Adult Community Health

Location Name	Address	Service Type (CQC)	Service Types (Internal)
	Essex CM12 0BJ		
Brentwood Community Hospital	Crescent Drive Brentwood Essex CM15 8DR	Community Healthcare Services (CHC)	Adult Community Health
Brentwood Resource Centre	Greenwich Avenue Brentwood CM14 4SW	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community Older Adult Mental Health Community
Central Canvey Primary Care Centre	Long Road Canvey Island Essex SS8 0JA	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
Chelmsford & Essex (C&E) Centre	New London Road Chelmsford CM2 0QH	Community-based services for people with mental health needs (MHC) Community substance misuse services (SMC)	Adult Mental Health Community Substance Misuse Service
Cherry Trees	St Peter's Hospital Spital Road Maldon Essex	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community Older Adult Mental Health Community
The Coach House	The Coach House Trinity Street, Halstead, Essex C09 1JD	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Coombewood Centre	1 Websters Way Rayleigh Essex SS6 8JQ	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC)	Adult Mental Health Community Learning Disability Community
Corringham Health Centre	Giffords Cross Road Corringham Essex SS17 7QQ	Community Healthcare Services (CHC)	Adult Community Health
The Crystal Centre	Broomfield Hospital Chelmsford	Community-based services for people with mental health needs (MHC)	Older Adult Mental Health Community

Location Name	Address	Service Type (CQC)	Service Types (Internal)
	CM1 7LF		
Cumberlege Intermediate Care Centre	Pantile Avenue Southend-on-Sea Essex SS2 4BD	Community Healthcare Services (CHC)	Adult Community Health
Derwent Centre	Hamstel Road Harlow CM20 1QX	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Dolittle Mill	Unit 14 Doolittle Mill Froghall Road Ampthill MK45 2ND	Community Healthcare Services (CHC)	Children & Young People's Community Health
Dunmow Clinic	58 High Street Dunmow Essex CM6 1BH	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
Ely House	Churchill Avenue Basildon Essex SS14 2BQ	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC)	Adult Mental Health Community Learning Disability Community Older Adult Mental Health Community
The Gables	Bocking End Road Braintree CM7 9AE	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Grays Hall	Orsett Road Grays Essex RM17 5TT	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC)	Adult Mental Health Community Learning Disability Community
Grays Health Centre	Brook Road Grays Essex RM17 5BY	Community Healthcare Services (CHC)	Adult Community Health
Hadleigh Clinic	49 London Road Hadleigh Essex SS7 2QL	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health

Location Name	Address	Service Type (CQC)	Service Types (Internal)
Harland Centre	Balmoral Road Westcliff-on-Sea Essex SS0 7DM	Community-based services for people with mental health needs (MHC) Community Healthcare Services (CHC)	Adult Community Health Older Adult Mental Health Community
Heath Close	Heath Close Billericay Essex CM12 9NW	Community-Based services for people with a learning disability (LDC) Community-based services for people with mental health needs (MHC)	Learning Disability Community Forensic Mental Health
Herrick House	35 East Stockwell Street Colchester CO1 1ST	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Herts & Essex Hospital	Haymeads Lane Bishops Stortford Hertfordshire CM23 5JH	Community Healthcare Services (CHC)	Adult Community Health Older Adult Mental Health Community Surgery
Hockley Clinic	53 Spa Road Hockley SS5 4AR	Community Healthcare Services (CHC)	Adult Community Health
Holmer Court	Essex Street Colchester CO3 3BT	Community-based services for people with learning disabilities (LDC)	Learning Disability Community
Jubilee Centre	112a – 114a South Church Road Southend-on-Sea SS1 2LX	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Keats House Clinic	The Fairway Bush Fair Harlow CM18 6LY	Community Healthcare Services (CHC)	Adult Community Health
The King's Wood Centre	Colchester Essex CO4 5JL	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community Older Adult Mental Health Community
Knightswick Clinic	Folksville Road Canvey Island Essex SS8 7AD	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community

Location Name	Address	Service Type (CQC)	Service Types (Internal)
Laindon Health Centre	High Road Laindon Essex SS15 5TR	Community Healthcare Services (CHC)	Adult Community Health
The Lakes	Turner Road Colchester CO4 5JL	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community ~~Older Adult Mental Health Community~~
Latton Bush Centre	Southern Way Harlow CM18 7BL	Community-based services for people with mental health needs (MHC) Community Healthcare Services (CHC)	Adult Community Health Adult Mental Health Community Older Adult Community Health Older Adult Mental Health Community
Leigh Primary Care Centre	918 London Road Leigh-on-Sea Essex SS9 3NG	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
The Linden Centre	Broomfield Hospital Chelmsford CM1 7LF	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Lighthouse Child Development Centre	Snakes Lane Southend-on-Sea Essex SS2 6XT	Community Healthcare Services (CHC)	Children & Young People's Community Health
Lowestoft Hub	Woodbury House Mill Road Lowestoft NR33 0PP	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Mansard House	107-109 New London Road Chelmsford CM2 0PP	Community substance misuse services (SMC)	Substance misuse services
Marsh Farm Health Centre	Purley Centre Luton Bedfordshire LU3 3SR	Community Healthcare Services (CHC)	Adult Community Health
Mountnessing Court	Mountnessing Court 240 Mountnessing Road Billericay	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community

Location Name	Address	Service Type (CQC)	Service Types (Internal)
	Essex		
North Gate Centre	North Station Road Colchester CO1 1RB	Community-based services for people with mental health needs (MHC)	Eating Disorders
Oyster Court	Oyster Court Colchester CO1 1TY	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Pride House	Christy Close Laindon Essex SS15 6EA	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC)	Adult Mental Health Community Learning Disability Community Older Adult Mental Health Community
Princess Alexandra Hospital	Hamstel Road Harlow CM20 1QX	Community Healthcare Services (CHC)	Adult Community Health
Queen Street	5a Queen Street Colchester CO1 2PG	Community substance misuse services (SMC)	Substance Misuse Service
Railway Road	33 Railway Road King's Lynn Norfolk PE30 1NF	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Raphael House	Old Ship Lane Rochford Essex SS4 1DD	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
Rayleigh Clinic	Eastwood Road Rayleigh Essex SS6 7JP	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health Family Planning
Rectory Lane Community Clinic	Rectory Lane Loughton Essex IG10 3RL	Community Healthcare Services (CHC)	Adult Community Health
Rectory Lane Health Centre	Epping Forest Day Unit Loughton IG10 3RU	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community

Location Name	Address	Service Type (CQC)	Service Types (Internal)
Reunion House	35 Jackson Road Clacton-on-Sea CO15 1JA	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Rivendell	Boxted Road Colchester CO4 5HE	Community substance misuse services (SMC)	Substance Misuse Service
Rochford Hospital	Union Lane Rochford Essex SS4 1RB	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC) Community Healthcare Services (CHC)	Adult Mental Health Community Children and Young People's Community Health Crisis Community Learning Disability Community Older Adult Mental Health Community
Saffron Walden Community Hospital	Radwinter Road Saffron Walden Essex CB11 3HY	Community Healthcare Services (CHC)	Adult Community Health Older Adult Community Physical Outpatients
Sankey House	81 High Road Pitsea Essex SS13 3BB	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community Older Adult Mental Health Community
Shoebury Health Centre	Campfield Road Shoeburyness SS3 9BX	Community Healthcare Services (CHC)	Children & Young People's Community Health
Southend Civic Centre	Victoria Avenue Southend-on-Sea SS1 9SB	Community-Based services for people with a learning disability (LDC) Community Healthcare Services (CHC)	Children & Young People's Community Health Learning Disability Community
Southend Hospital	Prittlewell Chase Westcliff-on-Sea Essex SS0 0RY	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Southend Integrated Resource Centre	Unit 8 The Forum Templefarm Industrial Estate Southend-on-Sea Essex SS2 5TE	Community Healthcare Services (CHC)	Adult Community Health
Southgate House	88 Town Square	Community Healthcare Services (CHC)	Sexual Health

Location Name	Address	Service Type (CQC)	Service Types (Internal)
	Basildon SS14 1BN		
Southview Road	13 Southview Road Vange SS16 4ER	Community substance misuse services (SMC)	Substance Misuse Service
St. Helen Street	70-74 St. Helen Street Ipswich Suffolk IP4 2LA	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
St. Margaret's Community Hospital	The Plain Epping, Essex CM16 6TY	Community-Based services for people with a learning disability (LDC) Community Healthcare Services (CHC)	Adult Mental Health Community Learning Disability Community
Stanford Clinic	Wharf Road Stanford-Le-Hope Essex SS17 0BY	Community Healthcare Services (CHC)	Adult Community Health
Stifford Clays Health Centre	Crammavill Street Stifford Clays Essex RM16 2AP	Community Healthcare Services (CHC)	Adult Community Health
Sydervelt Centre	Sydervelt Road Canvey Island Essex SS8 9EG	Community-based services for people with mental health needs (MHC)	Older Adult Mental Health Community
Thorpedene Clinic	Delaware Road Shoeburyness SS3 9NW	Community Healthcare Services (CHC)	Family Planning
Thundersley Clinic	8 Kenneth Road Thundersley Benfleet Essex SS7 3AT	Community Healthcare Services (CHC)	Adult Community Health
Thurrock Civic Offices	Civic Offices New Road Grays	Community-based services for people with mental health needs (MHC)	Older Adult Mental Health Community

Location Name	Address	Service Type (CQC)	Service Types (Internal)
	RM17 9SZ		
Thurrock Hospital	Long Lane Grays Essex RM16 2PX	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC)	Adult Mental Health Community Learning Disability Community Older Adult Mental Health Community
Trend House	Trend House Dallow Road Luton Beds LU1 1LY	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community
Valkyrie Road Primary Care Centre	Valkyrie Road Westcliff-on-Sea SS0 8BU	Community Healthcare Services (CHC) Community-Based services for people with a learning disability (LDC)	Adult Community Health Children & Young People's Community Health Surgery
Vange Health Centre	Southview Road Basildon SS16 4HD	Community Healthcare Services (CHC)	Adult Community Health
Waltham Abbey Clinic	13 Sewardstone Road Waltham Abbey EN19 1NP	Community Healthcare Services (CHC)	Adult Community Health
Warrior House (including Kingsley Ward Centre)	42-82 Southchurch Road Southend-on-Sea Essex SS1 2LZ	Community-based services for people with mental health needs (MHC) Community-Based services for people with a learning disability (LDC) Community Healthcare Services (CHC)	Adult Community Health Adult Mental Health Community Children & Young People's Community Health Family Planning Learning Disability Community Older Adult Community Health Older Adult Mental Health Community
West Gate	7-9 West Gate Harlow CM20 1JS	Community substance misuse services (SMC)	Substance Misuse Service
Wellesley Road	132 Wellesley Rd, Clacton-on-Sea Essex CO15 3QD	Community substance misuse services (SMC)	Substance Misuse Service
Western House	Chapel Hill Stansted Mountfitchet CM24 8AG	Community-based services for people with mental health needs (MHC)	Adult Mental Health Community

Location Name	Address	Service Type (CQC)	Service Types (Internal)
Wickford Health Centre	Market Road Wickford Essex SS12 0AG	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
Witham Health Centre	4 Mayland Road Witham CM8 2UX	Community Healthcare Services (CHC)	

COVID-19 Mass Vaccination Programme (Registered under Trust Head Office) will be provided from the following sites from 1 December 2020:

Location Name	Address	Service Type (CQC)	Service Types (Internal)
Trust Head Office (R1LZ8)	The Lodge Lodge Approach Wickford Essex SS11 7XX	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
Alistair Farquarson Centre	Thurrock Hospital Long Lane Grays Essex RM16 2PX	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health
Southend Civic Centre	Civic Centre, Victoria Avenue, Southend-on-sea, SS1 9SB	Community Healthcare Services (CHC)	Adult Community Health Children & Young People's Community Health

Trust Board of Directors
CQC Report
Appendix 2

CQC Action Plan Assurance Update 4

13th January 2023

Overview of Findings

NHS
Essex Partnership University
NHS Foundation Trust

CQC Letter of Intent

- Incident Reporting
- Racial Aggression
- Sexual Safety
- Professional Boundaries
- Restrictive Practice
- Medication Management
- Acute Care Pathway
- Sleeping on Duty

CQC Section 29

- Incident Reporting
- Familiar Staffing
- Observation
- Restrictive Practice
- Consent: Oxevision
- Ligature Cutters

Letter of intent – Action Plan Status

NHS
Essex Partnership University
NHS Foundation Trust

	Action	On Track	Actions Complete	Key action taken and Assurance	Updates to Note
1	**Incident Reporting (Reporting and Quality of Reporting)**	Yes	5/9	✓ Short form circulated to enable better reporting ✓ New template issued for Safety huddles to ensure focus ✓ Escalation of Moderate and above incidents via pando ✓ BWV / CCTV SOP updated to include Matrons in pilot ✓ Datix incident dashboard guidance reissued ✓ Themes and learning from incidents discussed at senior safety huddles	All actions on track for delivery Baseline data taken: • Decrease in reported incidents Oct – Nov 22 • 6 wards below benchmark per 1000 bed days
2	**Incidents of Racial Discrimination (Reporting and action)**	Yes	5/6	✓ Racial incidents discussed in safety huddles / handover ✓ Behaviours framework in place ✓ Debrief form developed and live in Datix ✓ Safe challenge guidance developed and being rolled out, including posters for inpatient units	All actions on track for delivery Baseline data taken: • 1 Racial abuse incident reported in November and 1 in December
3	**Sleeping on Duty**	Slippage	0/4	✓ Reviewed policy against national guidance ✓ Re-issued training videos ✓ Site support team rota being established to support all wards implement and embed actions ✓ Safety Walk around implemented ✓ Health roster rules reviewed ✓ Use of fit to work book undertaken	Two areas of slippage for note: Reporting from health roster on rule breaches. Issuing key point resources for ward learning and guidance, awaiting printing Baseline data taken: • Decrease in reported incidents Oct – Nov 22 • Obs Tendable audit overall 98% for Nov 22
4	**Restrictive Practice**	Yes	3/4	✓ Embedding of reducing restrictive practice policy continues and guidance circulated. Review of restrictive practice noted be CQC completed	All actions on-track for delivery Baseline data taken: • Decrease in reported incidents Oct – November

Letter of intent – Action Plan Status

NHS Essex Partnership University NHS Foundation Trust

	Action	On Track	Actions Complete	Key action taken and Assurance	Updates to Note
5	**Sexual Safety**	Yes	1/4	✓ Audit commissioned Complete and report being developed ✓ New training package agreed ✓ Refreshed Sexual health leaflets and posters, co-produced with patients, have been delivered to wards	All actions on track for delivery Baseline data taken: • No change in number of sexual safety incidents Oct – November (6).
6	**Professional Boundaries**	Yes	2/3	✓ Contractor written to and responded to all points ✓ Ongoing monitor via contract management ✓ Comms to all staff reminding of the standards relating to relationships with patients	All actions on track for delivery
7	**Acute Care Pathway**	Yes	4/8	✓ Daily sit rep well established and weekly consultation meeting in place to manage capacity and flow ✓ Inpatient ward profile circulated daily to ensure oversight ✓ 8a Discharge Clinical Matron recruited ✓ Review of caseloads complete and workshop held on 13th Dec 2022 ✓ Safe care challenge guidance rolled out across inpatient services	All actions on track for delivery Please note timescale for Implementation of MH Ambulance car (NEE) has been changed to Q4. Baseline data taken - As at 30th Dec: • 8 wards with less than 50% EDDs • 6 wards with LoS over 2000 • 15 DTOCs
8	**Medication Management**	Slippage	1/8	✓ Tendable pharmacy checklists initiated and audit underway ✓ Identified two part time pharmacists from ICBs to support (HR processes to be completed)	Slippage due to a range of actions being dependence on recruitment or redeployment of staff. Baseline data taken: • Increase in medication incidents Oct – November

Immediate 29A Response

NHS Essex Partnership University NHS Foundation Trust

	Action	Detail	On Track	Actions Complete	Assurance Provided to the CQC	Updates to Note
9	**Observations**	The Trust did not ensure staff carry out service user observations in accordance with Trust policy in order to protect people from harm.	Yes	3/4	Immediate action strengthened leadership to support Willow and Galleywood wards with a focus on observation competency. Immediate issue of a safety alert on observations and sleeping on duty which ward managers and matrons are to discuss with staff. Further to this: • discuss behavioural standards at handover meetings, highlighting the importance of concentrating during observation and engagement. • Re-circulate observation training video to all staff. • Staff on both wards asked to sign to confirm they had read and understood the Trust Observation and Engagement Clinical Guideline.	Monitoring to ensure embedding Action open links to E'observations roll out planned in 2023
10	**Staffing**	The Trust did not ensure there are sufficient numbers of regular staff working on the wards who are familiar with individual service user needs.	Complete	1/1	Immediate action achieved an improved position with the prospective 8 week rosters for the two wards providing a 72% (Willow Ward) and 66% (Galleywood Ward) of the staff on duty meeting or rostered to meet our defined criteria of regular. This was achieved by capping the number of patients on both wards; clear process in place to review the ability to admit in line with regular, safe staffing numbers and clinical opinion / assessment of acuity; transfer of a complex patient to another ward; utilised mutual aid for the next 8 weeks from across EPUT substantive staffing base; initiated long line agency contracting (6 month contracts) and recognition of new starters in the pipeline from both domestic and international recruitment. Corporate Nursing undertaking some activities.	Monitoring to ensure embedding
11	**Consent (Oxevision)**	The Trust did not ensure that all aspects of care and treatment of service users is provided with the consent of the relevant person.	Complete	2/2	Immediately met with all patients on Willow and Galleywood ward to discuss use of Oxevision. Reviewed the Oxevision Standard Operating Procedure to strengthen the guidance regarding the consent process (which was benchmarked against National Guidance released on 3 October 2022.	Monitoring to ensure embedding

Immediate 29A Response

NHS
Essex Partnership University
NHS Foundation Trust

	Action	Detail	On Track	Actions Complete	Assurance Provided to the CQC	Updates to Note
12	**Restrictive Practice (Toilet Vents)**	The Trust did not ensure service users could easily access the garden, bedrooms, bathrooms and toilets.	Yes	0/1	Immediately took action to review the areas identified by the CQC and update provided to the CQC.	Estates have started process to identify alternative vents
5	**Incident Reporting**	The Trust did not ensure that all incidents were accurately recorded or reported.	Complete	1/1	Immediate action taken by the Trust Incident Team to work with Willow and Galleywood Wards to increase incident reporting and improve quality of reporting.	Links to action 1
6	**Health & Safety**	The Trust did not ensure ligature cutters were consistently accessible for staff	Complete	1/1	Immediate action taken to ensure Ligature Cutters on Galleywood Ward were placed in red pouch and attached to the wall.	Action completed and evidence in place. Monitoring part of BAU ligature inspections

Trust Board of Directors
CQC Report
Appendix 3

CQC CAMHS Action Plan Closure Report

21st December 2022

“Must do” Actions

NHS
Essex Partnership University
NHS Foundation Trust

M1 - Infection Control

Reminded staff of responsibilities
Revised local induction
Leadership ward visits (Day and night)

M2 – Medication and Sharps

Implemented daily spot checks
Discussion held with staff
Sharps waste poster
Tendable weekly clinic checks initiated
IPC training achieved 100%

M3 – Clinic Rooms

Implemented admin daily spot checks via Tendable
New local practice of using whiteboard to identify items due to go out of date soon
Registered staff reminded of their responsibility
Medicines training achieved 100%

M4 – Access to Snacks

Reviewed current practice
Fruit bowls accessible
Personal snack boxes
Use of individual risk assessment for any restrictions
Water machine installed

M5 – Use of Mobile Phones

Reviewed Trust Mobile Phone Policy
Communicated to staff expectations
Service Manager visits
Leadership address and challenge with any breaches Datix’d

M5 – Bank and Agency Induction

New communication materials developed and shared with agencies
Implemented electronic log and filing
System of testing established

Action Plan Status

NHS
Essex Partnership University
NHS Foundation Trust

	Action	On Track	Actions Complete	Key action taken	Assurance
M1	**The Trust must ensure staff follow infection control policies with regards to wearing personal protective equipment**	Complete	5/5	✓ Emphasised and reiterating with staff their responsibilities and accountabilities ✓ Revised clinical standards, behaviours and expectations as part of local induction ✓ Ward visits undertaken to check IPC ✓ Schedule of night visits put in place and live by leadership team ✓ Regular review of CCTV / BWV footage where concerns raised in place	Ongoing assurance that action has been embedded will be via the leadership ward visits
M2	**The trust must ensure all medication and sharps are disposed of as per trust policy**	Complete	5/5	✓ Undertaking regular daily spot checks and addressing any issued found ✓ Discussion held with teams to ensure all new staff are aware of appropriate waste / sharps management. Sharps waste bin poster sent to all CAMHS staff and displayed in clinic rooms ✓ Clinic checks undertaken weekly on Tendable and Tendable amended to include questions re clinical room checklist ✓ New signage to remind staff about disposal of sharps ✓ IPC training achieved 100%	Ongoing assurance that action has been embedded will be via Tendable audits
M3	**The trust must ensure clinic rooms do not contain out of date items**	Complete	4/4	✓ CAMHS compliance admin now undertake a weekly check of clinical rooms to ensure there are no out of date items lead by checklist. Checks undertaken using Tendable. Results sent to ward managers ✓ Local practice put in place whereby staff record any items due to go out of date on clinic room whiteboard to serve as a reminder ✓ Registered staff reminded of their responsibility to check and safely dispose of any out of date medication/ consumables and/or other equipment. Range of communication via team meetings, daily checks, supervisions and night checks ✓ Medicine training achieved 100%	Ongoing assurance that action has been embedded will be via Tendable audits

Action Plan Status

NHS
Essex Partnership University
NHS Foundation Trust

	Action	On Track	Actions Complete	Key action taken	Assurance
M4	**The trust must ensure children and young people are not dependant on staff for access to snacks at prescribed times**	Complete	3/3	✓ Review of current practice undertaken and confirmed that fruit bowls now accessible. In addition there are yoghurts and personal snacks in labelled boxes ✓ Individually risk assessment requirement for any restrictions ✓ Water machine installed	Ongoing assurance that action has been embedded will be via the leadership ward visits
M5	**The trust must ensure staff follow the trusts' policies and procedures with regards to the use of mobile phones in ward areas**	Complete	4/4	✓ Reviewed CP54 Use of Mobile Phone policy to ensure includes use of other electronic devices and clearly sets out the expectations ✓ Communicate via Handover, to all staff, the risks of having mobile phone on person whilst undertaking clinical duties ✓ Assurance received by Service Director; following service visits, confirming leadership lead by example, by not having their mobile phones on them while undertaking Clinical duties ✓ Leadership address and challenge, when they witness a mobile phone on the person undertaking Clinical Duties. Any breaches affecting Patient safety documented and managed via Datix	Ongoing assurance that action has been embedded will be via the leadership ward visits
M6	**The trust must ensure all bank and agency staff have a full induction and understood the service before starting their shift**	Complete	4/4	✓ Communication produced giving staff information about the service. This includes parent and carers links for each CAMHS wards. ✓ Implementation of electronic induction log (evidence scanned onto the system) ✓ System of testing established to ensure bank / agency workings have completed induction required ✓ Completed a review of confirm all bank / agency staff have full local induction recorded on file	Ongoing assurance that action has been embedded will be via the system of testing established

NHS Community Mental Health Survey Benchmark Report 2022

Essex Partnership University NHS Foundation Trust

NHS
Care Quality Commission
Survey Coordination Centre

Contents

1. Background & methodology

2. Headline results

3. Benchmarking

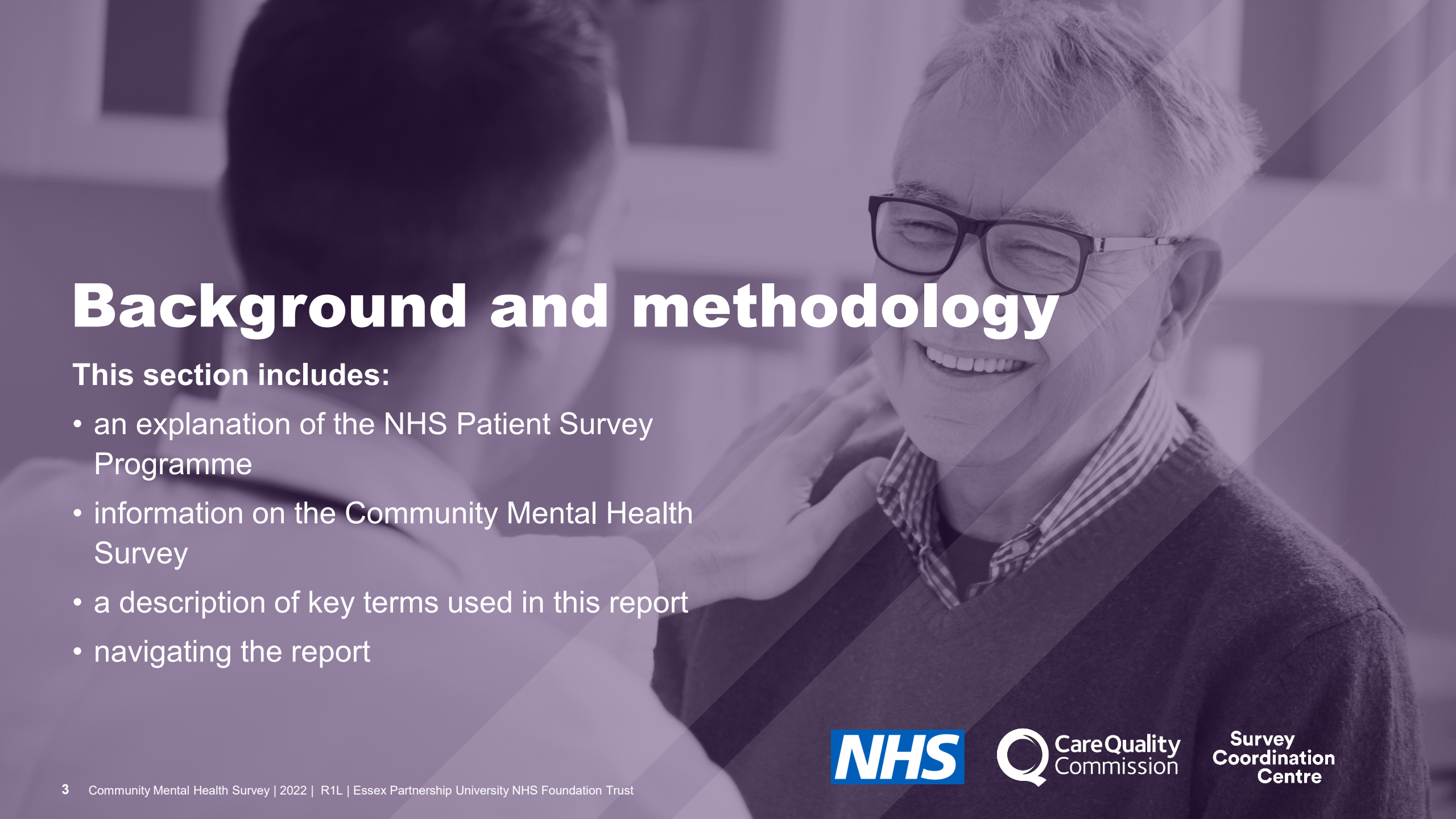
- Section 1. Health and social care workers
- Section 2. Organising care
- Section 3. Planning care
- Section 4. Reviewing care
- Section 5. Crisis care
- Section 6. Medicines
- Section 7. NHS Talking Therapies
- Section 8. Support and wellbeing
- Section 9. Feedback
- Section 10. Overall views of care and services
- Section 11. Overall experience
- Section 12. Responsive care

4. Change over time

- Section 1. Health and social care workers
- Section 2. Organising care
- Section 3. Planning care
- Section 4. Reviewing care
- Section 5. Crisis care
- Section 6. Medicines
- Section 7. NHS Talking Therapies
- Section 8. Support and wellbeing
- Section 9. Feedback
- Section 10. Overall views of care and services
- Section 11. Overall experience

5. Appendix

This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).



Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Community Mental Health Survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Community Mental Health Survey has been conducted almost every year since 2004. The CQC use the results from the survey in its assessment of mental health trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

Community Mental Health Survey

The survey was administered by the Survey Coordination Centre for Existing Methods (SCCEM) at Picker Institute.

The 2022 survey of people who use community mental health services involved 53 providers of NHS community mental health services in England. We received responses from 13,418 people, a response rate of 20.9%.

People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between 1 September 2021 and 30 November 2021. For more information on the sampling criteria for the survey, please refer to the sampling instructions detailed in the 'Further information' section. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2022.

Trend data

The Community Mental Health Survey is comparable back to the 2014 survey. Trend data is presented in this report for questions that have been asked in previous survey years.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the NHS Surveys website.
- To learn more about the CQC's survey programme, please visit the CQC website.

Key terms used in this report

The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the Appendix.

Standardisation

Demographic characteristics, such as age and sex, can influence service users' experience of care and the way they report it. For example, research shows that older people report more positive experiences of care than younger people. Since trusts have differing profiles of service users, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual service user responses to account for differences in demographic profile between trusts. For each trust, results have been standardised by the age and sex of respondents to reflect the 'national' age-sex type distribution (based on all respondents to the survey).

This helps ensure that no trust will appear better or worse than another because of its profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive (for example Q1) and others are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply (for example Q23). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

National average

The 'national average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

Further information about the methods

For further information about the statistical methods used in this report, please refer to the survey technical document.

Using the survey results

Navigating this report

This report is split into five sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the service users who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve.
- **Change over time** – displays your trust score for each survey year. Where available, trend data will be shown from 2014 to 2022. Questions are displayed in a line chart with the trust mean plotted alongside the national average. Statistical significance testing is also shown between survey years 2022 vs 2021. This section highlights areas your trust has improved on or declined in over time.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; and interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey. Additionally, line charts show your trust's trend data over time.

The two chart types used in the section 'Benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the Appendix.

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; technical document: http://www.cqc.org.uk/cmhsurvey
- National and trust-level data for all trusts who took part in the Community Mental Health Survey 2022 https://nhssurveys.org/surveys/survey/05-community-mental-health/. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the best and worst scores for your trust

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.

1250 invited to take part

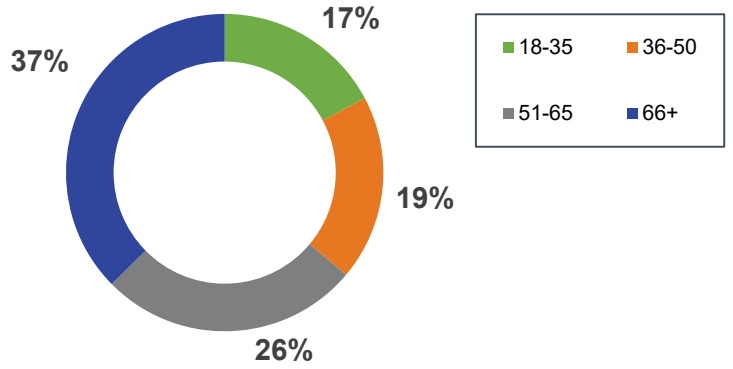
238 completed

20% response rate

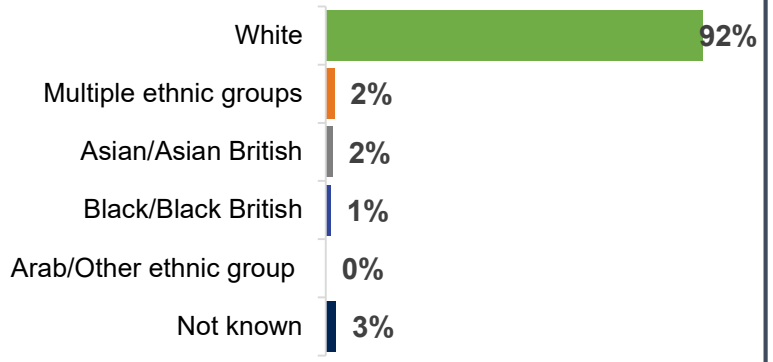
21% average response rate for all trusts

27% response rate for your trust last year

AGE



ETHNICITY



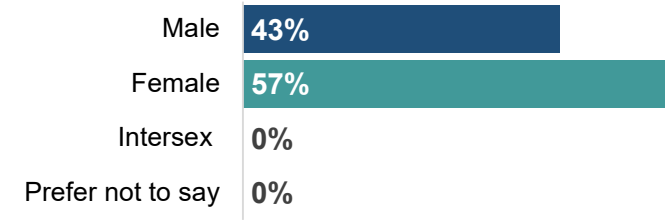
LONG-TERM CONDITIONS

95% of service users have a **physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.**

Number of long-term conditions reported:

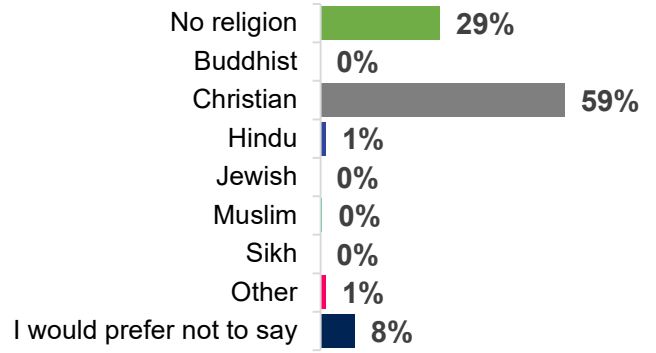
SEX

At birth were you registered as…



1% of service users said their **gender is different from the sex they were registered with at birth**.

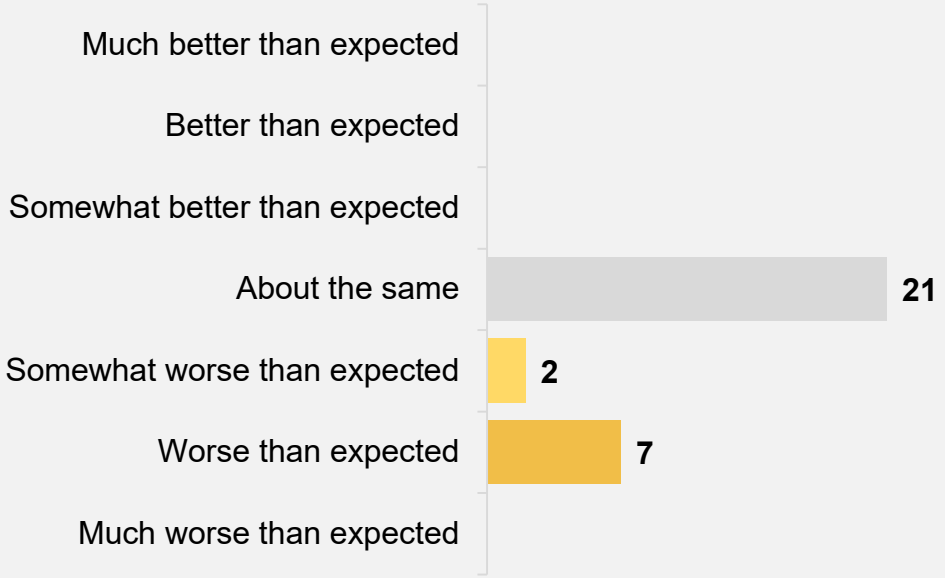
RELIGION



Summary of findings for your trust

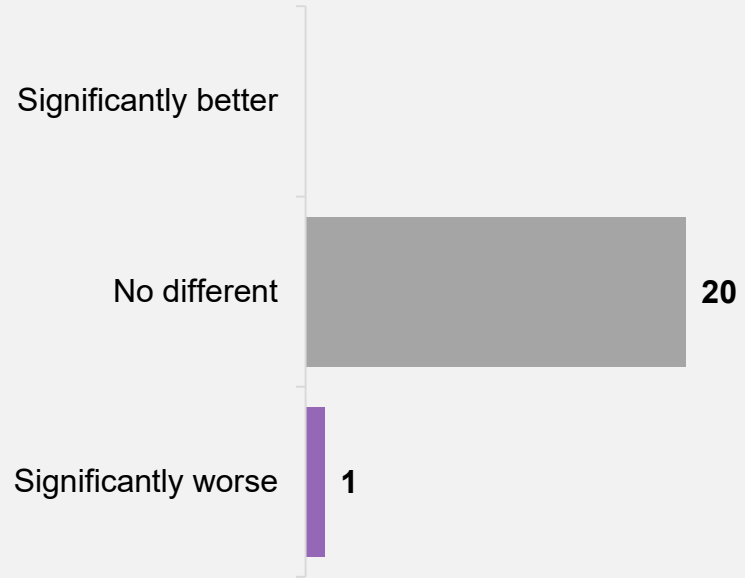
Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2022 vs 2021.



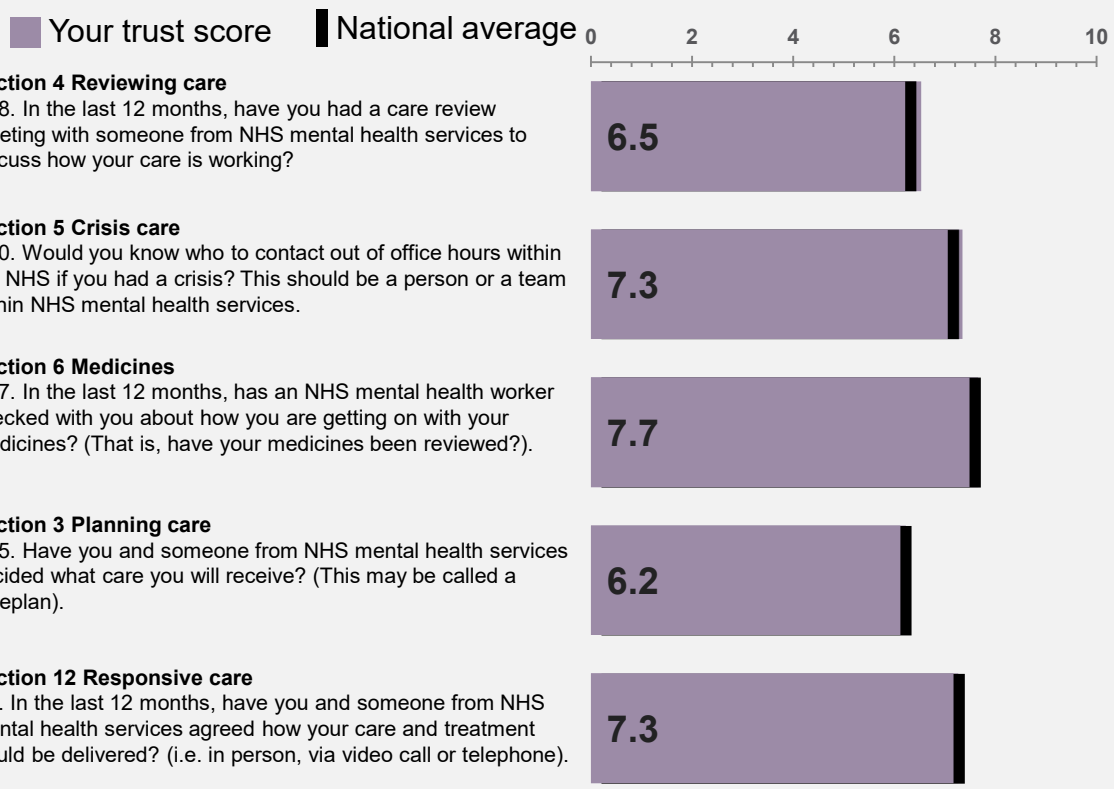
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section "your trust has performed much worse" , "your trust has performed worse" , "your trust has performed somewhat worse", "your trust has performed somewhat better", "your trust has performed better", "your trust has performed much better" .

Best and worst performance relative to the national average

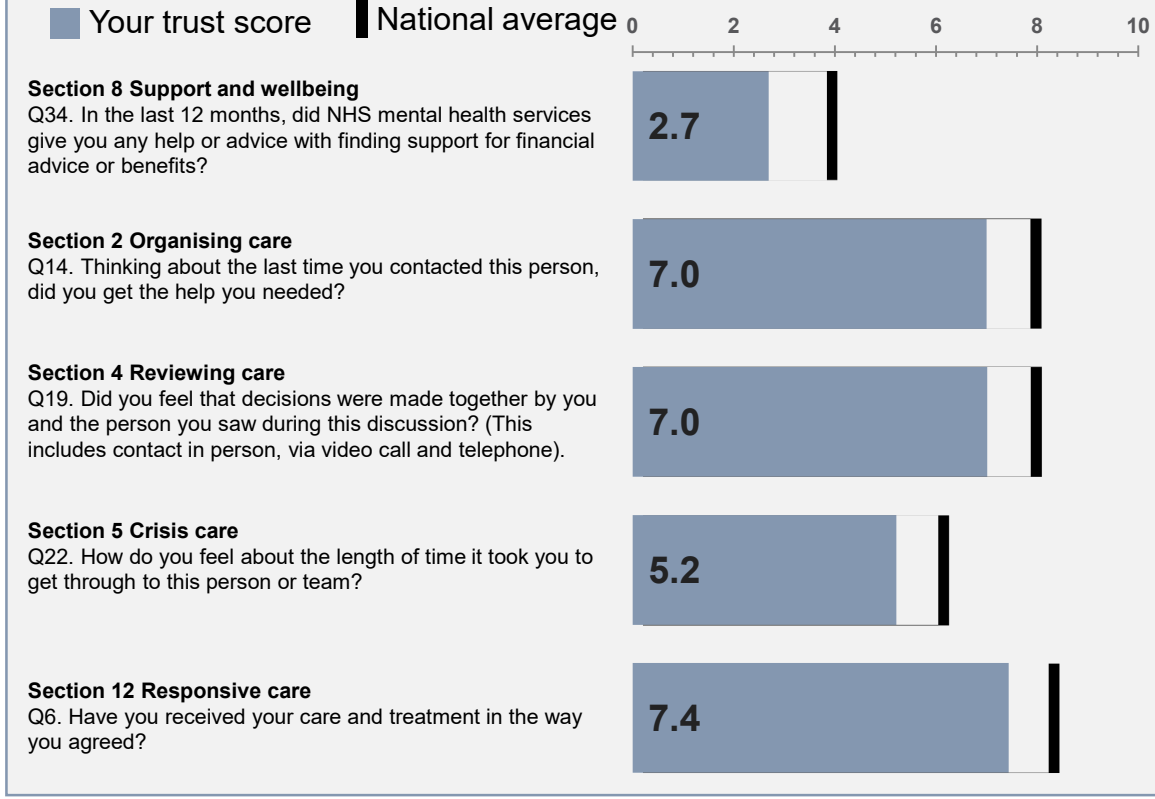
These five questions are calculated by comparing your trust's results to the national average.

- **Top five scores**: These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Top five scores (compared with national average)



Bottom five scores (compared with national average)



Benchmarking

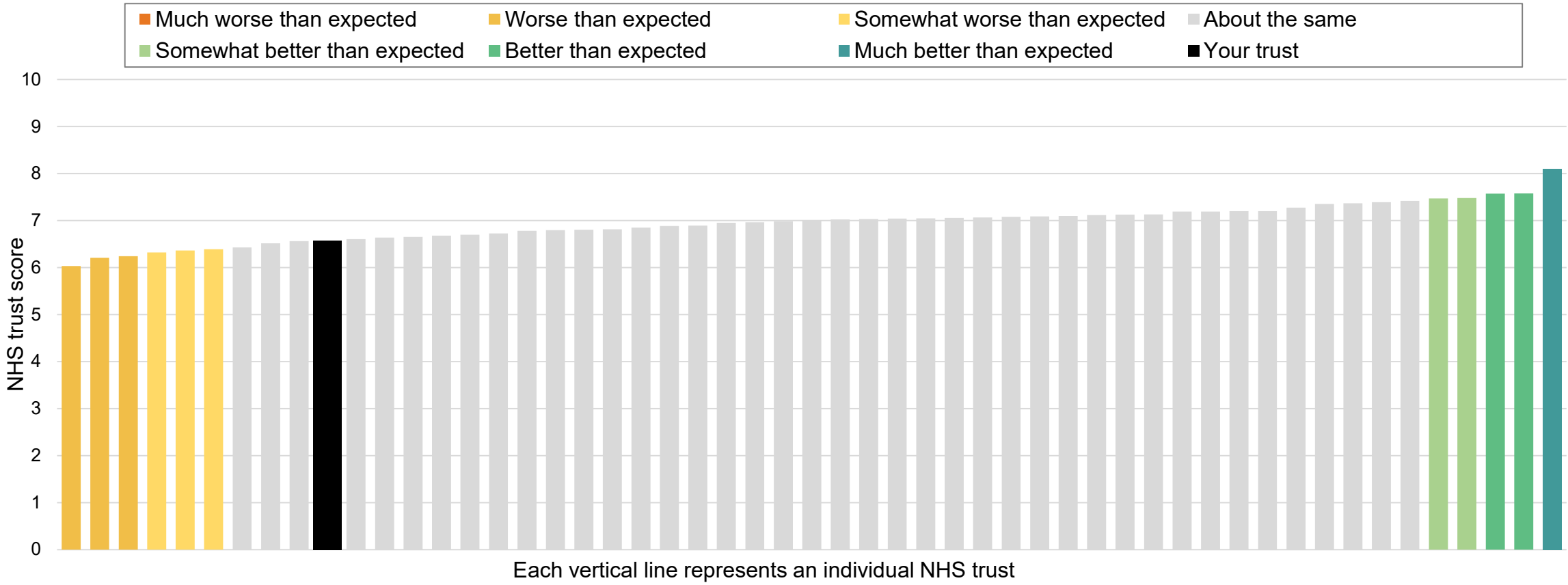
This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part.
- an analysis technique called the ‘expected range’ to determine if your trust is performing about the same, better or worse compared with most other trusts.

Section 1. Health and social care workers

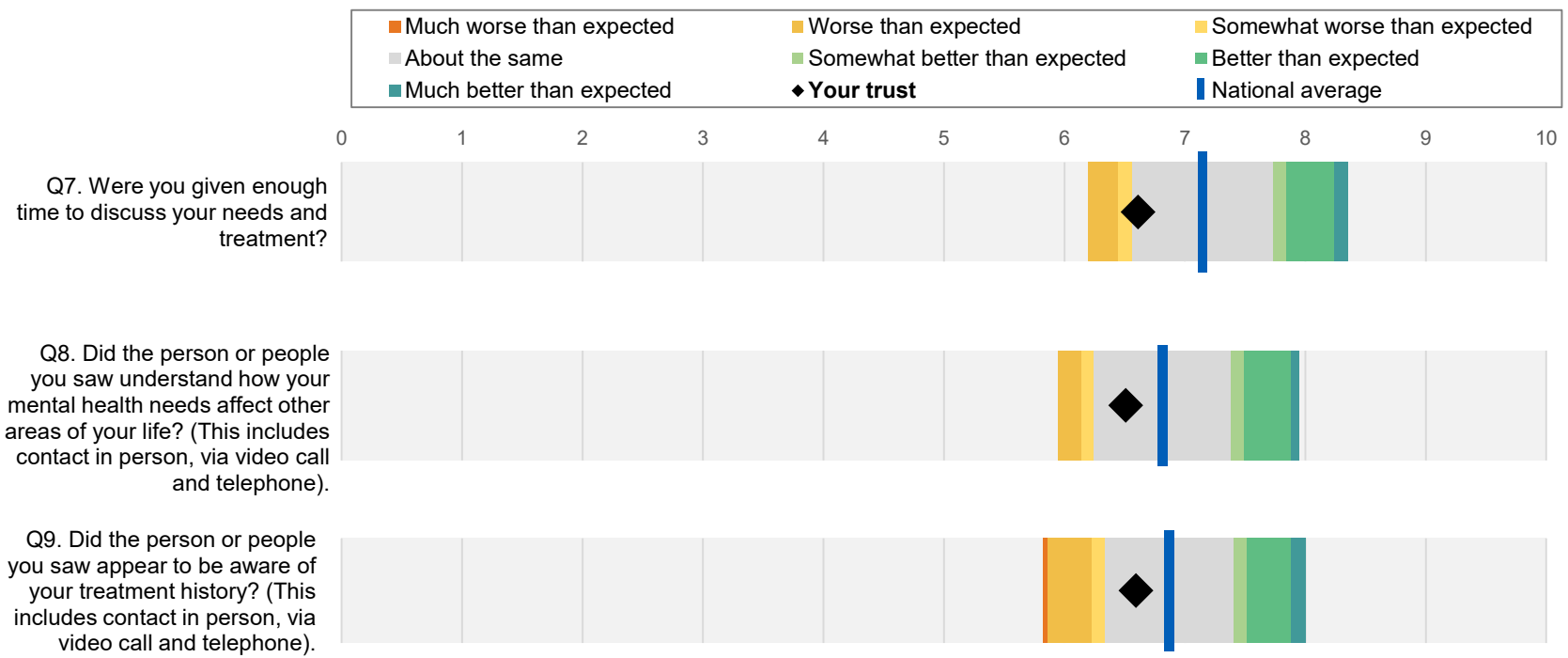
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.6 About the same



Section 1. Health and social care workers (continued)

Question scores



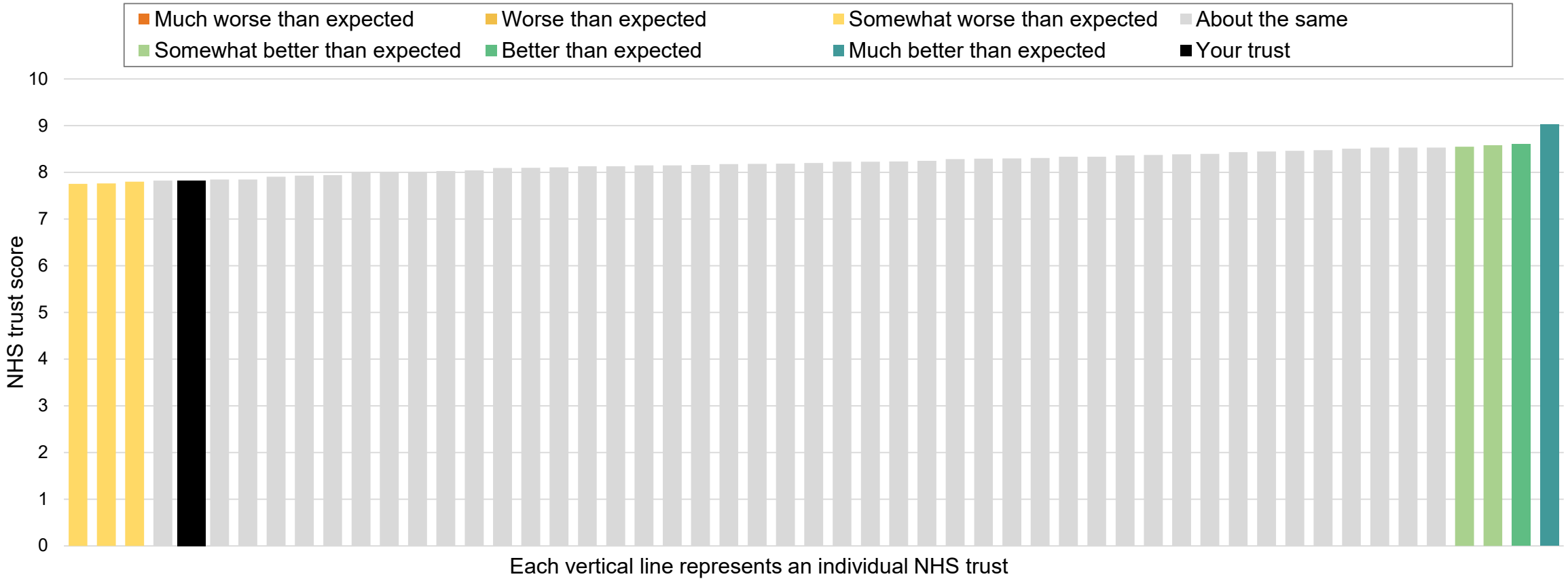
		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q7. Were you given enough time to discuss your needs and treatment?	223	6.6	7.1	6.2	8.4
Q8. Did the person or people you saw understand how your mental health needs affect other areas of your life? (This includes contact in person, via video call and telephone).	219	6.5	6.8	5.9	7.9
Q9. Did the person or people you saw appear to be aware of your treatment history? (This includes contact in person, via video call and telephone).	207	6.6	6.9	5.8	8.0

About the same

Section 2. Organising care

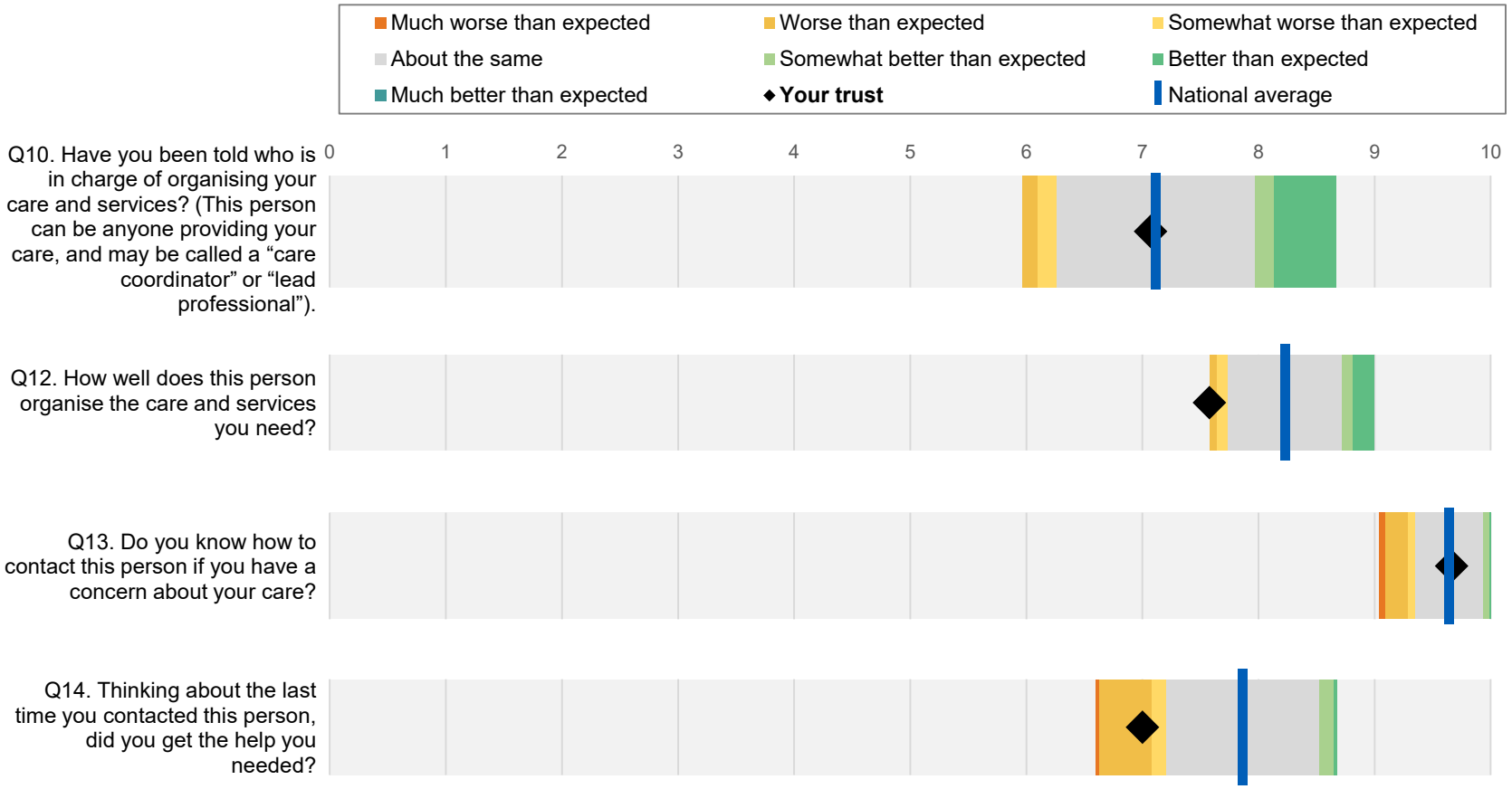
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 7.8 About the same



Section 2. Organising care (continued)

Question scores

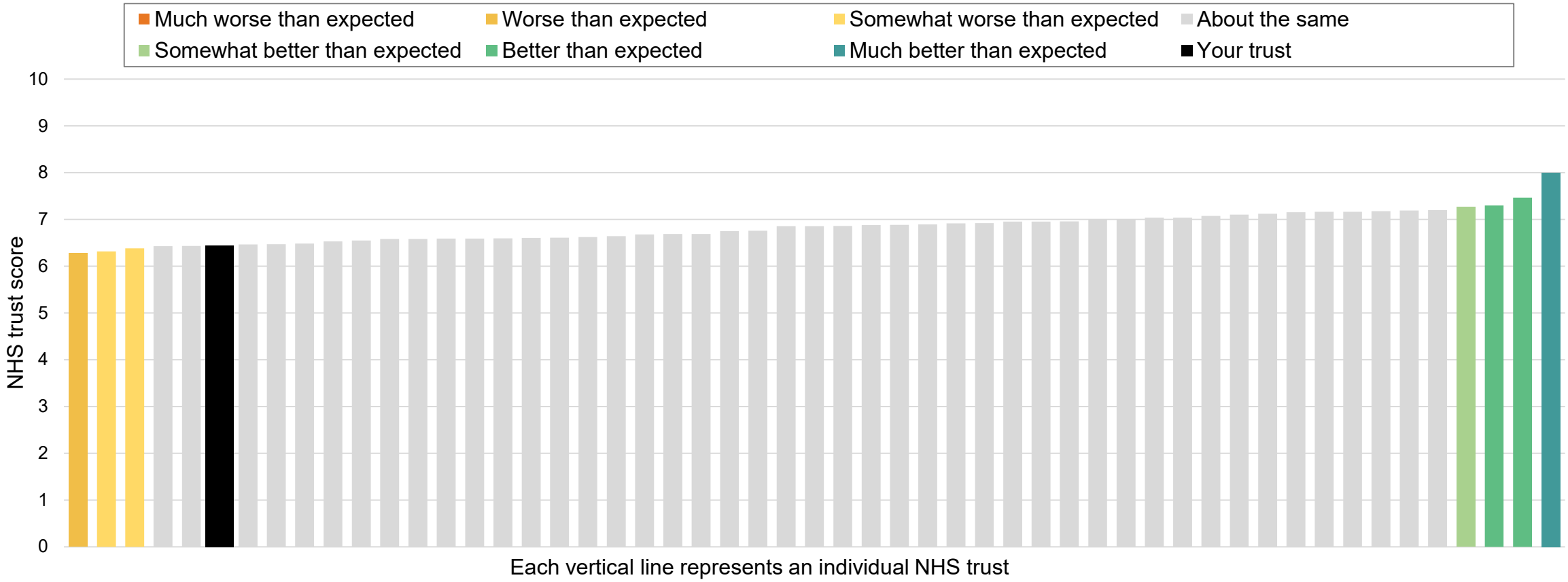


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same: 194	7.1	7.1	6.0	8.7
Worse than expected: 108	7.6	8.2	7.6	9.0
About the same: 107	9.7	9.6	9.0	10.0
Worse than expected: 101	7.0	7.9	6.6	8.7

Section 3. Planning care

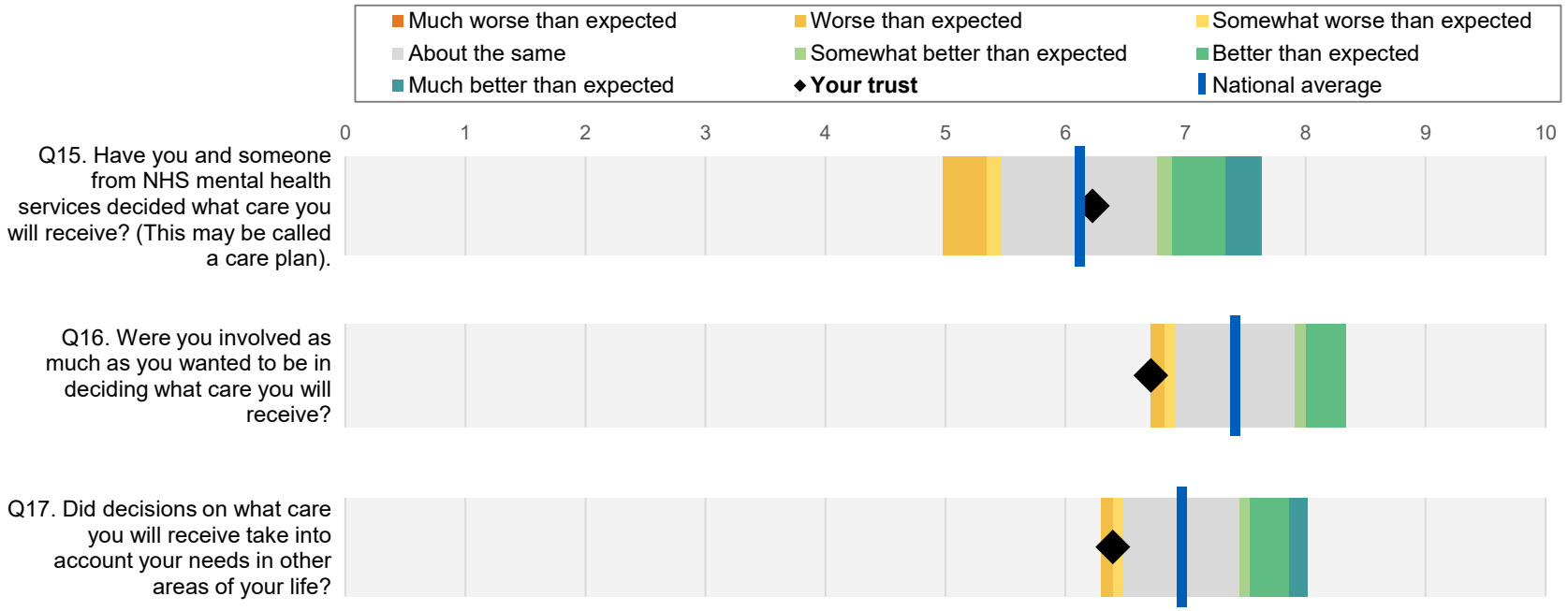
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.4 About the same



Section 3. Planning care (continued)

Question scores

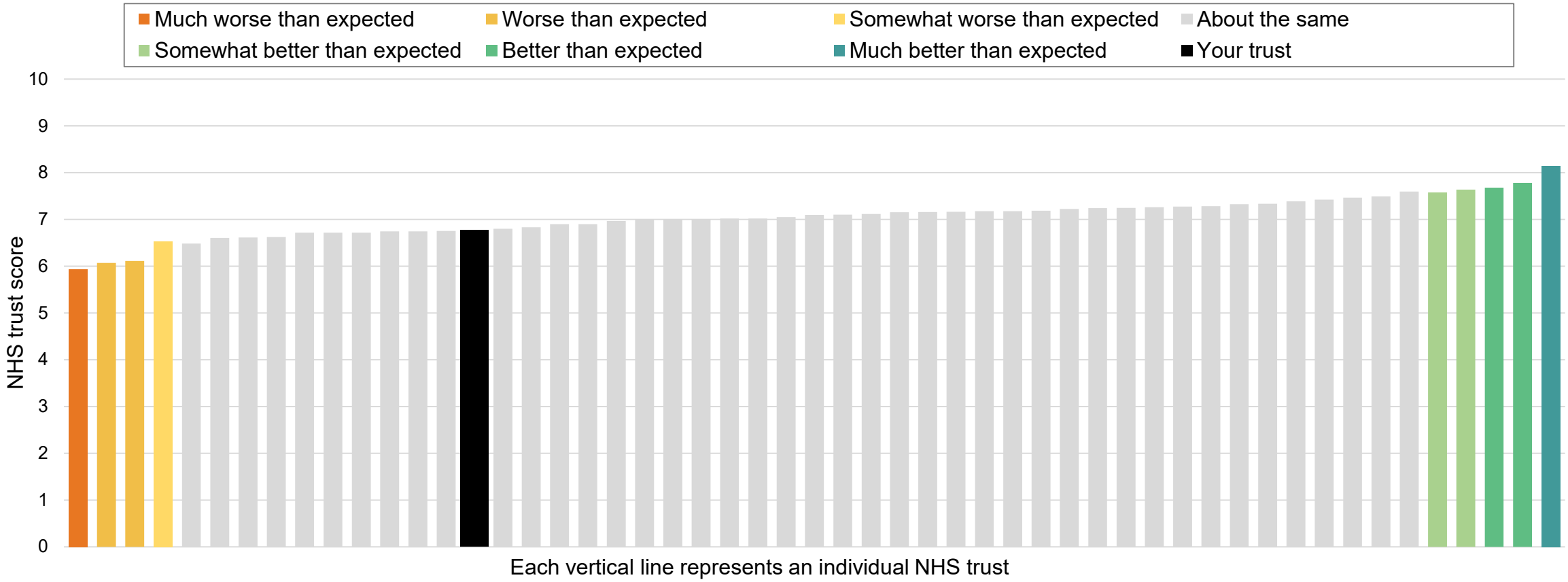


			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	217	6.2	6.1	5.0	7.6
Worse than expected	168	6.7	7.4	6.7	8.3
Worse than expected	167	6.4	7.0	6.3	8.0

Section 4. Reviewing care

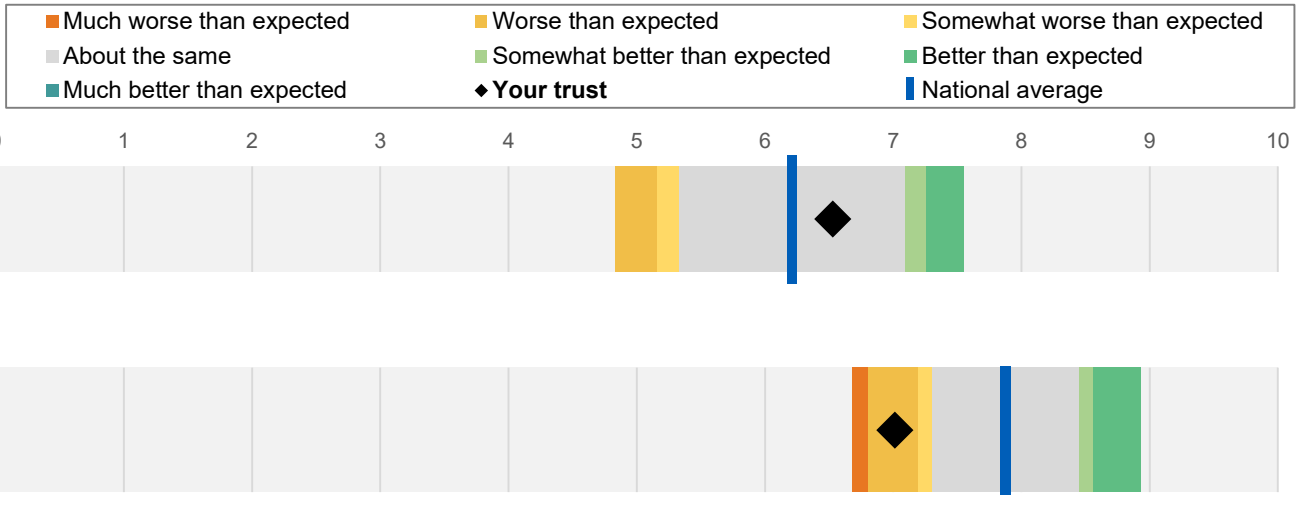
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.8 About the same



Section 4. Reviewing care (continued)

Question scores



		All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q18. In the last 12 months, have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?	171	6.5	6.2	4.8	7.6
Q19. Did you feel that decisions were made together by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).	110	7.0	7.9	6.7	8.9

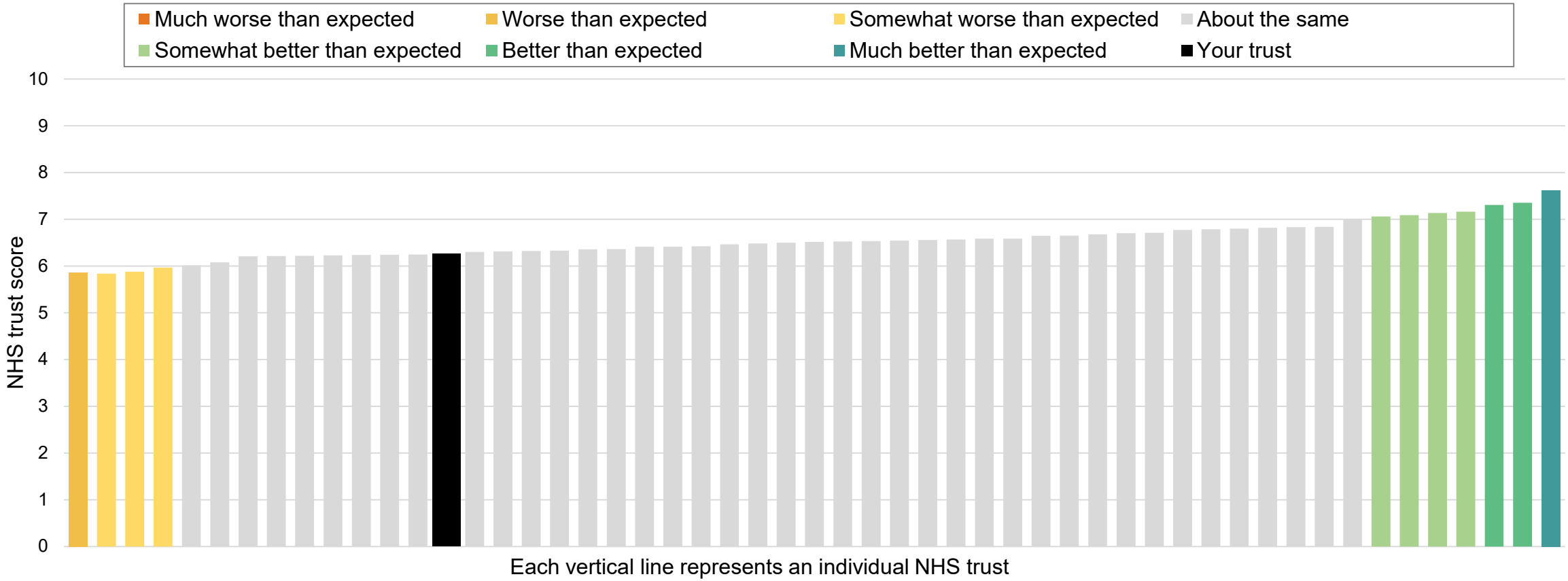
About the same

Worse than expected

Section 5. Crisis care

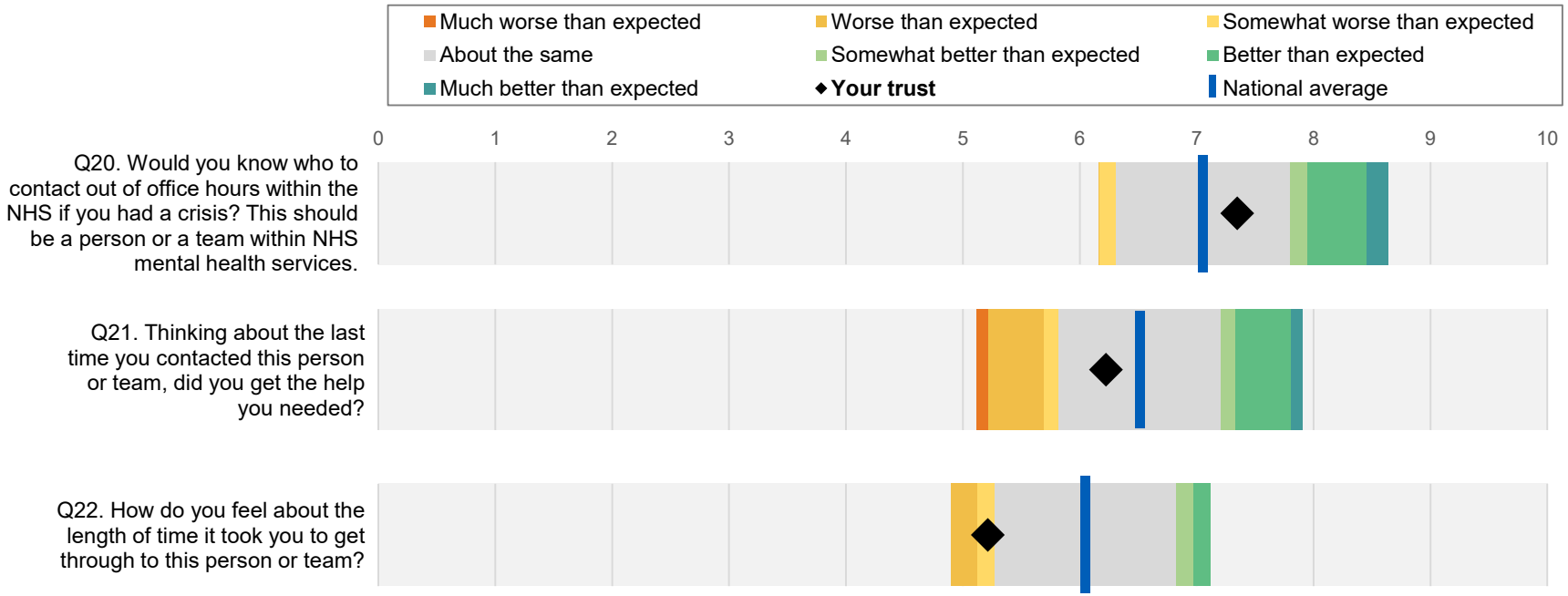
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.3 About the same



Section 5. Crisis care (continued)

Question scores

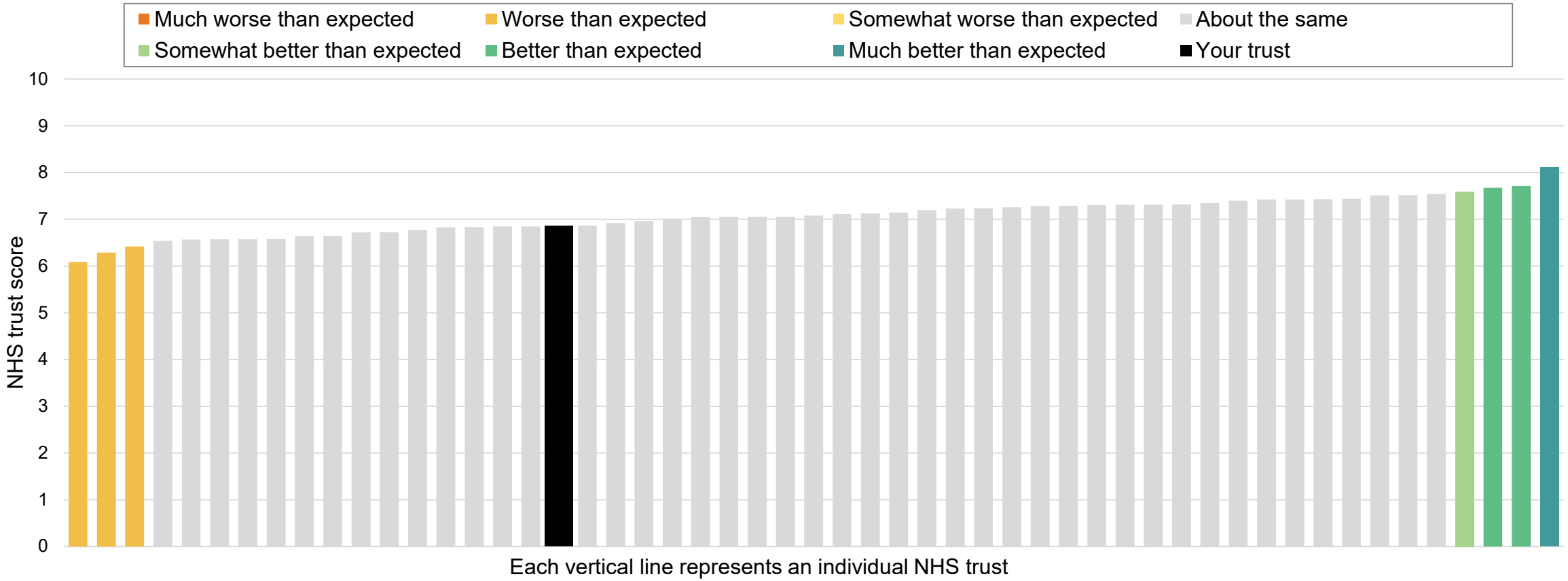


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same: 194	7.3	7.1	6.2	8.6
About the same: 111	6.2	6.5	5.1	7.9
Somewhat worse than expected: 94	5.2	6.0	4.9	7.1

Section 6. Medicines

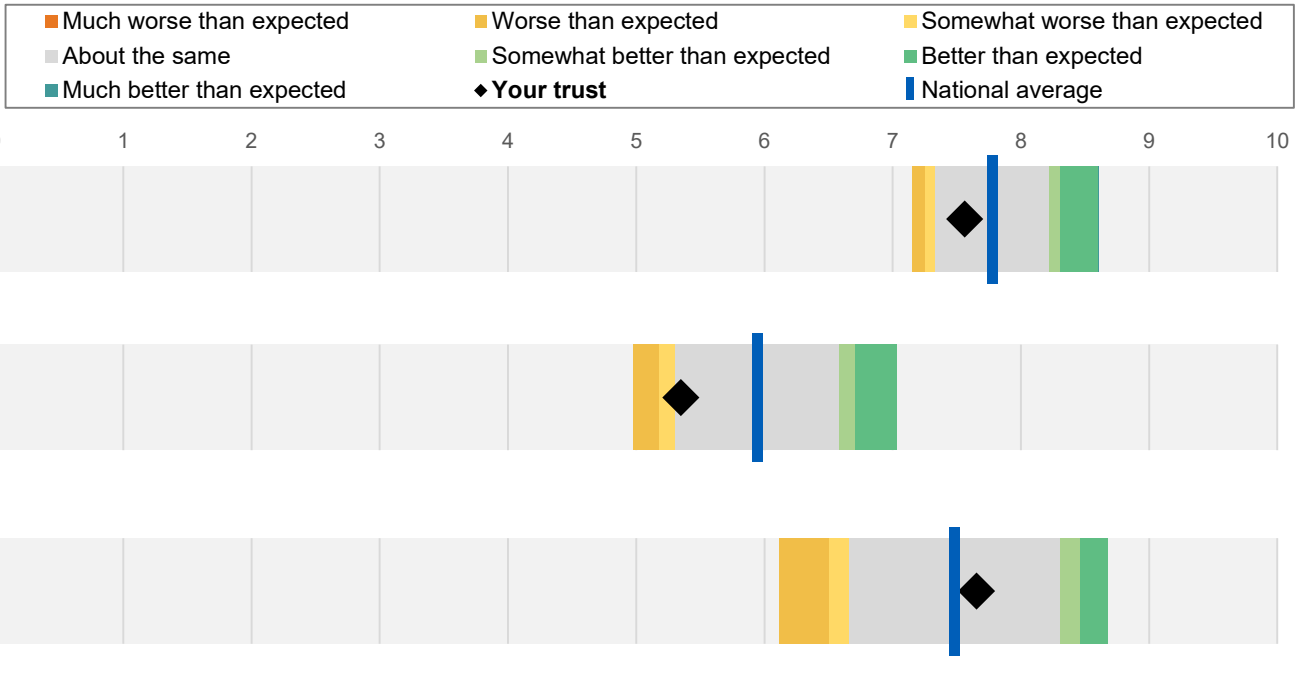
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.9 About the same



Section 6. Medicines (continued)

Question scores



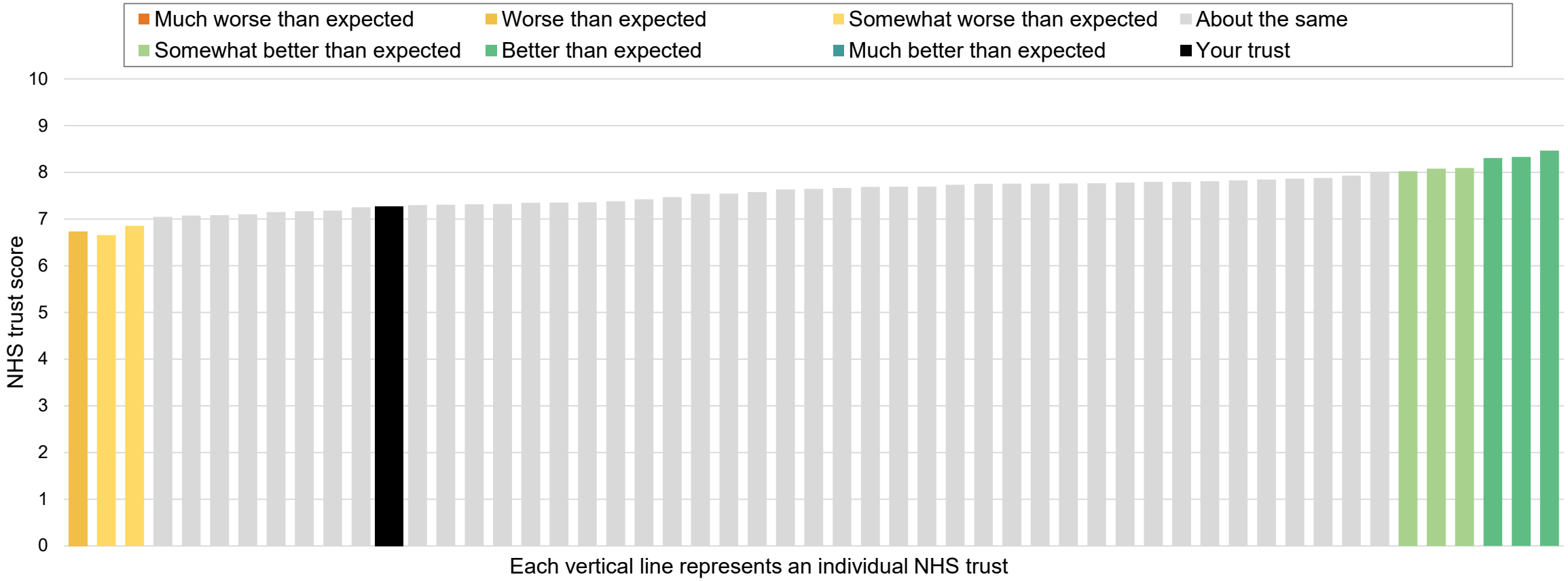
		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q24. Has the purpose of your medicines ever been discussed with you?	187	7.6	7.8	7.2	8.6
Q25. Have the possible side effects of your medicines ever been discussed with you?	184	5.3	5.9	5.0	7.0
Q27. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?).	145	7.7	7.5	6.1	8.7

About the same

Section 7. NHS Talking Therapies

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 7.3 About the same



Section 7. NHS Talking Therapies (continued)

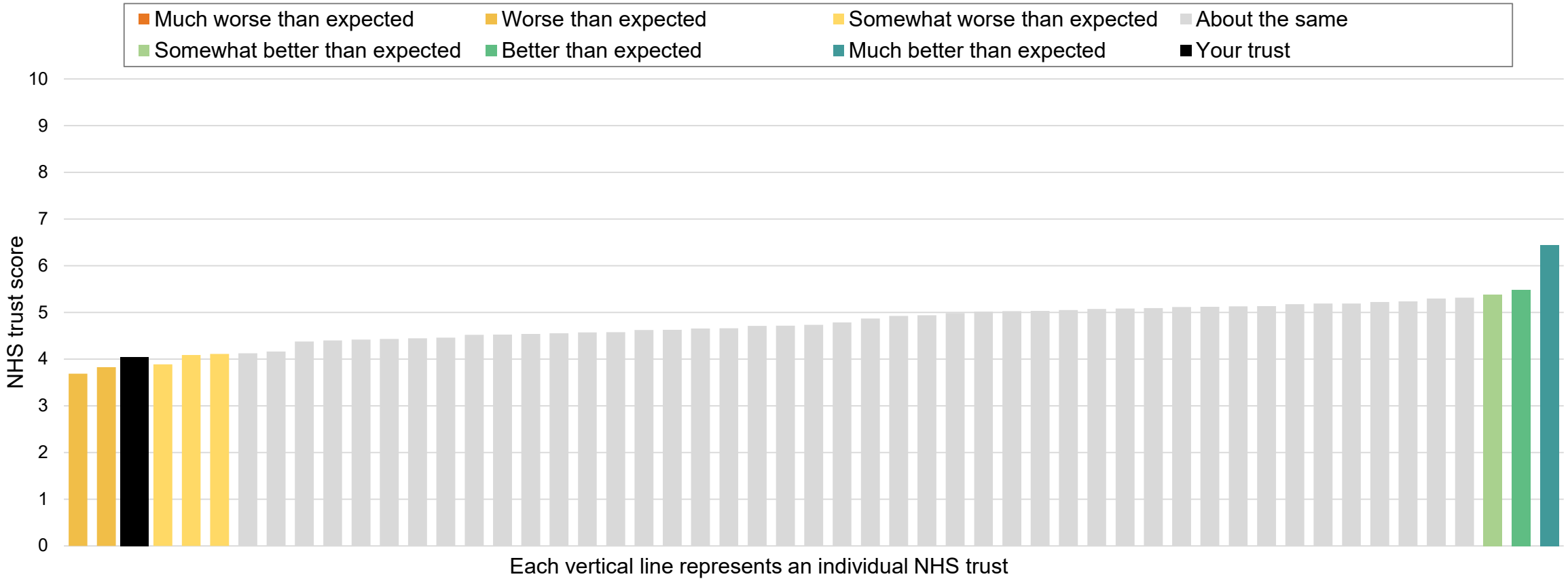
Question scores

		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
Q29. Were these NHS talking therapies explained to you in a way you could understand?				
75	7.9	8.1	6.8	8.8
About the same				
Q30. Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?				
75	6.6	7.0	6.1	8.2
About the same				

Section 8. Support and wellbeing

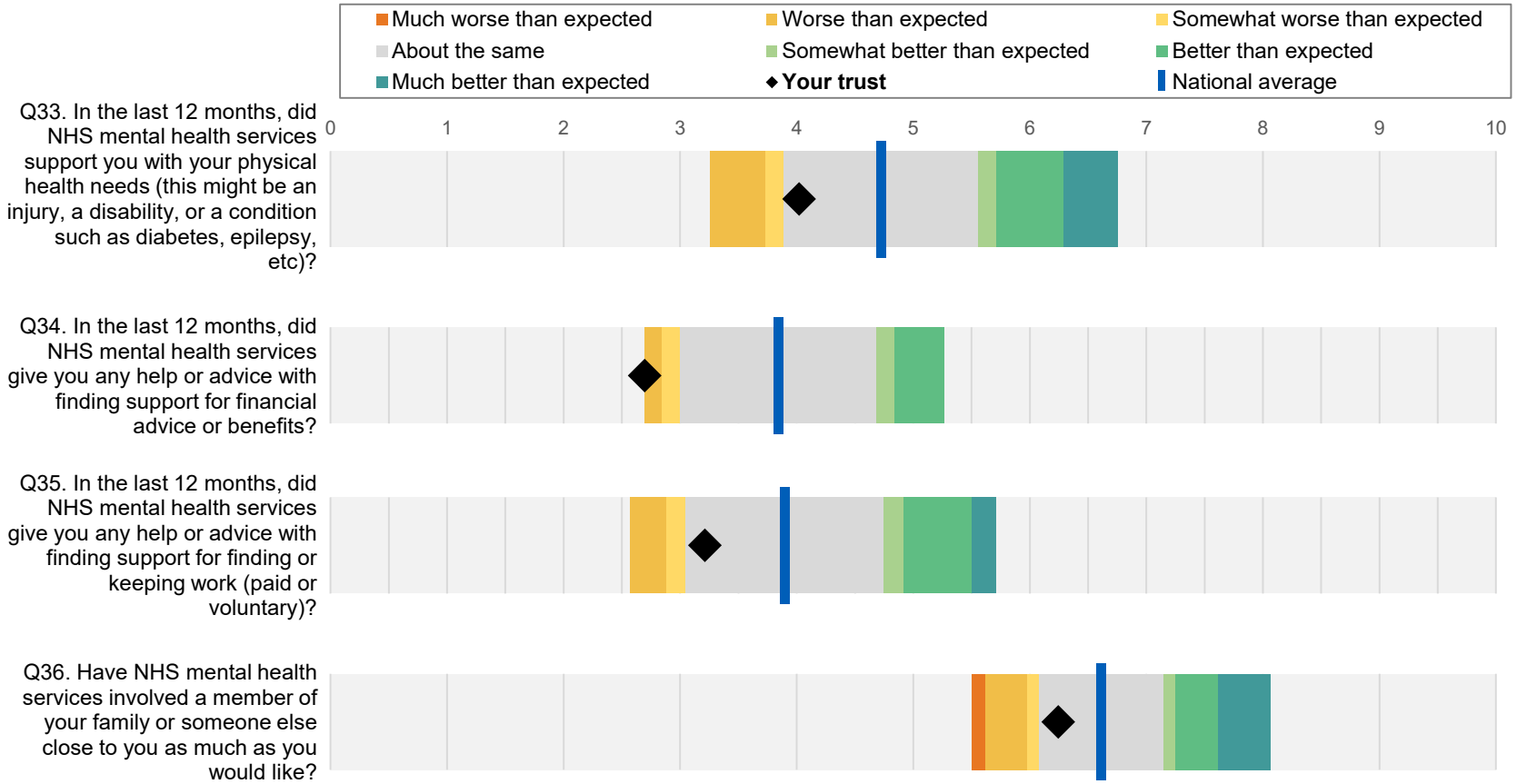
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 4.0 Worse than expected



Section 8. Support and wellbeing (continued)

Question scores

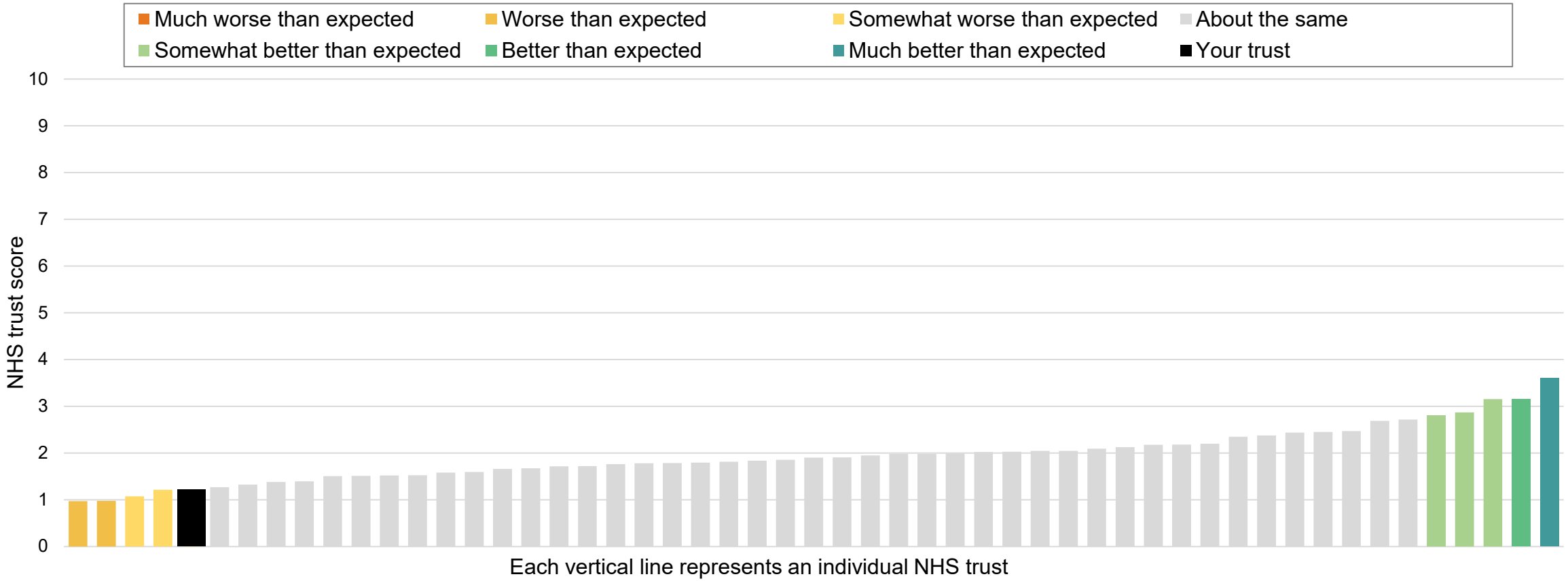


		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q33. In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)? — About the same	120	4.0	4.7	3.3	6.8
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits? — Worse than expected	118	2.7	3.8	2.7	5.3
Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)? — About the same	59	3.2	3.9	2.6	5.7
Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? — About the same	161	6.2	6.6	5.5	8.1

Section 9. Feedback

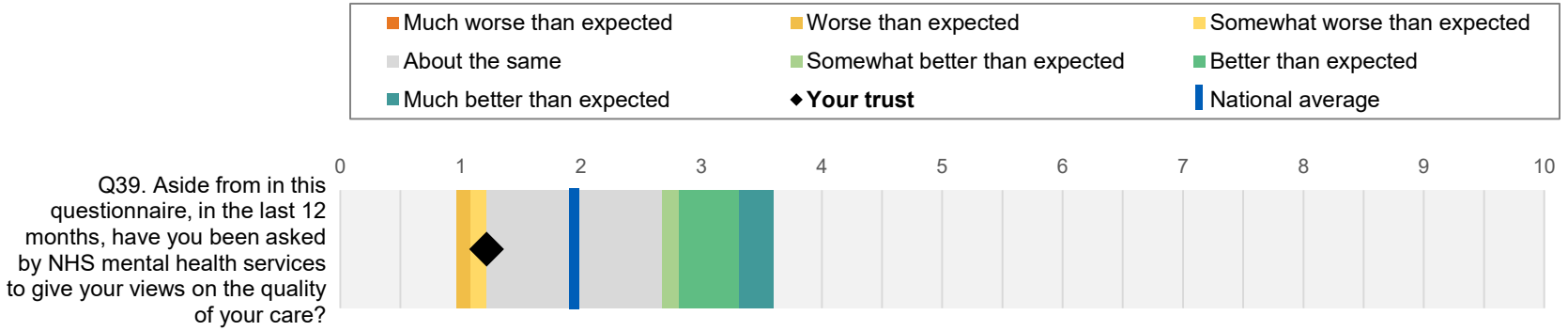
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 1.2 Somewhat worse than expected



Section 9. Feedback (continued)

Question scores



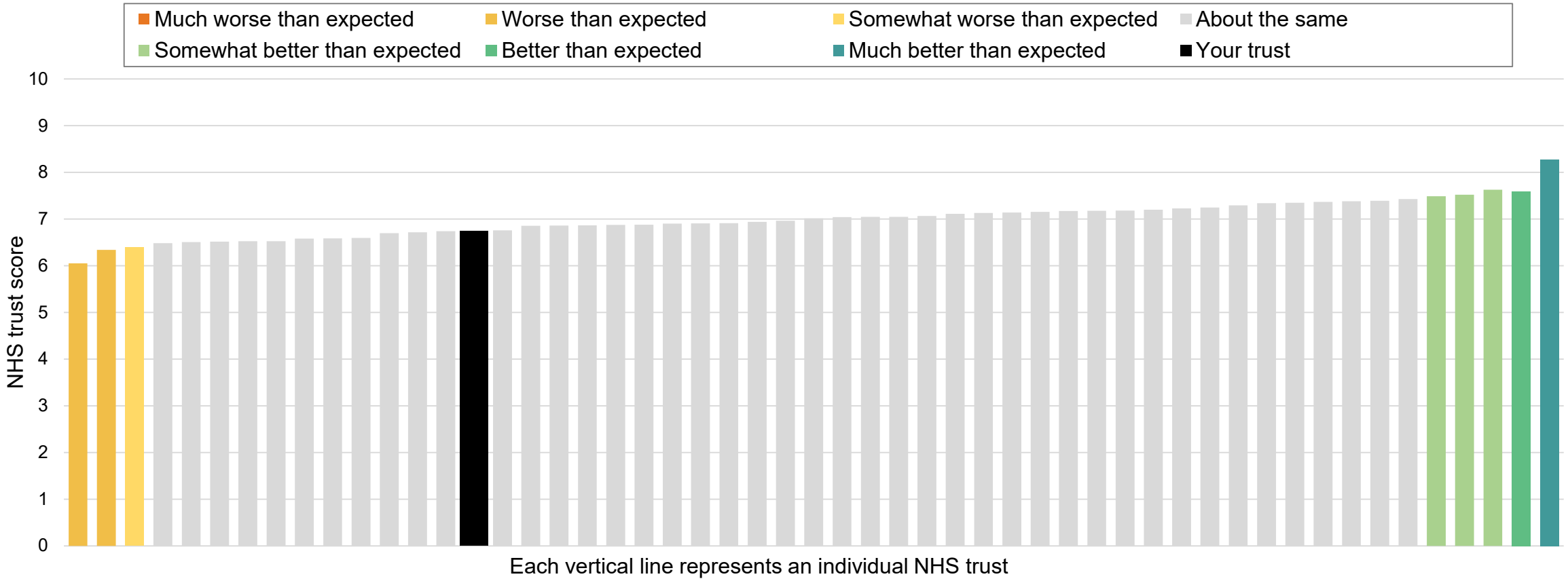
Somewhat worse than expected

	All trusts in England			
Number of respondents	Your trust	National average	Lowest score	Highest score
189	1.2	1.9	1.0	3.6

Section 10. Overall views of care and services

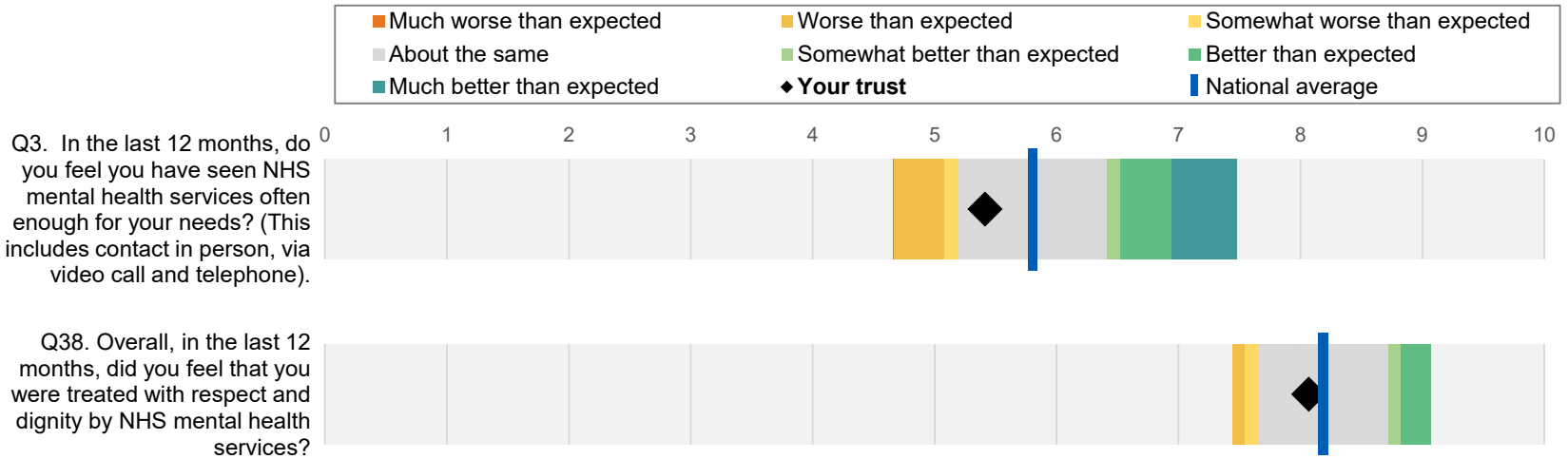
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.7 About the same



Section 10. Overall views of care and services (continued)

Question scores

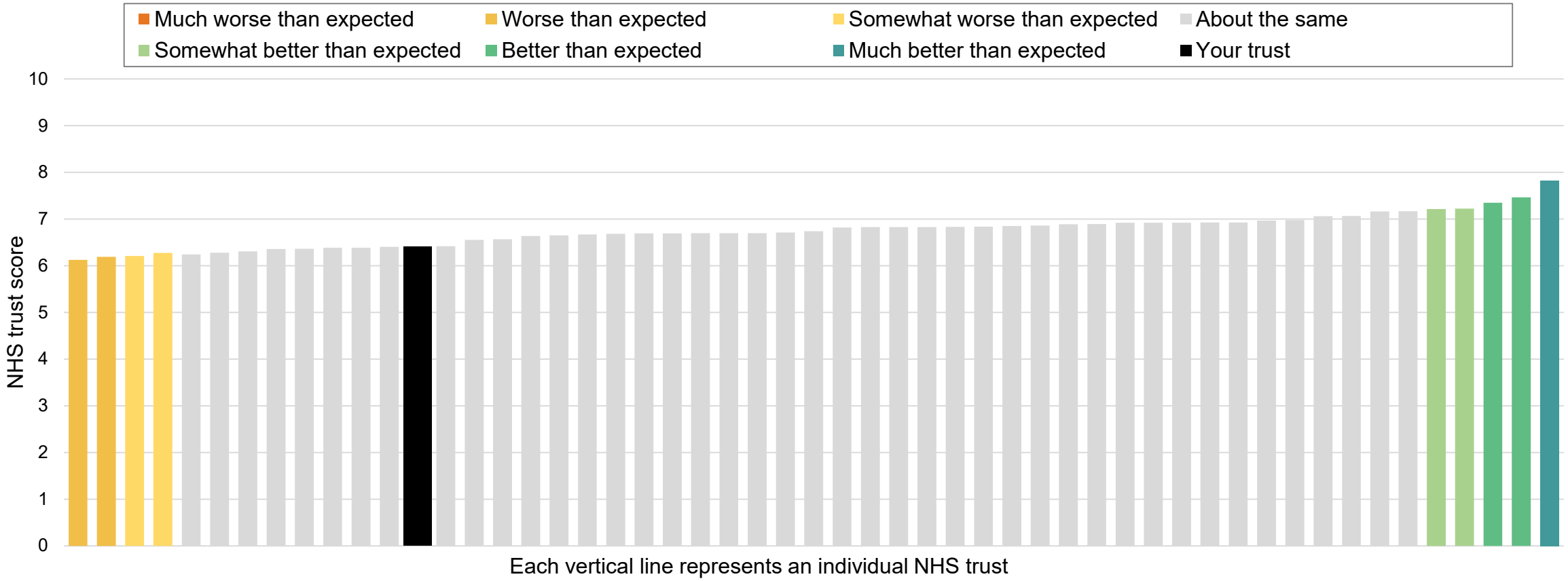


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
Q3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone).				
227	5.4	5.8	4.7	7.5
About the same				
Q38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?				
224	8.1	8.2	7.4	9.1
About the same				

Section 11. Overall experience

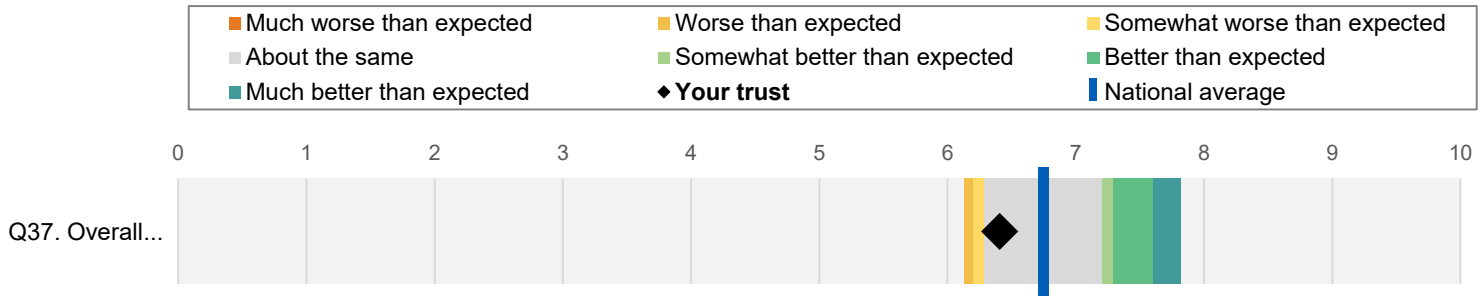
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.4 About the same



Section 11. Overall experience (continued)

Question scores



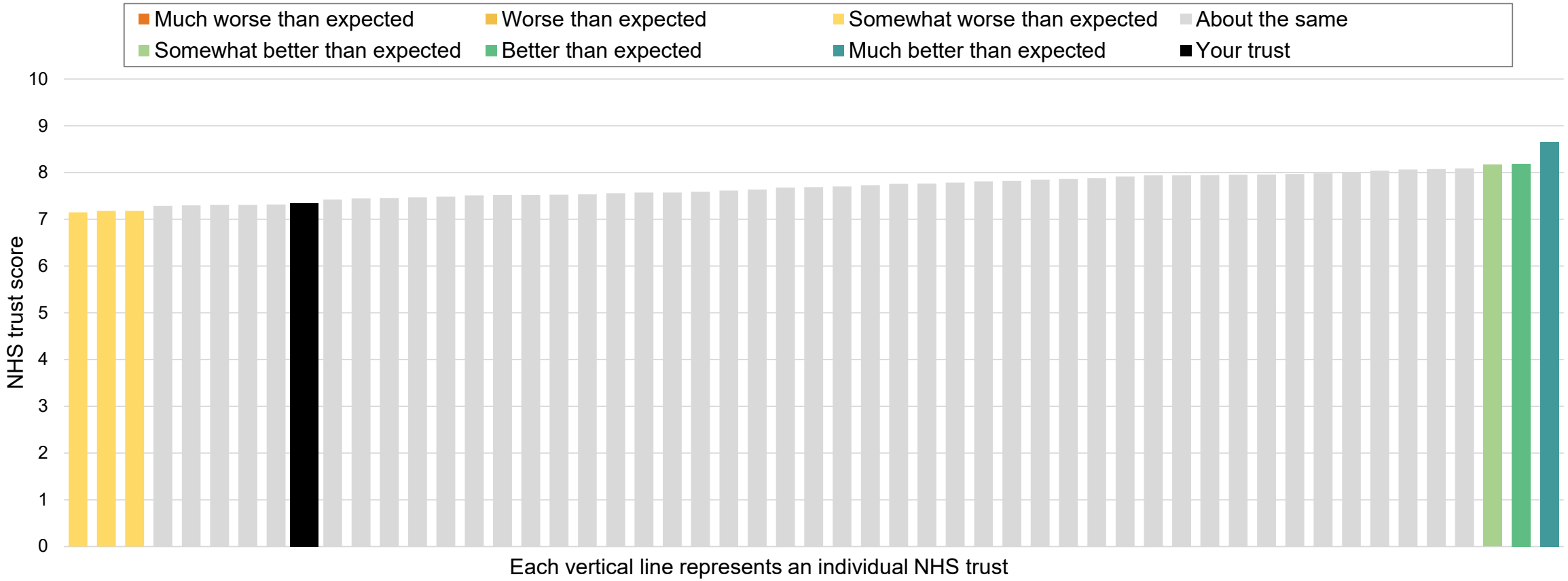
About the same

	All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
213	6.4	6.7	6.1	7.8

Section 12. Responsive care

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 7.4 About the same



Section 12. Responsive care

Question scores

		All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	229	7.3	7.2	6.2	8.6
Worse than expected	166	7.4	8.2	7.4	8.8

Change over time

This section includes:

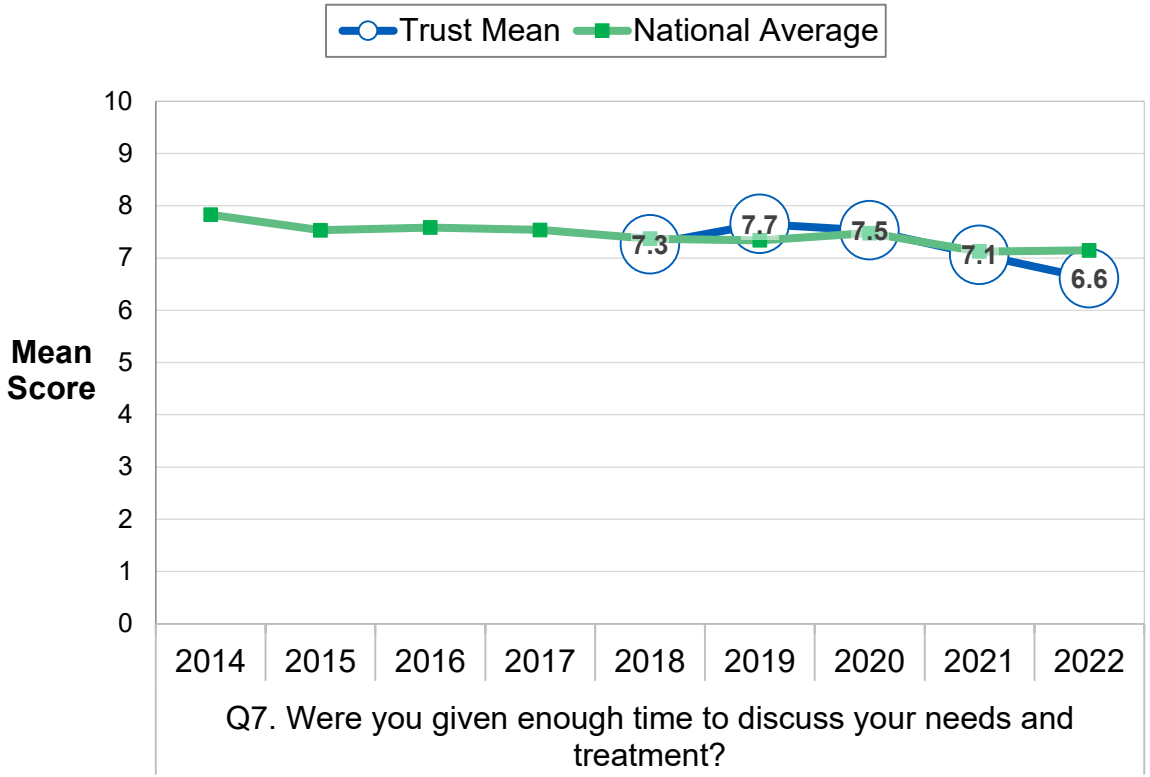
- a comparison to previous survey years scores for your trust for each question, including:
  - your trust's 2022 score compared with its scores from 2014 to 2021.

Please note;

- Section 3 planning care, appears missing from the change over time section as the questions that comprise the section score are non comparable to previous survey years and therefore do not display trends.
- If data is missing for a survey year, this is due to a low number of responses, or because the trust data was not included in the survey that year, due to sampling errors or ineligibility.

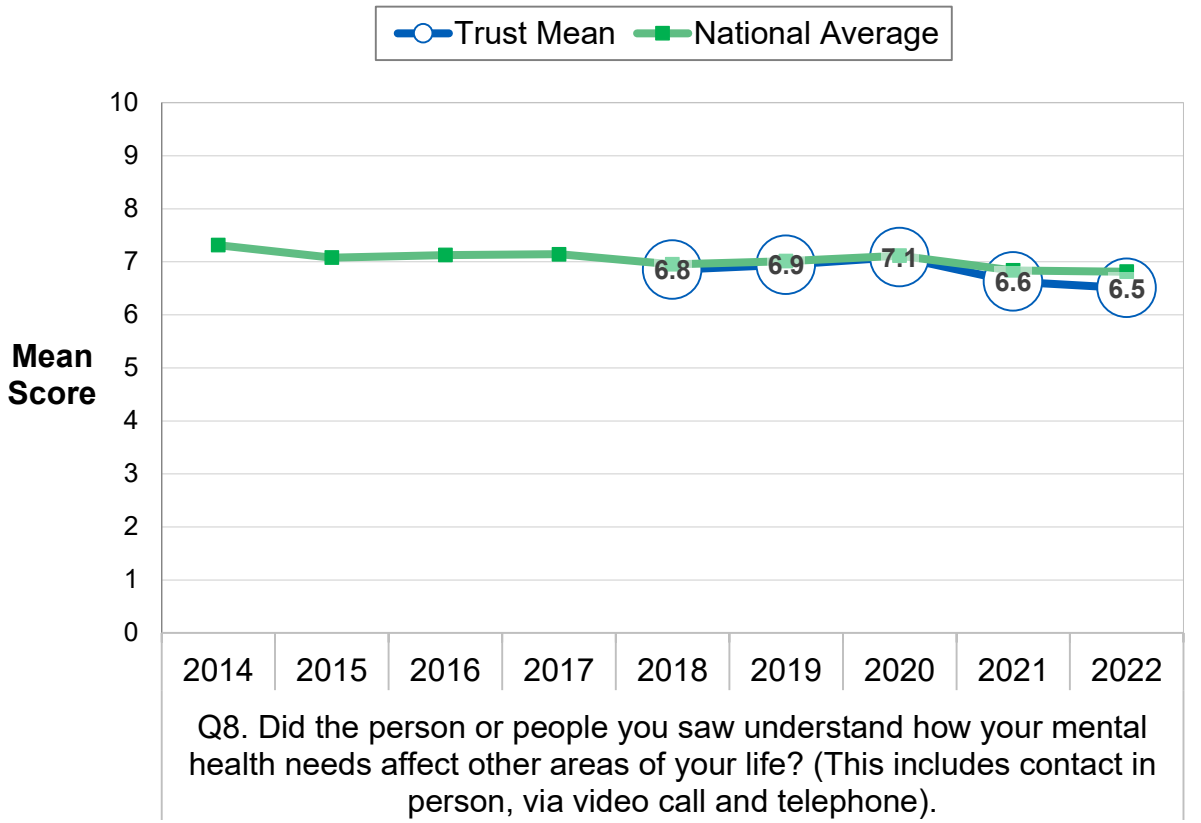
Section 1. Health and social care workers

Question scores



Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 223; 2019: 209; 2020: 302; 2021: 302; 2022: 223

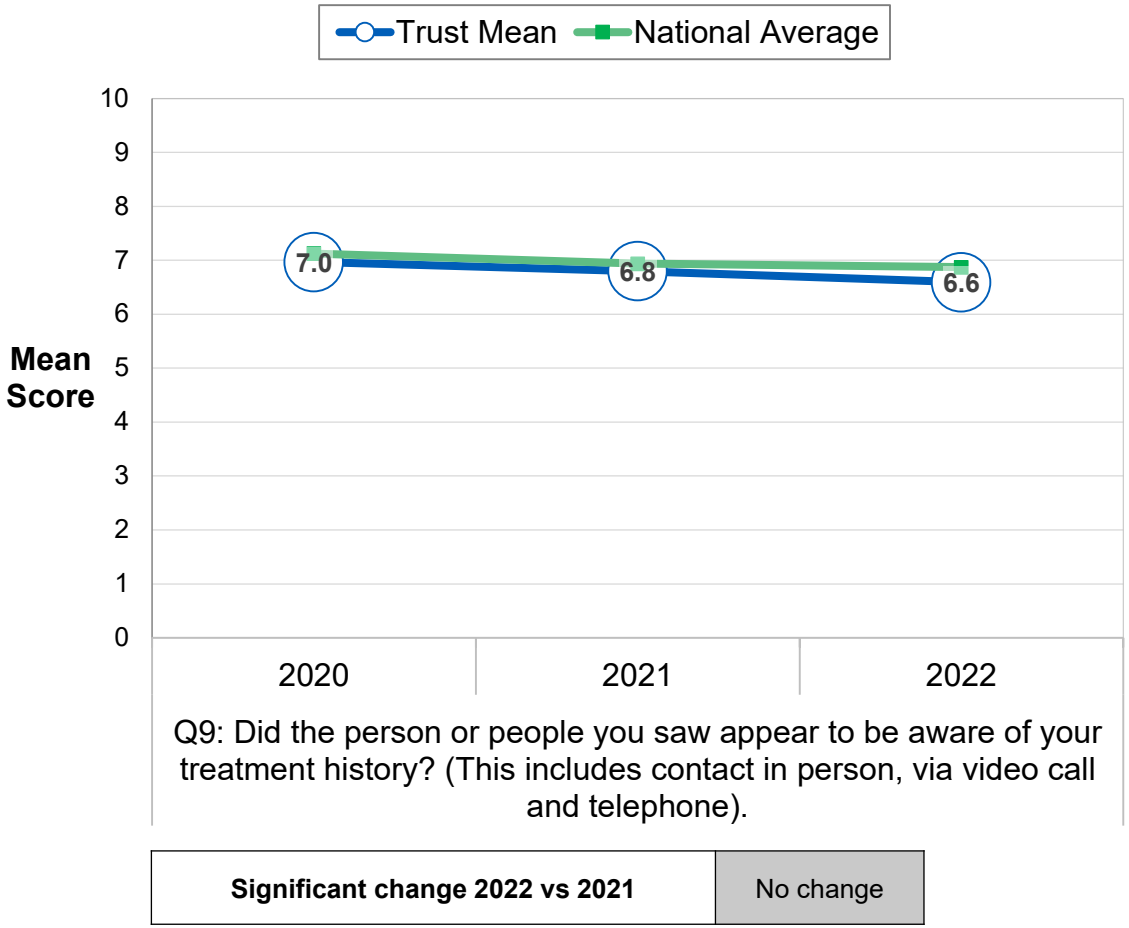


Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 223; 2019: 206; 2020: 302; 2021: 300; 2022: 219

Section 1. Health and social care workers

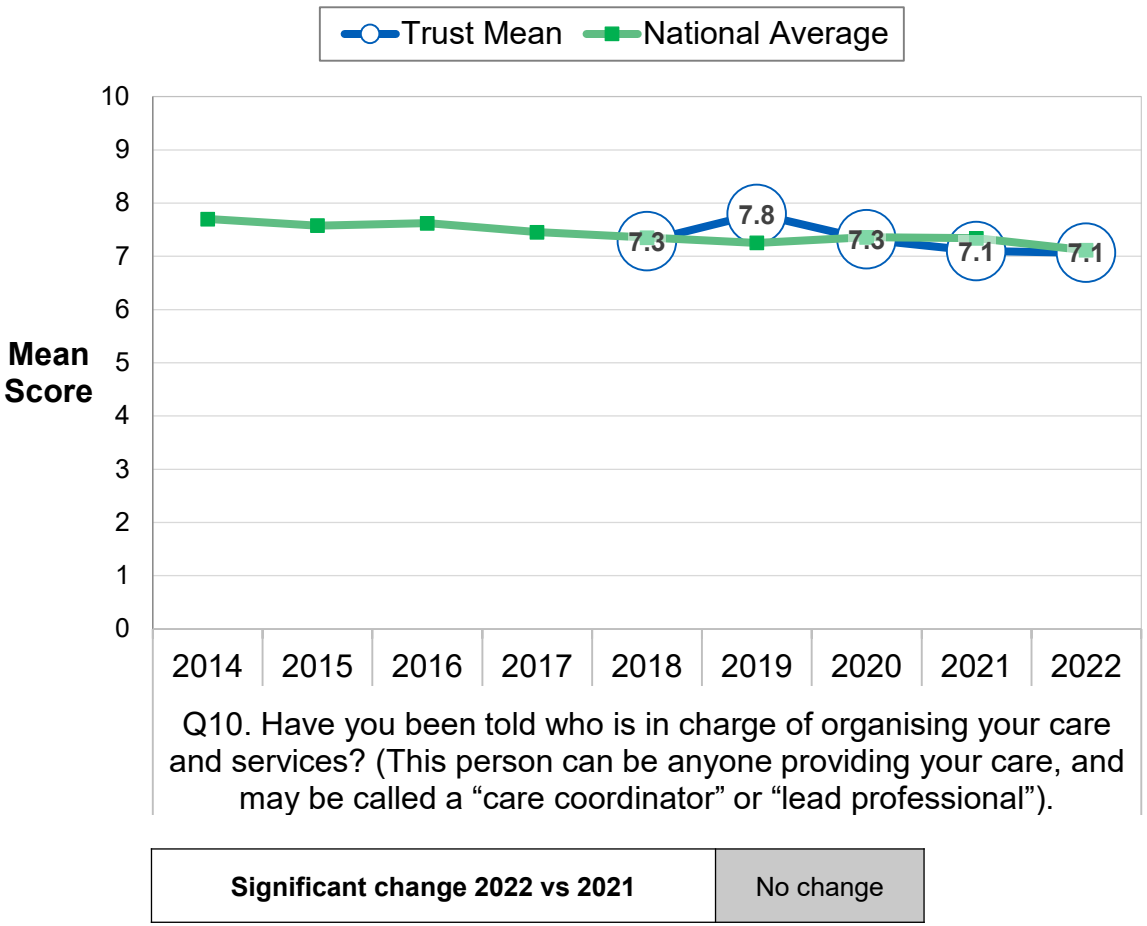
Question scores



Answered by all. Respondents who stated that they didn't know / couldn't remember or that they had no treatment prior to this have been excluded.
Number of respondents: 2020: 290; 2021: 293; 2022: 207

Section 2. Organising care

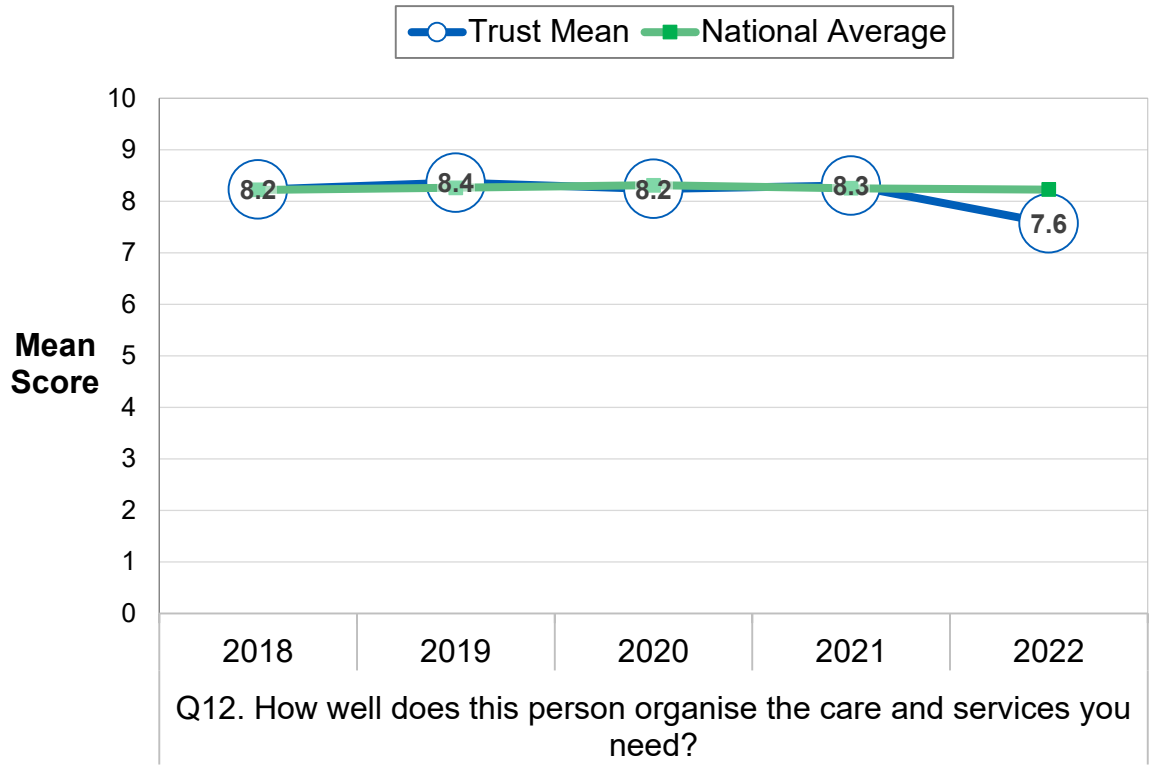
Question scores



Q10. Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a “care coordinator” or “lead professional”).

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they weren’t sure have been excluded.
Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 193; 2019: 181; 2020: 251; 2021: 253; 2022: 194



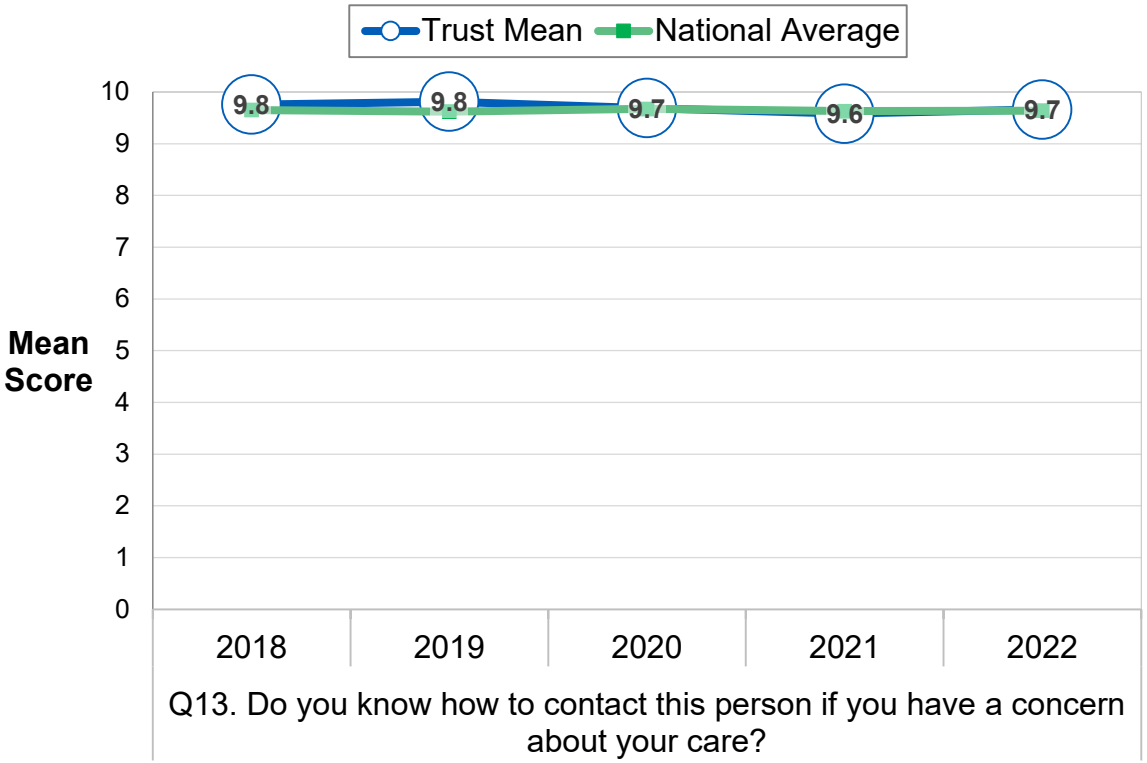
Q12. How well does this person organise the care and services you need?

Significant change 2022 vs 2021	Decrease

Answered by those who have been told who is in charge of organising their care and services, and the person in charge is not a GP.
Number of respondents: 2018: 121; 2019: 114; 2020: 150; 2021: 142; 2022: 108

Section 2. Organising care

Question scores

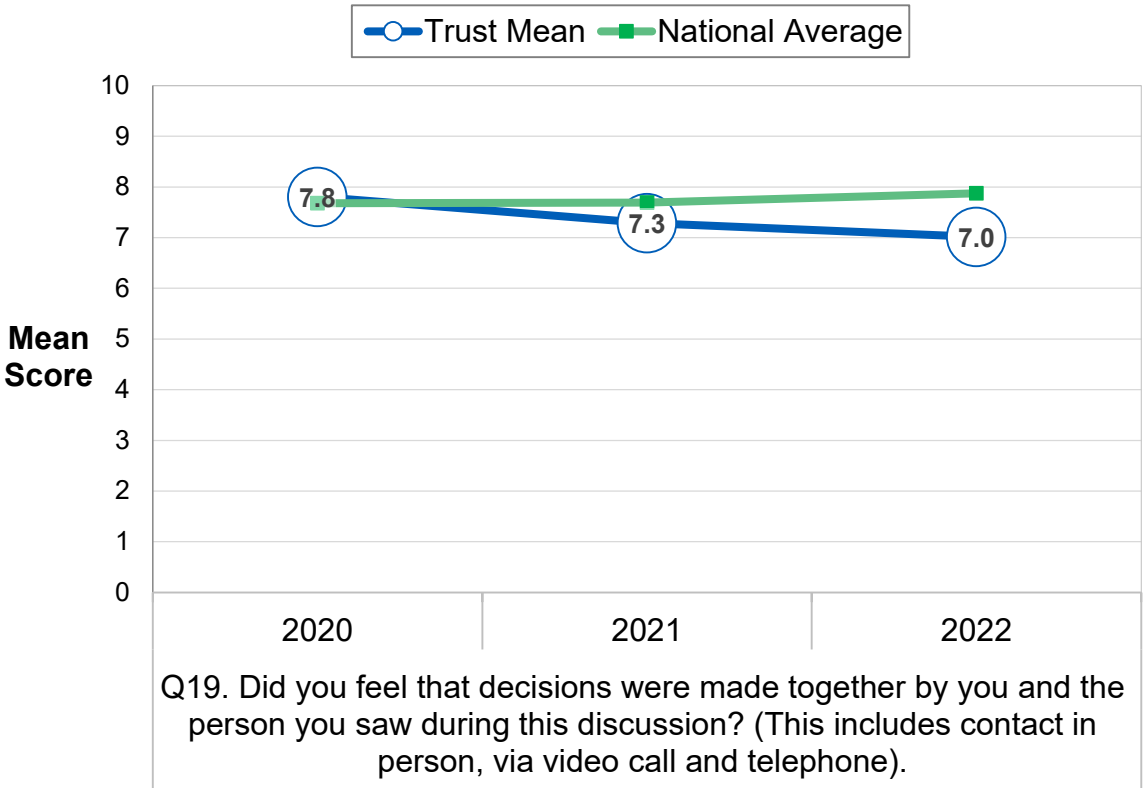


Significant change 2022 vs 2021	No change

Answered by those who have been told who is in charge of organising their care and services, and the person in charge is not a GP. Respondents who stated that they weren't sure have been excluded.
Number of respondents: 2018: 118; 2019: 110; 2020: 148; 2021: 138; 2022: 107

Section 4. Reviewing care

Question scores

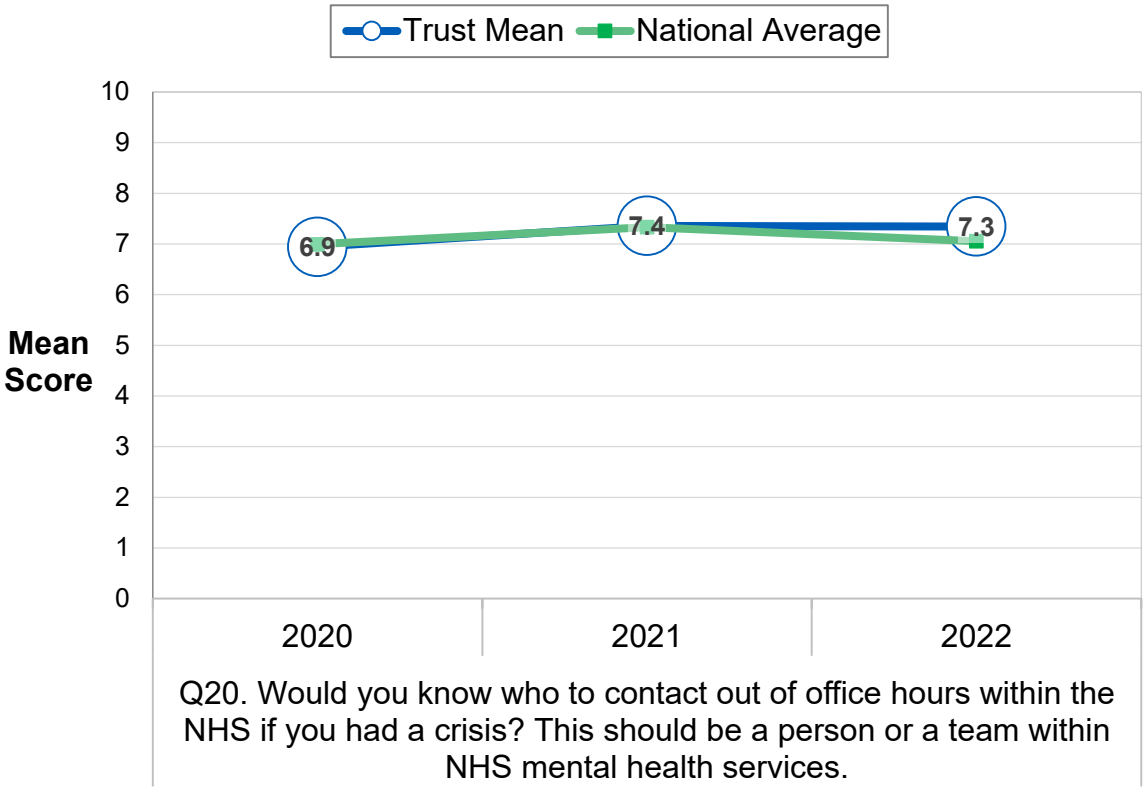


Significant change 2022 vs 2021	No change

Answered by those who felt that decisions were made together with the person they saw during this discussion. Respondents who stated that they didn't know / couldn't remember or did not want to be involved in making decisions have been excluded.
Number of respondents: 2020: 174; 2021: 159; 2022: 110

Section 5. Crisis Care

Question scores

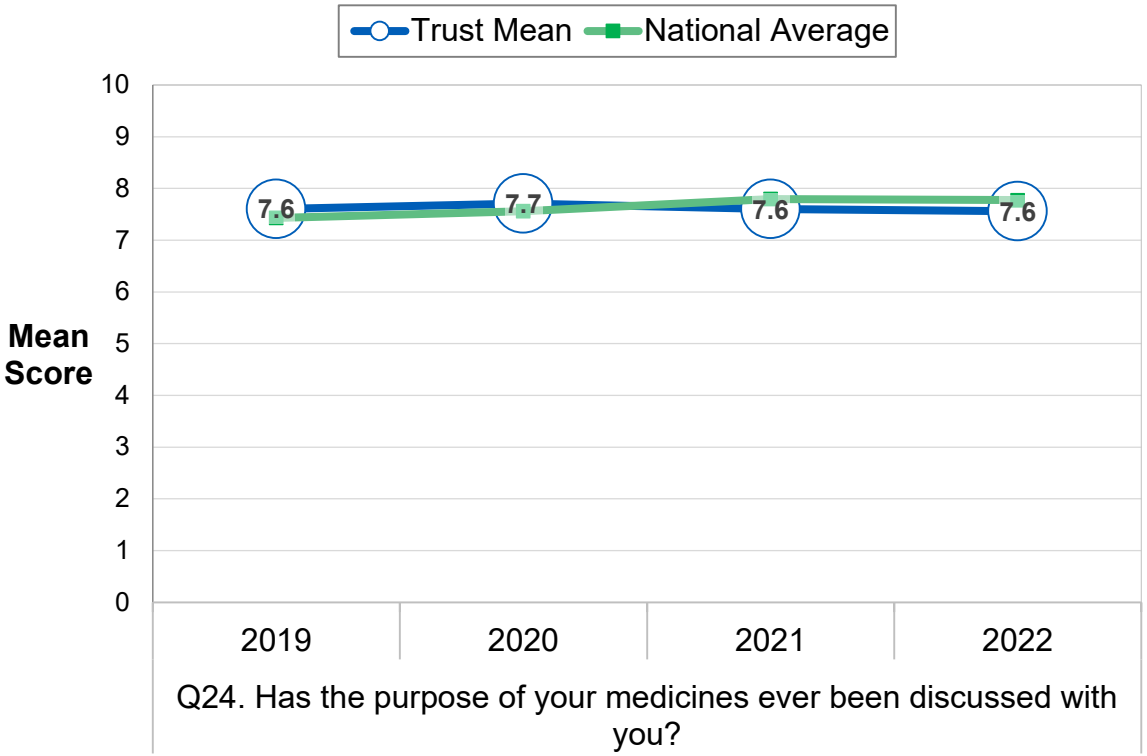


Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they weren't sure have been excluded.
Number of respondents: 2020: 269; 2021: 278; 2022: 194

Section 6. Medicines

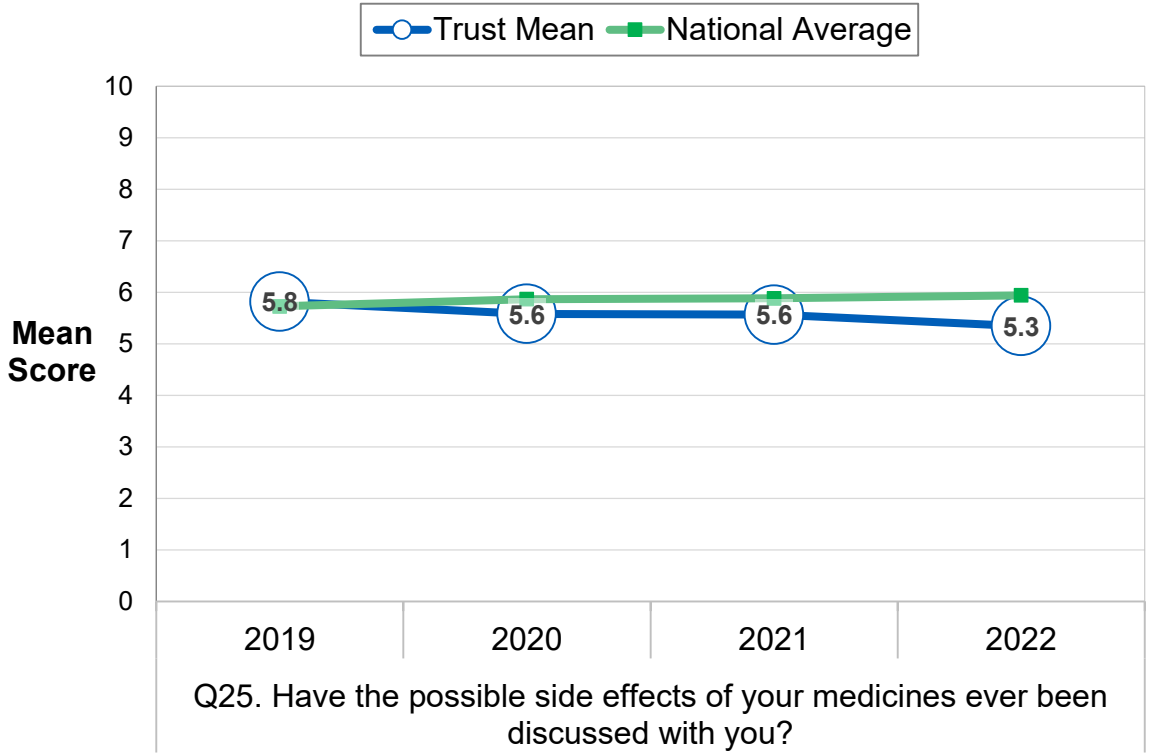
Question scores



Q24. Has the purpose of your medicines ever been discussed with you?

Significant change 2022 vs 2021	No change

Answered by those who have been receiving any medicines in the last 12 months for their mental health needs. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2019: 176; 2020: 243; 2021: 259; 2022: 187



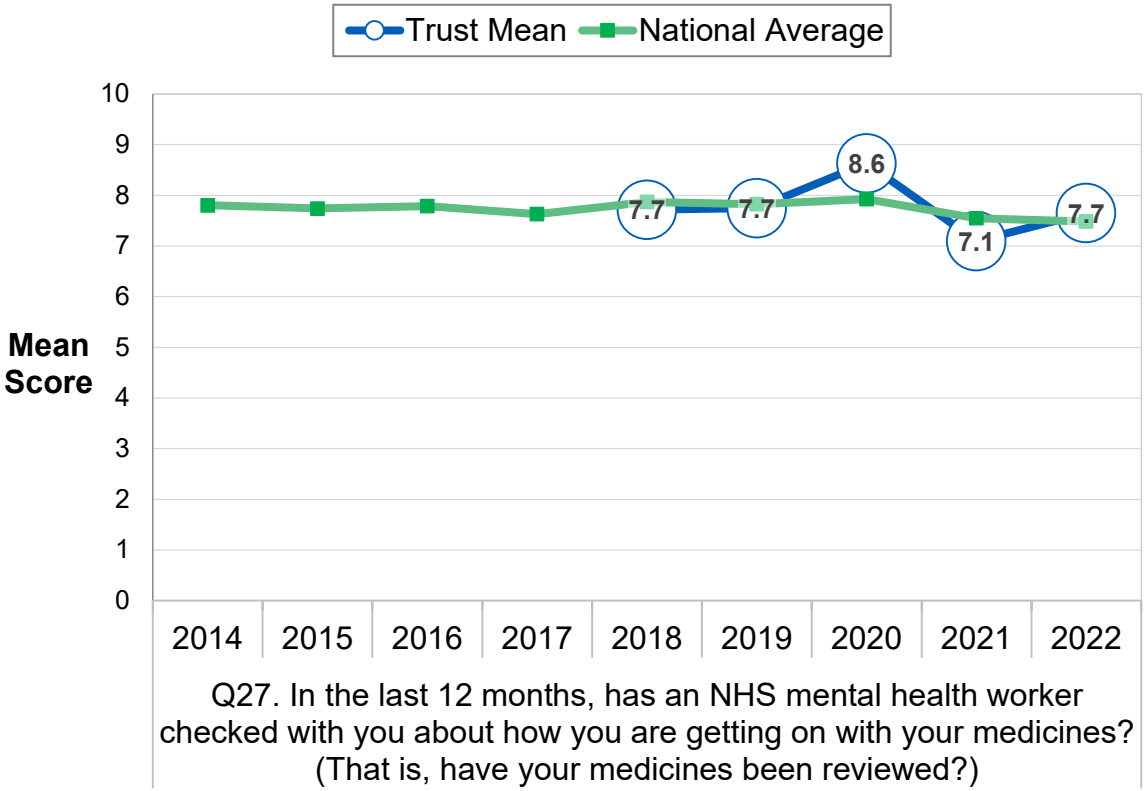
Q25. Have the possible side effects of your medicines ever been discussed with you?

Significant change 2022 vs 2021	No change

Answered by those who have been receiving any medicines in the last 12 months for their mental health needs. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2019: 177; 2020: 241; 2021: 252; 2022: 184

Section 6. Medicines

Question scores

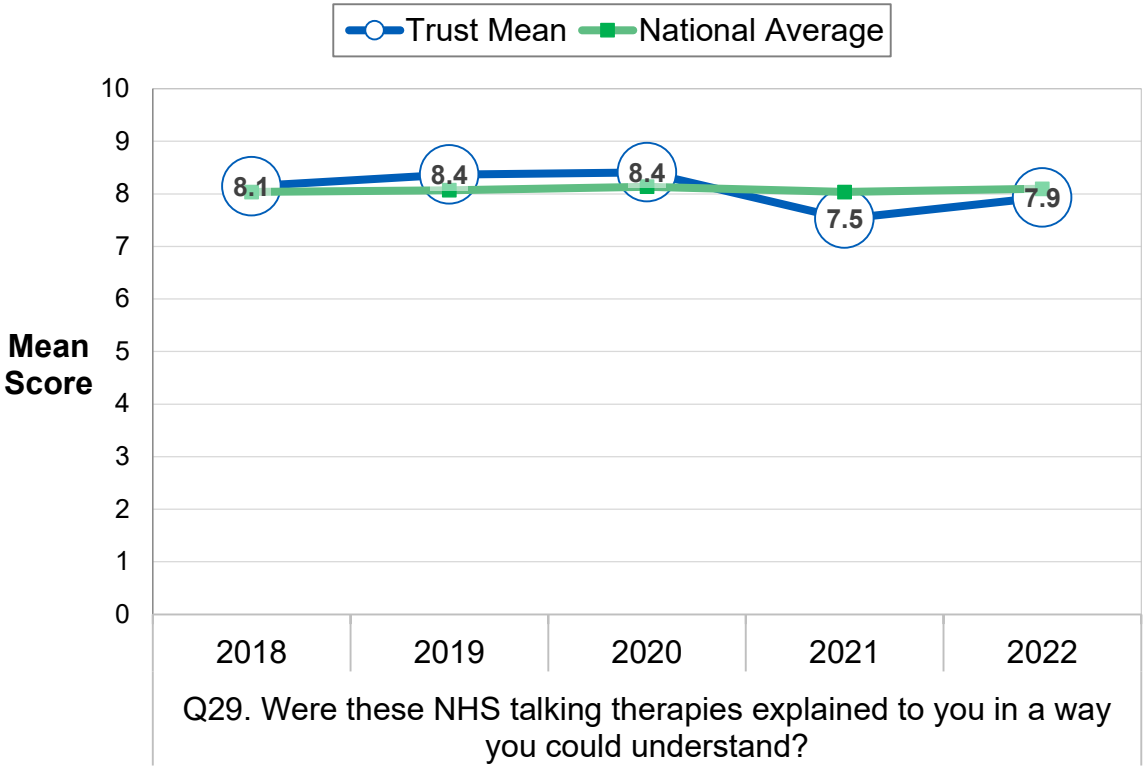


Significant change 2022 vs 2021	No change

Answered by those who have been receiving any medicines for 12 months or longer for their mental health needs. Respondents who stated that they didn't know / couldn't remember have been excluded. Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 155; 2019: 153; 2020: 200; 2021: 215; 2022: 145

Section 7. NHS Talking Therapies

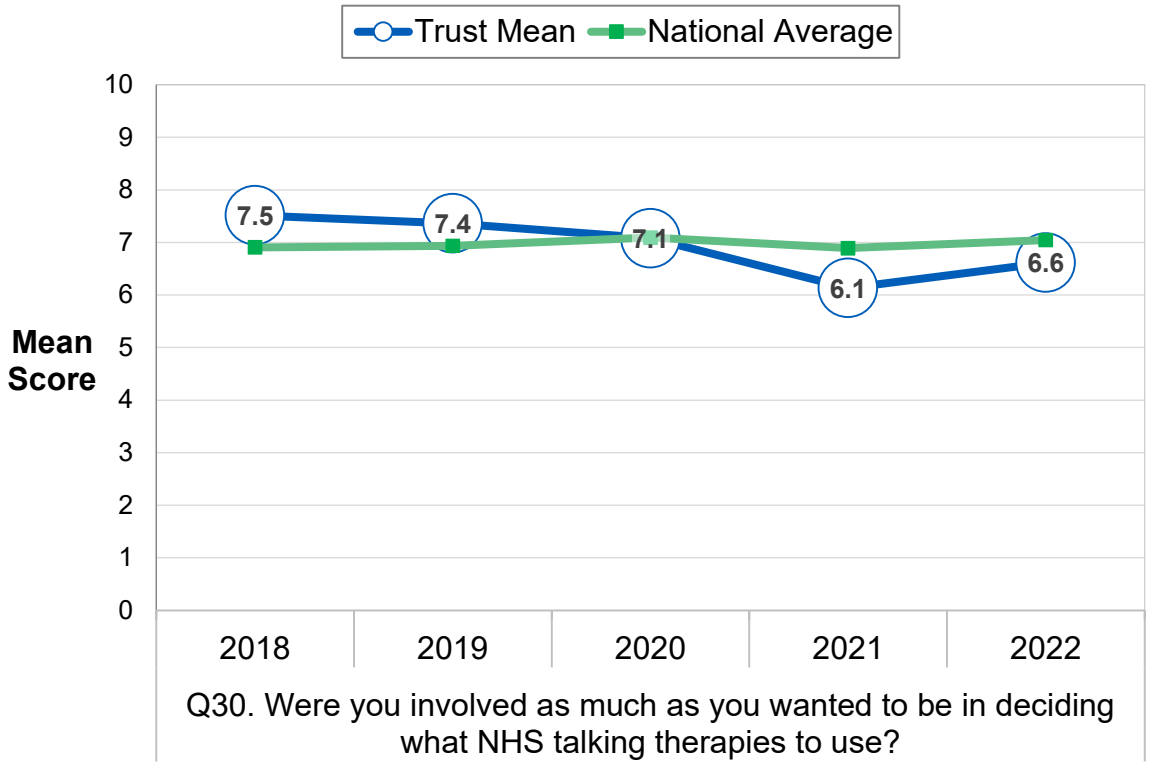
Question scores



Q29. Were these NHS talking therapies explained to you in a way you could understand?

Significant change 2022 vs 2021	No change

Answered by those who have received any NHS talking therapies in the last 12 months for their mental health needs. Respondents who stated that no explanation was needed have been excluded.
Number of respondents: 2018: 103; 2019: 83; 2020: 130; 2021: 103; 2022: 75



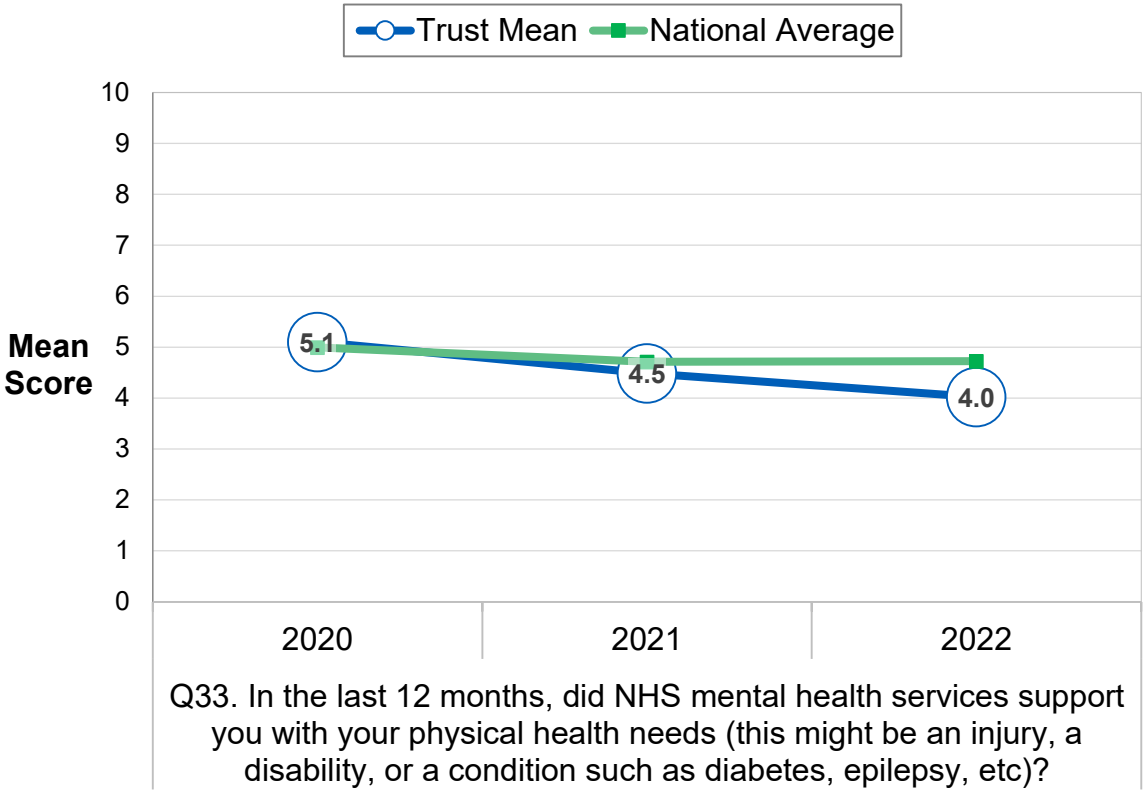
Q30. Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?

Significant change 2022 vs 2021	No change

Answered by those who have received any NHS talking therapies in the last 12 months for their mental health needs. Respondents who stated that they didn't know / couldn't remember or did not want to be involved have been excluded.
Number of respondents: 2018: 96; 2019: 81; 2020: 129; 2021: 100; 2022: 75

Section 8. Support and wellbeing

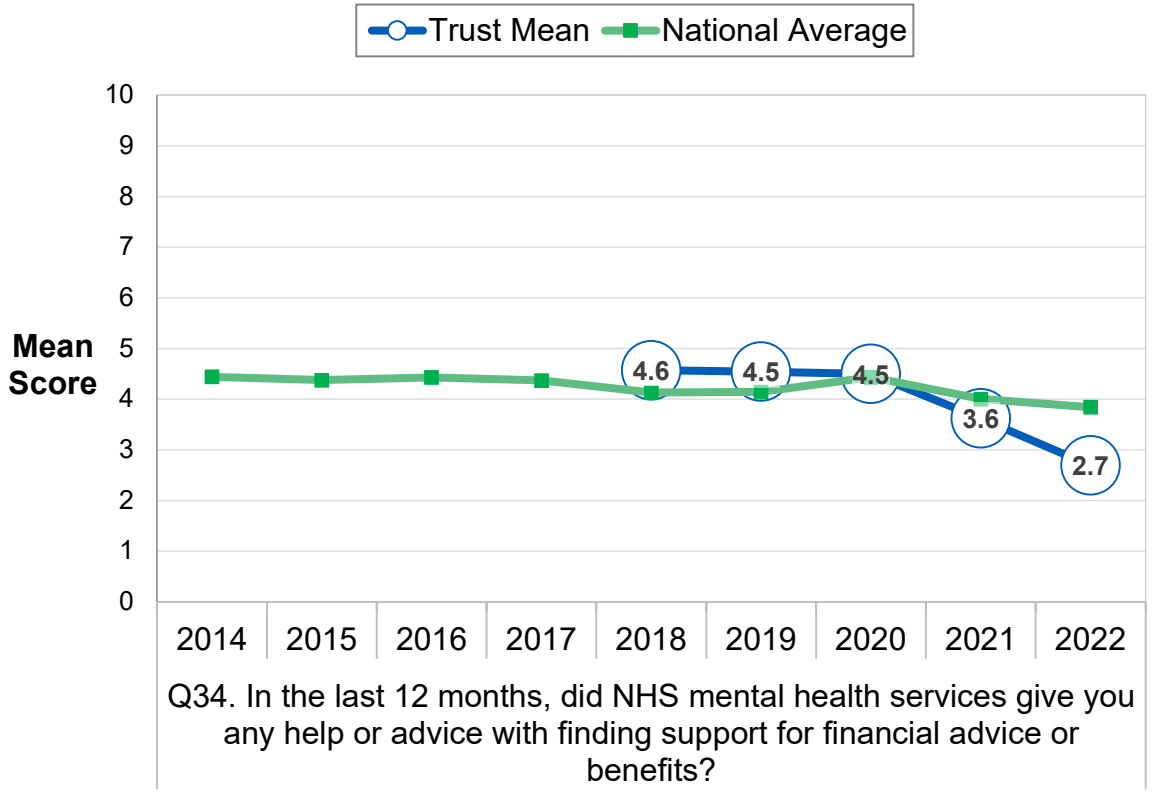
Question scores



Q33. In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they have support and did not need NHS mental health services to provide it, do not need support for this, or do not have physical health needs have been excluded. Number of respondents: 2020: 142; 2021: 144; 2022: 120



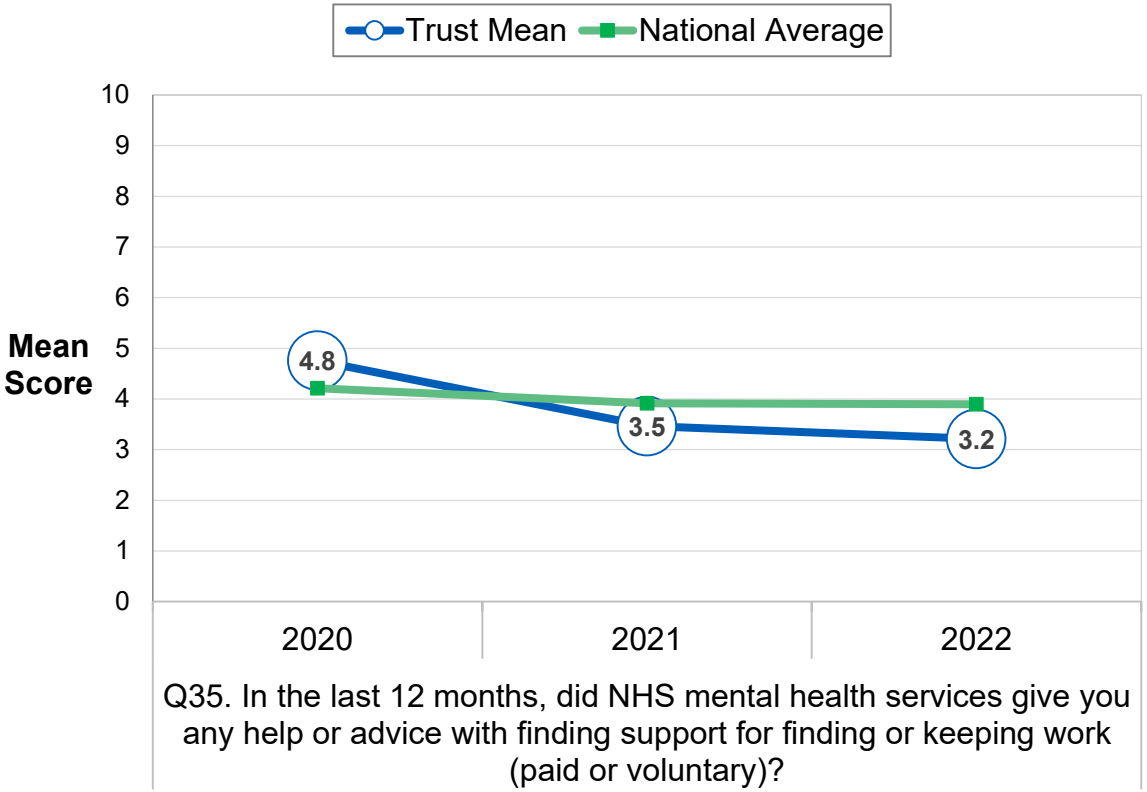
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they have support and did not need help / advice to find it, or do not need support for this have been excluded.
Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 140; 2019: 129; 2020: 167; 2021: 173; 2022: 118

Section 8. Support and wellbeing

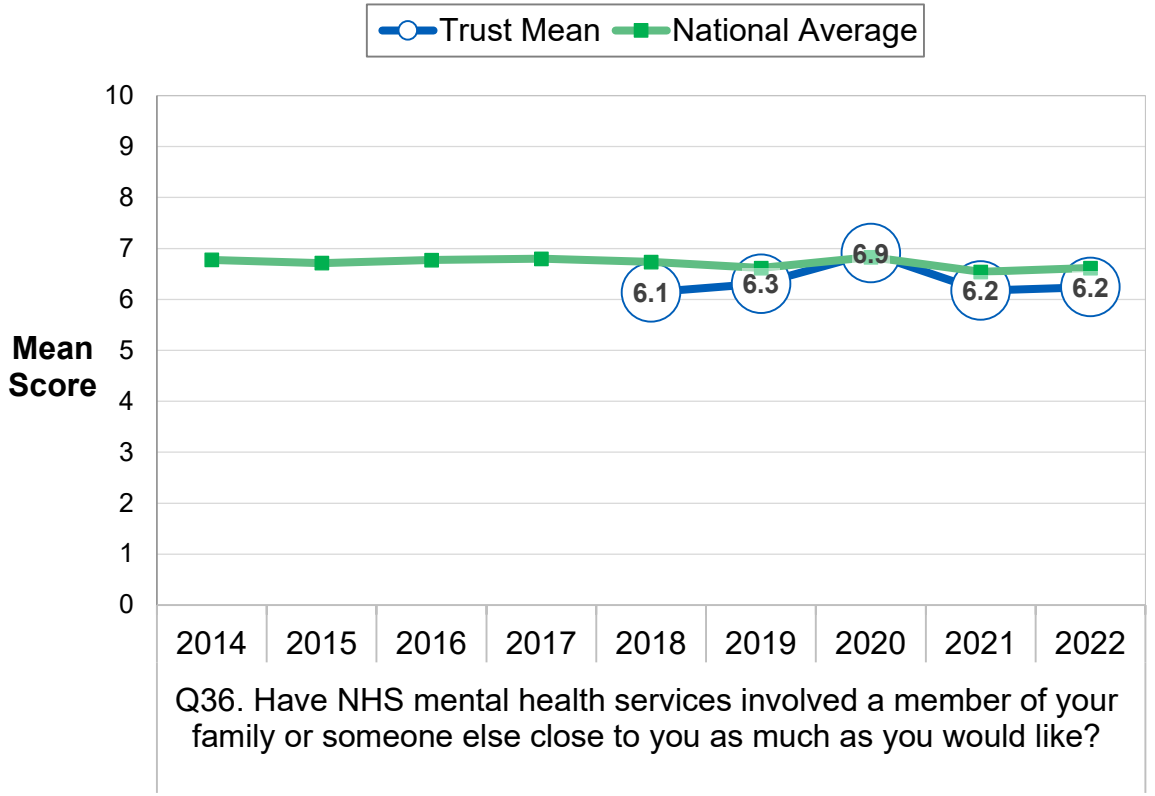
Question scores



Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they have support and did not need help / advice to find it, do not need support for this, or are not currently in or seeking work have been excluded. Number of respondents: 2020: 83; 2021: 79; 2022: 59



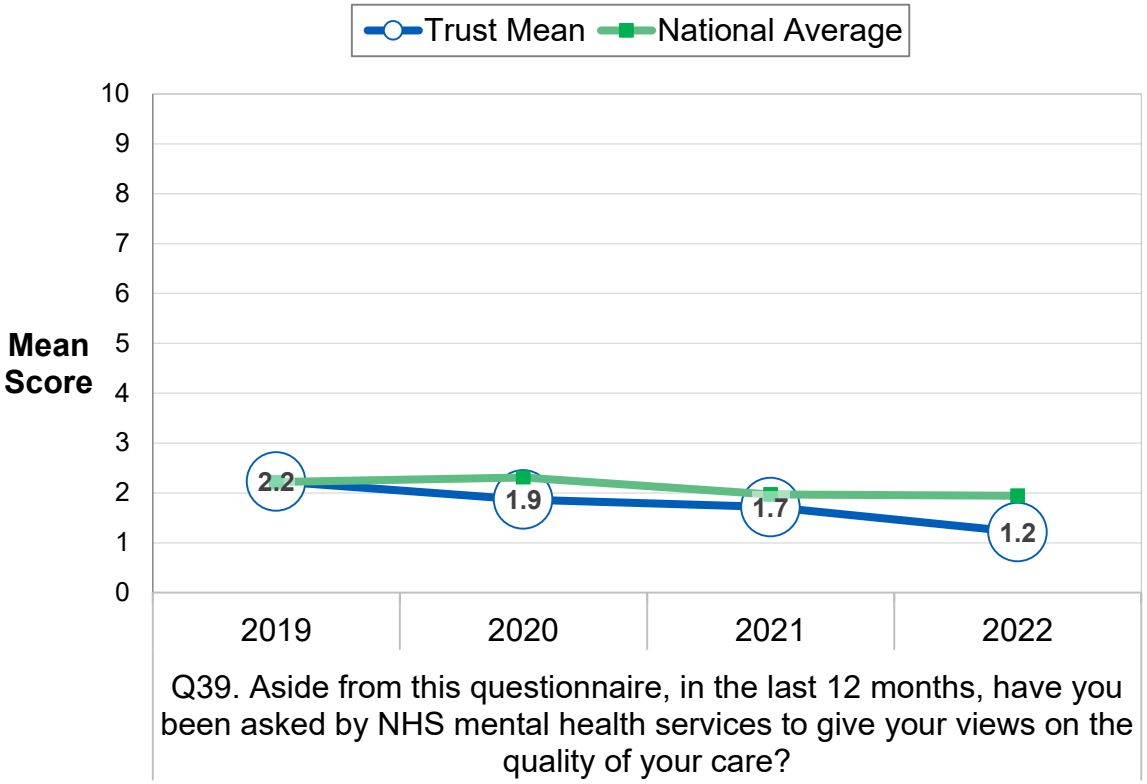
Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that their friends or family did not want to be involved, did not want their friends or family to be involved, or that this does not apply to them have been excluded. Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 156; 2019: 152; 2020: 215; 2021: 214; 2022: 161

Section 9. Feedback

Question scores



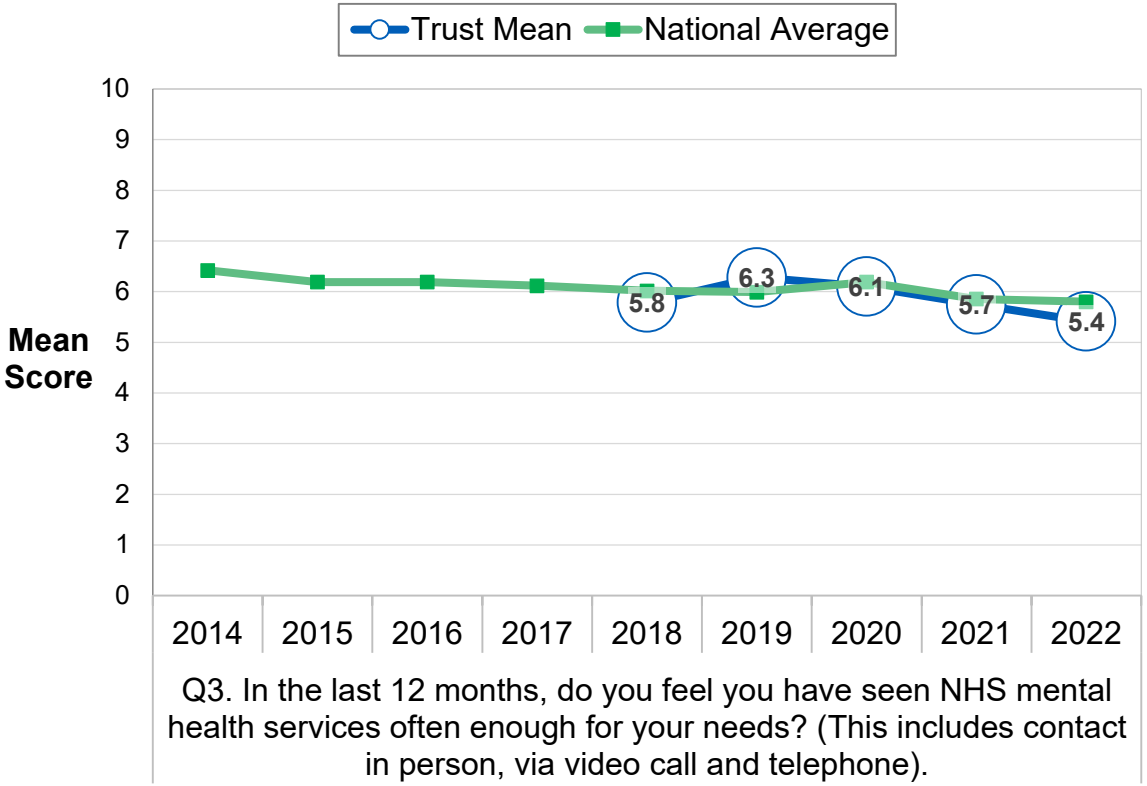
Q39. Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they weren't sure have been excluded.
Number of respondents: 2019: 177; 2020: 265; 2021: 284; 2022: 189

Section 10. Overall views of care and services

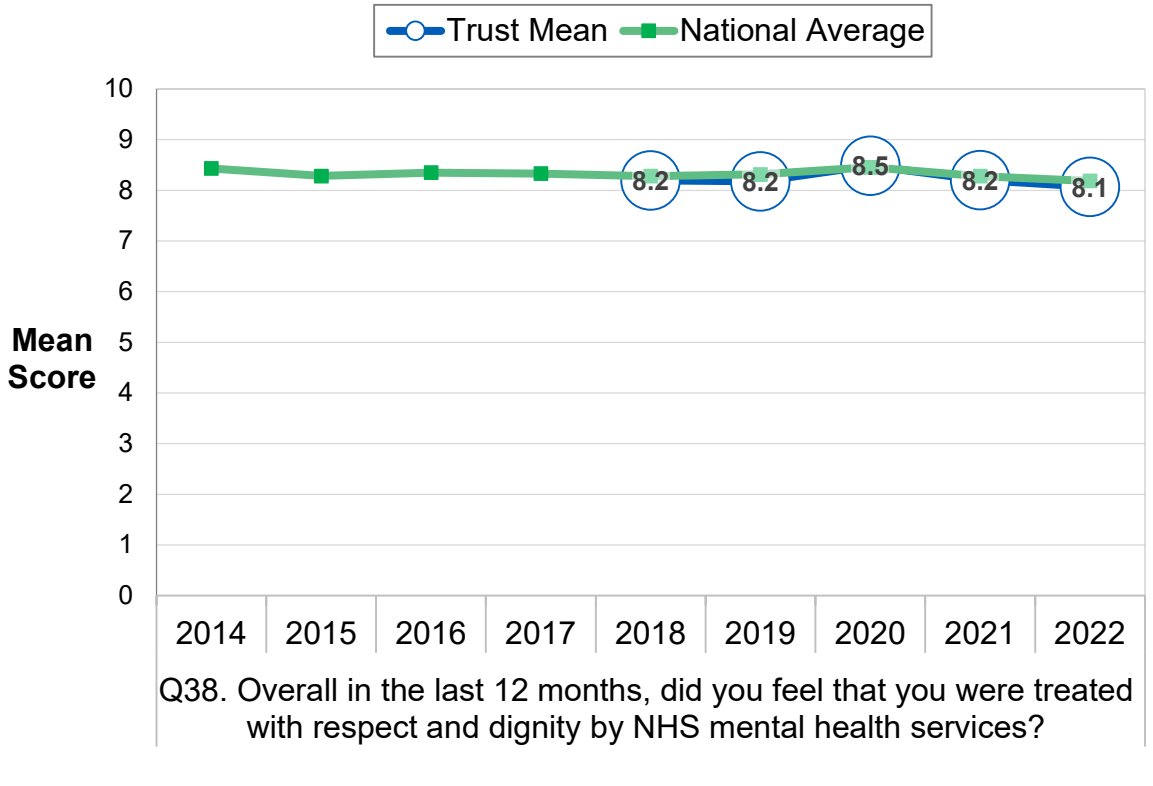
Question scores



Q3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone).

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they didn't know have been excluded.
Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 224; 2019: 206; 2020: 301; 2021: 303; 2022: 227



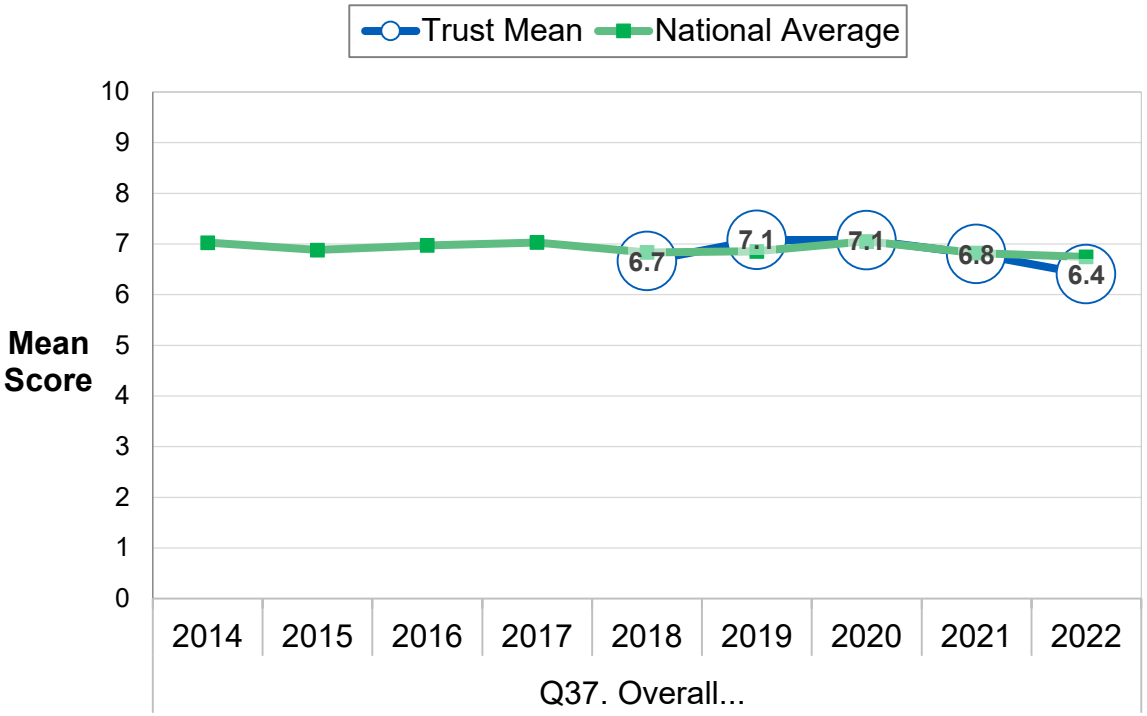
Q38. Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

Significant change 2022 vs 2021	No change

Answered by all.
Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 227; 2019: 206; 2020: 305; 2021: 311; 2022: 224

Section 11. Overall…

Question scores



Significant change 2022 vs 2021	No change

Answered by all. Number of respondents: 2014: - ; 2015: - ; 2016: - ; 2017: - ; 2018: 221; 2019: 200; 2020: 301; 2021: 302; 2022: 213

Appendix

Comparison to other trusts: where your trust has performed much better

The questions at which your trust has performed much better when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much better than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed better

The questions at which your trust has performed better than compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed somewhat better

The questions at which your trust has performed somewhat better when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat better than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed somewhat worse

The questions at which your trust has performed somewhat worse when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected

- Q22. How do you feel about the length of time it took you to get through to this person or team?
- Q39. Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?

Comparison to other trusts: where your trust has performed worse

The questions at which your trust has performed worse compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Worse than expected

- Q6. Have you received your care and treatment in the way you agreed?
- Q12. How well does this person organise the care and services you need?
- Q14. Thinking about the last time you contacted this person, did you get the help you needed?
- Q16. Were you involved as much as you wanted to be in deciding what care you will receive?
- Q17. Did decisions on what care you will receive take into account your needs in other areas of your life?
- Q19. Did you feel that decisions were made together by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).
- Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?

Comparison to other trusts: where your trust has performed much worse

The questions at which your trust has performed much worse when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- No questions for your trust fall within this banding.

NHS Community Mental Health Survey

Results for Essex Partnership University NHS Foundation Trust

Where service user experience is best

- ✓ **Care review:** service users had care review meeting in last 12 months
- ✓ **Crisis care (access):** service users knowing who to contact out of hours in the NHS if they have a crisis
- ✓ **Medicines review:** NHS mental health services checking how service users are getting on with their medicines
- ✓ **Care decided on:** staff and service users deciding on care received
- ✓ **Care Delivery:** staff and service users agreeing how care and treatment will be delivered

Where service user experience could improve

- ○ **Support and well-being (Physical):** service users being given help or advice with finding support for financial advice
- ○ **Getting help needed:** staff delivered help needed at last contact
- ○ **Involvement:** service users feeling that decisions were made together when reviewing care
- ○ **Crisis care (access):** time taken to get through to staff
- ○ **Care Delivery:** service users receiving care and treatment in the way agreed

These questions are calculated by comparing your trust's results to the national average. "Where service user experience is best": These are the five results for your trust that are highest compared with the national average. "Where service user experience could improve": These are the five results for your trust that are lowest compared with the national average.

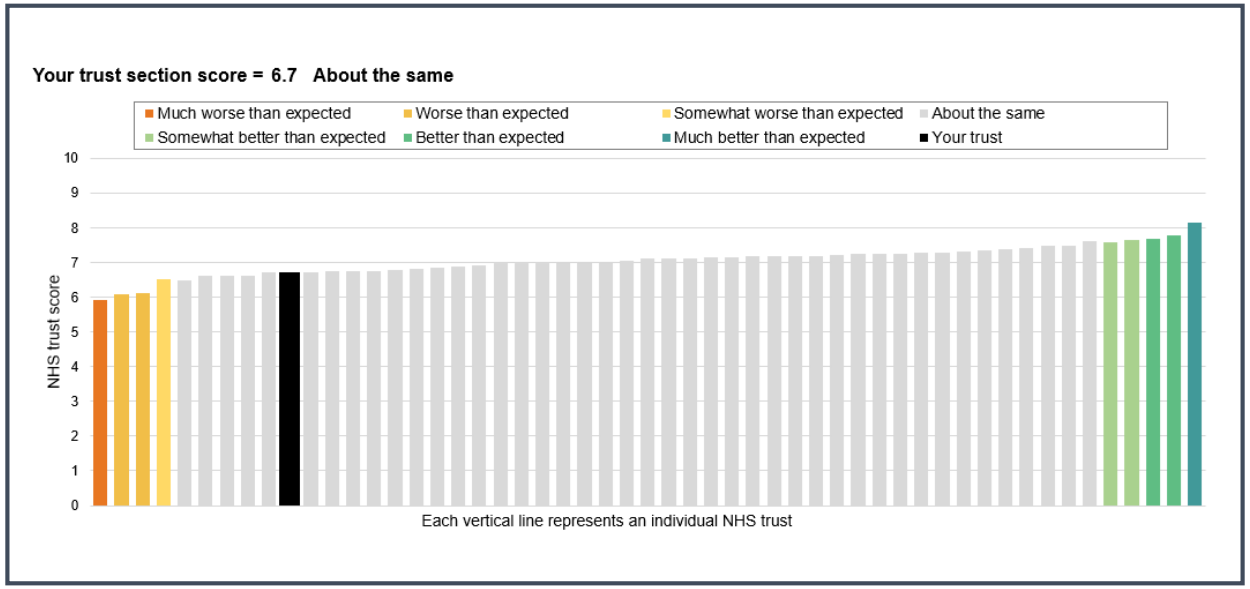
This survey looked at the experiences of people who were receiving care or treatment for a mental health condition and had been treated by the trust between 1 September 2021 and 30 November 2021. Between February and June 2022, a questionnaire was sent to 1250 recent service users. Responses were received from 238 service users at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].

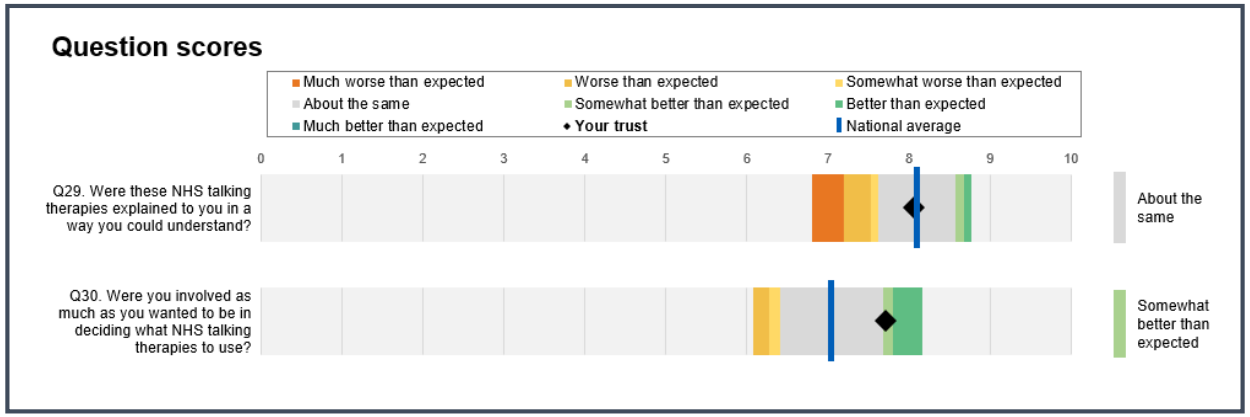
How to interpret benchmarking in this report

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange** section of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange** section of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.





How to interpret benchmarking in this report (continued)

The ‘much better than expected,’ ‘better than expected’, ‘somewhat better than expected’, ‘about the same’, ‘somewhat worse than expected’, ‘worse than expected’ and ‘much worse than expected’ categories are based on an analysis technique called the ‘expected range’. Expected range determines the range within which a trust’s score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust’s performance is ‘about the same’ as other trusts. Where a trust is identified as performing ‘better’ or ‘worse’ than the majority of other trusts, the result is unlikely to have occurred by chance.

In some cases, there will be no shades of orange and/or green area in the graph. This happens when the expected range for your trust is so broad that it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

In some cases, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

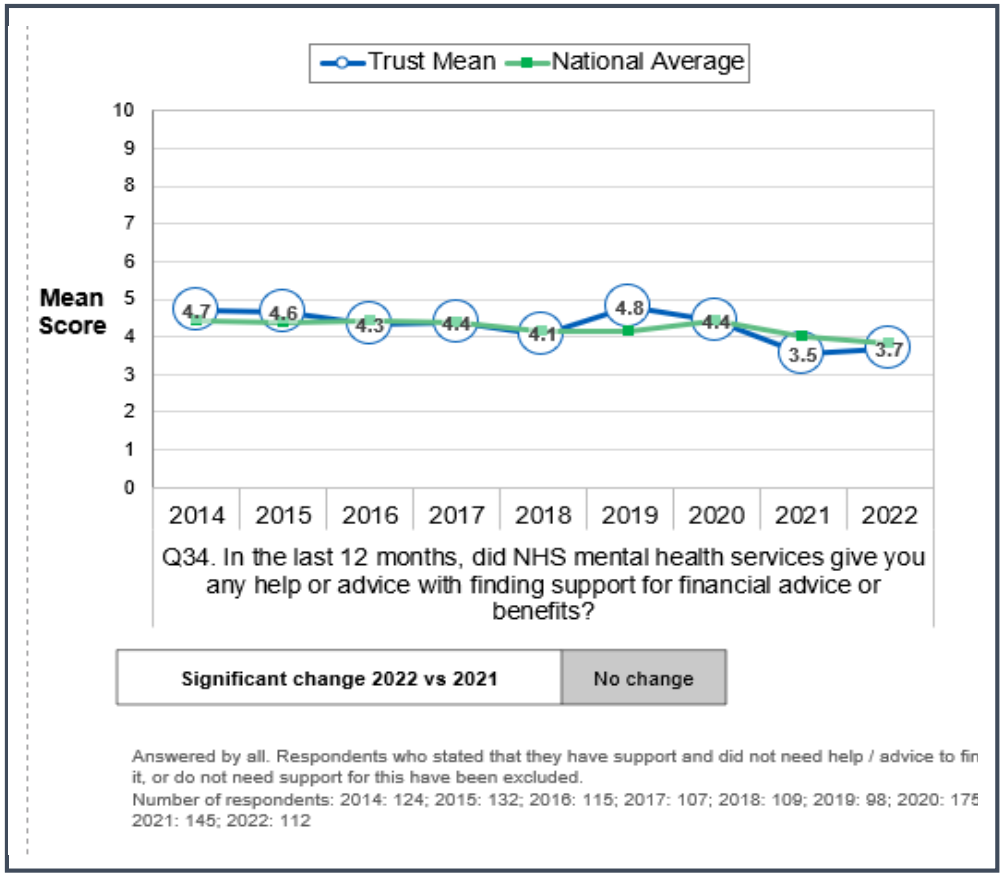
Additional information on the ‘expected range’ analysis technique can be found in the survey technical report on the NHS Surveys website.

How to interpret change over time in this report

The charts in the ‘change over time’ section show how your trust scored in each Community Mental Health survey iteration. Where available, trend data from 2014 to 2022 is shown. If a question only has one data point, this question is not shown. Questions that are not historically comparable, are also not shown.

Each question is displayed in a line chart. These charts show your trust mean score for each survey year (blue line). The national average is also shown across survey years, this is the average score for that question across all community mental health trusts in England (green line). This enables you to see how your trust compares to the national average. If there is data missing for a survey year, this is may be due to either a low number of responses, because the trust was not included in the survey that year, sampling errors or ineligibility.

Statistically significant changes are also displayed in tables underneath the charts, showing significant differences between this year (2022) and the previous year (2021). Z-tests set to 95% significance were used to compare data between the two years (2022 vs 2021). A statistically significant difference means it is unlikely we would have obtained this result if there was no real difference.



An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the service user's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive service user experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of service user experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 7 "Were you given enough time to discuss your needs and treatment?":

- The answer code "Yes, definitely" would be given a score of 10, as this refers to the most positive service user experience possible.
- The answer code "Yes, to some extent" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer code "Don't know / can't remember" would not be scored, as they do not have a clear bearing on the trust's performance in terms of service user's experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the survey technical document.

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

Thank you.

For further information please contact the Survey Coordination Centre for Existing Methods:

mentalhealth@surveycoordination.com

CQC State of Care 2021-22

Summary Report

As part of a series of coordinated inspections across the urgent and emergency care pathway in 10 integrated care systems, CQC convened a group of 250 health and care leaders – they described the system they work in as one 'in crisis' and shared their fears that the risk of people coming to harm represents a worrying new status quo.

The following is a summary of the outcomes of the report:-
The full report can be found here, State of Care 2021/22 - Care Quality Commission (cqc.org.uk)

The health and social care system is gridlocked
People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.

Large numbers of people are stuck in hospital longer than they need to be, due to a lack of available social care. In addition, people's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services. At the heart of these problems are staff shortages and struggles to recruit and retain staff right across health and care.

People are struggling to access care
The repercussions of the COVID-19 pandemic continue to be felt by individuals, families and care staff.

Many people are still waiting for the health and social care support and treatment they need, and many are waiting too long.

In the CQC community mental health survey 2021, only 2 in 5 respondents felt they had 'definitely' seen NHS mental health services enough for their needs in the last 12 months. This was the lowest score across the period from 2014 to 2021.
People are also struggling to access GP practices. There has also been a significant reduction in the availability of NHS dental care, particularly for children and young people.

Inequalities pervade and persist
Health and social care providers need to do more to make their services accessible, especially to people with different communication needs.

Furthermore, disabled people, those with a long-term health condition and people living in more deprived areas were less satisfied with being able to access services when they need them and in a way, that suits them.

Specific concerns
In 2021/22, the CQC continued to focus on higher risk providers and where people were most at risk of receiving poor care.

However, the CQC had deep concerns about some types of care:-

- Action to ensure all women have access to safe, effective and truly personalised maternity care has not been sufficiently prioritised to reduce risk and help prevent tragedies from occurring. Furthermore, women from ethnic minority.
- Groups continue to be at higher risk of dying in pregnancy and childbirth, and more likely to be re-admitted to hospital after giving birth.
- The care for people with a learning disability and autistic people is still not good enough. Despite multiple reviews and reports, people continue to face huge inequalities when accessing and receiving health and social care.
- Mental health services are struggling to meet the needs of children and young people. This increases the risk of their symptoms worsening and people reaching crisis point – and then being cared for in unsuitable environments.
- Ongoing problems with the Deprivation of Liberty Safeguards process mean that some people are at risk of being unlawfully deprived of their liberty without the appropriate legal framework to protect them or their human rights.

Depleted workforce
Across all health and social care services, providers are struggling desperately to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people in their care.

Sickness, vacancy and turnover rates are having a deep impact. Continuing understaffing in the NHS poses a serious risk to staff and patient safety, both for routine and emergency care; and shortages in social care are even worse than they are in the NHS.

Retention of staff is just as big a challenge as recruitment, one that in many cases is crucial to maintaining relationships between staff and patients. These relationships can be lost if there is a high turnover of staff or increased use of agency or bank staff.

Challenges and opportunities in local systems
This year, integrated care systems (ICSs) were formally established and the role of integrated care boards set out in legislation. This will bring with it a new role for CQC to review and assess each ICS, starting next year.

To maintain and develop the required workforce, as well as to plan for the future, providers and systems need to be clear about demands in the longer term, including the required workforce skillsets. A strong understanding of local community needs is required to ensure the right services, including preventative health measures and plans for improving health outcomes, are delivered.

ESSEX PARTNERSHIP UNIVERSITY NHS FT

		Agenda Item No: 10b
SUMMARY REPORT	**BOARD OF DIRECTORS PART 1**	**25 January 2023**

Report Title:	**Safe Working Hours of Junior Doctors, Quarterly Report (Oct-Dec 2022)**					
Executive/ Non-Executive Lead:	Dr Milind Karale, Executive Medical Director					
Report Author(s):	Dr Sethi, Consultant Psychiatrist					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	Yes	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	Yes/No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk	Trainees escalate any issues to their Clinical Supervisor and Clinical Tutor. If unresolved they escalate at Junior Doctors Forum, any unresolved issues is further escalated to Dr Karale.	

Project reports only:	
If this report is project related please state whether this has been approved through the Transformation Steering Group	N/A

Purpose of the Report		
The purpose of this report is to provide assurance to the Board that doctors in training are safely rostered and that their working hours are compliant with the terms & conditions of their contract.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report

Summary of Key Issues

1. There are no Exception Reports raised by trainee in this quarter.
2. No major concerns raised by Junior Doctors.
3. No fines were issued in this quarter.
4. There are gaps in the on call rota which are filled by MTI and LAS doctors. Refurbishment work in the on-call and doctor's room at Basildon and Rochford site are in progress. Similar work at all other sites are complete.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			✓
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	N/A

Acronyms/Terms Used in the Report			
MTI	Medical Training Imitative	LAS	Locum Appointment Service

Supporting Reports/ Appendices /or further reading
Main Report

Lead

Dr Milind Karale
Executive Medical Director

Agenda Item: 10b
Board of Directors Part 1
25 January 2023

Quarterly Report on Safe Working of Junior Doctors

1 PURPOSE OF REPORT

The purpose of this report is to provide assurance to the Board that doctors in training are safely rostered and that their working hours are compliant with the terms & conditions of their contract.

2 EXECUTIVE SUMMARY

This is the twenty second quarterly report submitted to the Board on Safe Working of Junior Doctors for the period 1 October 2022 to the 31 December 2022. The Trust has established robust processes to monitor safe working of junior doctors and report any exceptions to their terms and conditions.

Exception Reporting:

No exceptions reported.

Work Schedule Report

Work schedules were sent out to all trainees who commenced their placements on 7 December 2022.

Doctors in Training Data

Total number of posts	144
Number of doctors in training posts (total inclusive of GP and Foundation)	127
Number of doctors in psychiatry training on 2016 Terms and Conditions	79
Total number of vacancies	17
Total vacancies covered LAS/ MTI/Agency	7
Total gaps	10

Agency

The Trust did not use any agency locums during this reporting period but relies on the medical workforce to cover at internal locum rates as follows

Locum bookings (internal bank) by reason*					
Reason	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Vacancy/Maternity/ sick/COVID	124	124	0	1422.5	1422.5
Total	124	124	0	1422.5	1422.5

Actions taken to resolve issues:

The Trust has taken the following steps to resolve the gaps in the rota:

1. Rolling adverts on the NHS jobs website. Few International doctors who were appointed have started their posts.
2. Emails are sent to former GP and FY trainees if they would like to join the bank to do on-calls, this is now part of the termination process for GP's and FY's so they can express an interest in covering extra shifts when they leave EPUT.
3. 11 Fellows under the EPUT Advanced Fellowship programme have been appointed last year.
4. There is a slightly higher number of vacancies as compared to the previous quarter and the vacancies are covered by LAS and MTI doctors. The vacancies are at ST (speciality trainee) and Foundation level doctors, there have been a few drop outs at CT (Core Trainee) level leading to vacancies.

Fines: No fines were issued in this quarter.

Issues Arising:

1. Doctor's room refurbishment at Basildon and Rochford site are in progress.
2. No other major concerns were raised by trainees.

3 ACTION REQUIRED

The Board of Directors is asked to:

1. Note the contents of the report

Report prepared by

Dr P Sethi MRCPsych
Consultant Psychiatrist and Guardian of Safe Working Hours

On behalf of

Dr. Milind Karale
Executive Medical Director

Board of Directors 25 January 2023