

# EPUT



Essex Partnership University  
NHS Foundation Trust

# OPERATIONAL PLAN

2022/2023



WHAT WE DO **TOGETHER** MATTERS

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# SUMMARY

The Trust has made strong progress on a long term improvement journey that will continue in 2022/23 and is central to this operational plan. In 2021/22 the Trust Board agreed a new vision, purpose, strategic objectives and values.

We now have four clear strategic objectives which we have used to reset our Risk Register and Board Assurance Framework:

- We will deliver safe, high quality integrated care services
- We will enable each other to be the best that we can
- We will work together with our partners to make our services better
- We will help our communities to thrive

We have also recently introduced a new operating model based around six clinical operational delivery units which will be led by multi-disciplinary and multi professional leadership teams. The purpose of the new operating model is to ensure the Trust is best positioned to deliver the vision, strategic objectives and values in the context of the new NHS.

This Trust operational plan is arranged around the plans of our six new clinical units:

- Community Mid and South Essex
- Community North East Essex
- Community West Essex
- Psychological services
- Specialist services
- Urgent Care and Inpatient services

In 2022/23 we will develop a new Trust strategic plan based on six clinical operational strategies for each of our new clinical units.

In autumn 2021 we introduced a new Accountability Framework integrating the oversight of the six new clinical units. Monthly meetings take place between lead Executive Directors and the leadership teams of the new clinical units.

Early in 2022 we introduced a new Executive led EPUT Transformation Group. This Group and the associated programme management function will oversee all of the improvement and transformation programmes in EPUT as well as providing a single gateway to establish new Trust wide transformation programmes. We have established a project team to support and link with the Essex Mental Health Inquiry.

This operational plan explains how EPUT will deliver its new strategic objectives, operational priorities and address the key risks that we carry forward. The plan also explains how we will progress delivery of the NHS Long Term Plan, the national Mental Health delivery plan and the associated investment in our services.

Many of our plans for 2022/23 will be delivered in partnership with the Voluntary and Community Sector, other health providers and our local authority colleagues. The development of Integrated Care Systems will create new opportunities for us to work in partnership rather than competition with other health and wider public bodies. It will particularly support our strategic objectives to deliver safe, high quality integrated care services, to work together with our partners to make our services better and to take broader action to help our communities to thrive.

The operational plan is structured to provide some context on our new vision, purpose, strategic objectives and values, before describing the new operating model and Accountability Framework. The final contextual element for our 2022/23 plan is a reminder of the priorities of the NHS Long Term Plan for 2022/23.

It has been a very challenging year with the Trust going through a significant change and improvement programme against the backdrop of the continuing Covid pandemic. The Trust has played an important role in the response to the pandemic and delivered over one million Covid vaccinations. The volume and range of successes, set out by clinical unit, is impressive.

We have set out our key current corporate risks and our plans by strategic objective before moving to a plan for each clinical unit. These plans consider some of the successes delivered by our clinical units in 2021/22, the risks carried forward into 2022/23, the key priorities for each of our new teams for 2022/23 and the link to the relevant ICS priorities and our strategic objectives.

Our plan concludes with our aggregated workforce plans and our financial plans for the year ahead.

The Trust should be proud of what it has achieved in 2021/22 in very challenging circumstances. The Trust enters 2022/23 with a new operating model in place and clear plans to make further progress towards our vision to be the leading health and wellbeing service in the provision of mental health and community care. It is an exciting time for the Trust with significant new opportunities.

# SCALE OF THE TRUST

In 2021/22

**WE RECEIVED**

**291,851**

**REFERRALS**

**WE MADE**

**741,850**

**FACE TO FACE CONTACTS**

**WE MADE**

**41,571**

**DIGITAL FACE TO FACE  
CONTACTS**

**WE MADE**

**482,907**

**TELEPHONE CONTACTS**



# THE NEW TRUST VISION, PURPOSE, STRATEGIC OBJECTIVES AND VALUES

In autumn 2021, the EPUT Board adopted a new vision, purpose, strategic objectives and values. These create a framework for the 2022/23 operational plan.

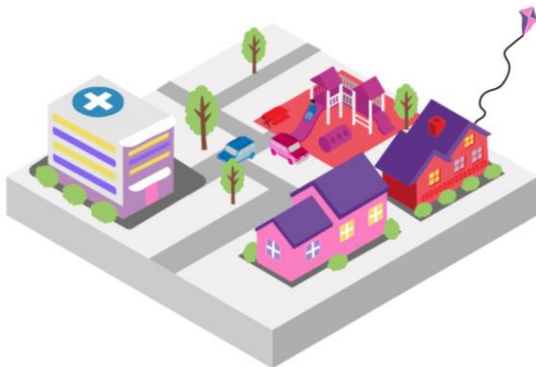


## (O)U|R} VISION

To be the **leading** health and wellbeing service in the provision of **mental health** and **community care**.

## (O)U|R} PURPOSE

We **care** for people, every day.  
What we do **together**, matters.



## (O)U|R} STRATEGIC OBJECTIVES

We will deliver **safe**, high quality **integrated** care services.

We will **enable** each other to be the **best** that we can.

We will work together with our **partners** to make our services **better**.

We will help our communities **thrive**.

## (O)U|R} VALUES

We **CARE**

We **LEARN**

We **EMPOWER**



# CARE UNIT STRATEGIES AND AN EPUT STRATEGIC PLAN

Following the agreement of a new vision, purpose, strategic objectives and values, the next steps are to develop specific strategic plans for each Care Unit and an overall Trust strategic plan. This work will be undertaken in three phases in the first half of 2022/23.

## **Refresh of the contextual review**

1. Refresh of the national and ICS context.
2. Review of key partner strategies
3. Undertake a market review to look at the strategic approach of the best both nationally and internationally.
4. Stocktake of the EPUT position against NHS Long Term Plan (LTP) commitments.
5. Review of existing and draft underpinning EPUT strategies testing the link to the vision, purpose, strategic objectives and values.

## **Development of clinical and Place based strategies for each Care Unit**

1. Work with ICS colleagues and other partners to inform a set of clinical operational and geographical Place based plans that align and drive the ICB strategies.
2. Feedback to external partners on the new vision, purpose, strategic objectives and values.
3. Work with operational delivery units to develop draft strategies for their services and geographies, linked to ICS plans and national LTP commitments.
4. Input the best practice nationally and internationally from the market review on the development of service strategies.
5. Staff engagement to inform service strategies
6. Service user, carer and family engagement to inform service strategies
7. Produce a set of clinical service strategies that align to the vision, purpose, strategic objectives and values.

## **Development of a full EPUT strategic plan**

1. Aggregation of the clinical and Place based strategies and the underpinning strategies into a single EPUT strategic plan to include expected activity shifts, workforce development, finance and investment, and links to the underpinning strategies
2. Testing the new draft strategic plan with stakeholders and within the Trust

# NEW OPERATING MODEL

EPUT has recently adopted a new operating model based around six clinical operational delivery units which will be led by multi-disciplinary and multi professional leadership teams. The purpose of the new operating model is to ensure the Trust is best positioned to deliver the vision, strategic objectives and values in the context of the new NHS.

The new operating model seeks to make real the vision of integrated multi-disciplinary leadership teams for clinical operational services supported by dedicated business partners from the people and culture, finance and information directorates.

The new operating model and related Accountability Framework seek to encourage decisions to be made as locally as possible by the multi-disciplinary leadership teams. The clinical units will be responsible for the delivery of their elements of this operational plan.

We will organise the Trust so that our staff have time to build effective local partnerships and will support our clinical teams through corporate functions focussed on the needs of our patients and service users.

The design principles for the new operating model are:

- Service groups with collective leadership responsibility
- Clarity and control of the resources required to deliver the strategic objectives
- Time to facilitate effective local partnerships
- Underpinned by a consistent business partnering model
- Clinical leadership through the Chief Medical Officer and Deputy Medical Directors
- Quality leadership of Nursing, Allied Health Professionals and Social Workers through the Executive Nurse
- The Chief Operating Officer provides leadership on service delivery

The six new clinical units are:

- Community Mid and South Essex
- Community North East Essex
- Community West Essex
- Psychological services
- Specialist services
- Urgent Care and Inpatient services



# ACCOUNTABILITY FRAMEWORK

In autumn 2021 EPUT launched a new Accountability Framework which is the primary vehicle for the Executive Team to hold service and corporate directorates to account and to support the achievement of the Trust's strategic objectives and key performance indicators. The framework sets out how oversight will take place in a consistent way in EPUT, the KPIs that will be used, and the approach to regular directorate level accountability review meetings within the Trust. The framework also sets out expected behaviours which are consistent with the Trust values.

The Accountability Framework is based on the premise that decisions need to be made as locally as possible. The Framework sets out how autonomy and local decision-making will be encouraged; how additional autonomy can be earned and the routes for escalation of significant and persistent issues.

The Accountability Framework is the primary oversight and performance management process for the Trust. The Accountability Framework is based on five domains:

1. Quality and safety
2. Operational performance
3. Workforce and culture
4. Finance
5. External relations

The approach is based on the principles of transparency, consistency, being constructive, integration and appropriate ownership of issues.

A review of the Accountability Framework including a refresh of the key indicators will take place in early 2022/23. A new Accountability Framework document will be issued.

Regular times and dates for monthly Accountability Framework meetings in 2022 have been set with each clinical unit enabling them to establish their own management meetings ahead of the discussions with Executive Director leads.

The oversight of the operational plans of each clinical unit will take place through the Accountability Framework meetings.

## Establishing a new EPUT Transformation Group

The Trust has recently established a new Executive led Transformation Group to oversee all of the transformation programmes in EPUT. It will provide a new single gateway for transformation proposals and will agree delegation and governance for each programme of work.

# DELIVERING THE NHS LONG TERM PLAN

Our operational plan responds to some of NHS England's key planning priorities for 2022/23:

## Investing in our workforce

### Staffing Establishment

Growth in funded staffing establishment over the next year reflects additional funded posts in both mental health services and community healthcare services. This is evident across all clinical staff groups. New posts as part of the MH Investment Standard make up a large proportion of this increase. There are also significant increases in nursing and AHP roles with community healthcare services as part of the 2-hour Community Response and Virtual Ward projects.

### Staff in Post

We are forecasting a large increase in nursing numbers over the coming year. This is based upon significant analysis of this workforce over the last year and presents an optimistic but also realistic trajectory.

### Nursing

Over the coming year the Trust will be recruiting a significant number of international nurses. This, along with a continued focus on recruitment of newly qualified nurses, both via university and apprenticeship routes and other recruitment and retention initiatives, will lead to a significant increase in our nursing workforce.

### Clinical support staff

Within the clinical support workforce, two large projects are underway which will have a significant impact on staff numbers. Due to the success of the HCSW project in 2021, this is being repeated as part of the national HCSW recruitment scheme, with an objective to reduce the vacancy rate to 0%.

Two cohorts of trainee nursing associates will begin, one in May and one in October, further enhancing our support to clinical workforce.

## **New roles**

As part of ongoing workforce plans, in particular skills mixing and integrating new roles into the existing workforce profile, the Trust is continuing to recruit to a number of new roles, which are reflected in the numbers. These include Physician Associates, Peer Support Workers, new roles for Social Workers in mental health and Clinical Associates in Psychology (CAPs).

We will continue to lead the way regionally in the recruitment of social workers into health posts and as part of integrated teams. This includes being an integral part of our Inpatient teams and areas such as Perinatal and Community Forensics.

## **Respond to COVID-19**

It has been a very challenging year with the Trust going through a significant change and improvement programme against the backdrop of the continuing Covid pandemic. The Trust has played an important role in the response to the pandemic and delivered over one million Covid vaccinations. The volume and range of successes, set out by clinical unit, is impressive.

## **Improve mental health services and services for people with a learning disability and/or autistic people**

We now have four clear strategic objectives which support our drive to improve mental health services and the services we provide for people with a learning disability or autism.

- We will deliver safe, high quality integrated care services
- We will enable each other to be the best that we can
- We will work together with our partners to make our services better
- We will help our communities to thrive

We will develop strategic roadmaps for all of our Care Units based on a review of best practice models, Time to Care principles, the NHS Long Term Plan, the priorities of our partners and Population Health data.

We will review the Personality Disorder pathway against the future initiatives of Time to Care and the continued transformation of services with our Care Groups, maximising the opportunities at Place level. This provides an opportunity to refresh our 'principles' for this

pathway and engage with our local population ensuring that patients voices, needs and treatment pathways are influenced by an evidence base delivered by committed clinicians engaged in best practice outcomes for this group. Working in partnership and co-designing this pathway will link to our strategic ambitions on safety, partnership and assisting our communities to thrive.

## **Continue to develop our approach to population health management**

We have reinvigorated our focus on using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities and delivering best practice models.

## **Exploit the potential of digital technologies**

We have reset our digital strategy to support the transformation of the delivery of care and patient outcomes. Our plans seek to achieve a core level of digitisation in every service across our local systems.

## **Make the most effective use of our resources**

As part of the planning process and the drive to empower clinical units we have agreed budgets and efficiency challenges. We will move back to and beyond pre-pandemic levels of productivity when the context allows.

We will play a leading role as a member and/or host of relevant stewardship groups including mental health and community services with partners in the relevant collaboratives. This approach will focus on developing from service line budgets to the oversight and future design of whole pathways of care.

The proposed model of stewardship for Mid and South Essex ICS brings together the people responsible for delivering the Triple Aim, the resources at their disposal and the insights to inform the decisions they collectively make. The Stewardship approach aims to:

1. Aid understanding of current practice and value
2. Provide a platform for bringing people and expertise together
3. Prioritise choices regarding the deployment of resources

4. Facilitate the flexing of resources
5. Benchmark against other places
6. Know if we've made an improvement and to enable accountability for results
7. Create the conditions for a culture of stewardship to flourish

## **Establish ICBs and collaborative system working**

We will continue to work with the physical health community collaborative in Mid and South Essex, the Specialist services collaborative across the Eastern region and take a leading role in the development of a pan-Essex Collaborative for mental health, learning disability and autism with Essex County Council and other partners.

We will work with partners on the Essex-wide Children and Young People's collaborative and the focus on integrating physical and mental health care.

We will work together with local authorities and other partners across Mid and South Essex, Hertfordshire and West Essex and Suffolk and North East Essex ICSs to develop a five-year strategic plan for their system and places.



# KEY CORPORATE RISKS CARRIED FORWARD INTO 2022/23

**Strategic objective one - We will deliver safe, high quality integrated care services**

There are 17 risks currently identified against the achievement of Objective 1:

SR1	• Safety
SR2	• People
SR3	• Systems and Processes / Infrastructure
SR4	• Demand and Capacity
SR5	• Independent Inquiry
SR6	• Cyber Attack
CRR11	• Suicide Prevention
CRR74	• Airlocks
CRR77	• Medical Devices
CRR81	• Ligature Reduction
CRR82	• Efficiencies

CRR83	• Covid-19 Financial Plan
CRR84	• Purposeful Admissions
CRR93	• Continuous Learning
CRR94	• Engagement and Supportive Observation
CRR95	• Standard Operating Procedures
CRR96	• External Audit Provision

**Strategic objective two - We will enable each other to be the best that we can**

There are 7 risks currently identified against the achievement of Objective 2:

SR2	• People
SR4	• Demand and Capacity
CRR34	• Suicide Prevention
CRR45	• Mandatory Training
CRR48	• Medical and Consultant Vacancies
CRR79	• Seasonal Flu
CRR92	• Addressing Inequalities

### **Strategic objective three - We will work together with our partners to make our services better**

There are 3 risks currently identified against the achievement of Objective 3:

SR2	• People
SR4	• Demand and Capacity
CRR91	• CAMHS Tier 4 System Bed Pressures

### **Strategic objective four - We will help our communities to thrive**

There are 6 risks currently identified against the achievement of Objective 4:

SR2	• People
SR4	• Demand and Capacity
CRR85	• Mass Vaccination Programme
CRR87	• Mass Vaccinations 12-15 Suffolk
CRR90	• Management of Covid-19
CRR97	• Covid Omicron Wave

# CORPORATE PRIORITIES FOR 2022/23

## Strategic objective one

### We will deliver safe, high quality integrated care services

- Delivering the Patient First safety strategy
- Developing our culture of learning
- Time to Care
- Co-production
- Safe Staffing
- Independent Inquiry
- MH Emergency Department
- Mass Vaccination Programme
- Implement a Medical Investigator process
- Clinical strategies for each main clinical/service area
- Valuing and listening to the voice of the service user and their carers
- Appoint Care Unit clinical leads
- New Personality Disorder pathway
- Bed demand modelling
- Standard Operating Procedures across inpatient units
- Focus on reducing Out of Area placements
- Developing our patient experience plans

## Strategic objective two

### We will enable each other to be the best that we can

- Time to Care
- Staff Health and Wellbeing Programme
- International recruitment
- Employee value proposition
- Talent programme
- Communications and Engagement Strategy
- Patient experience deliverables
- Target operating model
- Development of the Clinical Units and their multi-disciplinary leadership teams
- Improving our workforce data
- Improving our business case processes
- Establishing a Trust strategy function
- Development of business partners

# CORPORATE PRIORITIES FOR 2022/23

## Strategic objective three

**We will work together with our partners to make our services better**

- East of England Specialist Commissioning Collaborative
- ICS Transformation Plans
- Strategic initiatives and developments
- Establish and lead an Essex wide Mental Health and Learning Disabilities Board and Programme
- Clinical strategies to move services towards prevention and earlier intervention with Primary Care Networks and the VCS
- Develop a proposal for an all age vaccination service
- Modernise the school's immunisation service

## Strategic objective four

**We will help our communities to thrive**

- Green Plan
- Refresh of our Research and Development strategy



## Underpinning programmes of work

There are a broad range of initiatives that underpin all of the strategic objectives and the wider Trust transformation and improvement programme:

- Board Assurance Framework
- Accountability Framework development
- Digital Strategy (Interim)
- Innovation and Commercial Strategies
- People Strategy
- Long Term Financial Plan
- Governance Review
- Estates Strategy Refresh
- Safety First Strategy
- Strategic plan
- Transformation Steering Group

# COMMUNITY MID AND SOUTH ESSEX

## OPERATIONAL PLAN 2022/23

### Successes in 2021/22

**Partnership working** - Our community physical and mental health teams are working closely with Primary care and voluntary sector organisations to collaborate and join services around the needs of the local population.

**Establishing our Physical Health Outreach team** – Working with commissioners in South East Essex, the Community Mental Health service has developed a South East Essex Serious Mental Illness Physical Health Outreach Team. The team is delivering the national target for those with Serious Mental Illness (SMI) having had a health check in the last 12 months.

**Establishment of Primary Mental Health Services** across Mid and South Essex for Serious Mental Illness for adults and older adults.

**Recruitment into our leadership roles** including the IPCC Mental Health lead roles.

**Rough Sleepers projects in Mid and South Essex** – We have taken a collaborative approach in supporting non statutory providers and established system networks to prevent homelessness.

**Red to Green** – our Community Mental health leads participated in the red to green “value added” patient care pilot on Cedar Ward. The learning has been rolled out to other wards.

**Delivering through Covid** – Our staff have shown compassion and dedication in the delivering community mental health services throughout the pandemic.

**Greater use of technology** to deliver clinical services and supplement face to face contacts with patients. The pandemic had resulted in new and different ways and times of working and a need to be adaptable.

## Key risks carried forward into 2022/23

- Sustainable workforce and recruitment into vacancies particularly at band 6 level.
- Unknown demand and surge in mental health service need (potential risk around having the capacity to meet demand).
- New services being developed and identifying the estate to accommodate the services which will be patient facing.
- Maintaining a resilient workforce linked to the incremental toll of living and working through a pandemic
- Increased activity supporting the safeguarding vulnerable adult case management.

## Priorities for 2022/23

- Increase new way of working alongside opportunities for integration and transformation plans
- Development of At Risk Mental State (ARMS) services to further support early intervention and preventative agenda.
- Roll out of the Management and Supervision Tool (MaST) - Castle Point and Rochford (CPR) community mental health team has been identified as one of the pilot sites in the community.
- Maintain performance and quality indicators within agreed targets.
- Develop principles and approach to patient care post CPA.
- Continue to develop the offer of primary care mental health
- Progress the work on place based clinical transformation that is redesigning the community mental health team model for people with complex care.
- Contribute to implementation of the NHS People Plan and the opportunities presented for system working.

## **Mapping our operational plan to our strategic objectives**

### **We will deliver safe, high quality integrated care services**

- Develop further systems to deliver services with a greater focus on outcomes which are measured and centred on the individual (Development of Goal Attainment).
- New process of reviewing lessons learnt from incidents and having a visible learning culture demonstrable through improved practice and evidence of embedding learning.
- Service user and carer forums

### **We will enable each other to be the best that we can be**

- Continuing staff engagement and wellbeing activities with an emphasis on listening more and greater visibility.
- Take forward actions in response to outcomes of the annual staff survey
- Supporting staff through formal and informal processes.
- Continued professional development.

### **We will work together with our partners to make our services better**

- Introduction of rotation posts within the older people's service.
- Shared service model(s) design and delivery
- Development of Principles and Approaches to Meaningful Intervention-Based Care and Key Working Post CPA

### **We will help our communities to thrive**

- Service user and carer forums
- Locality events to gain feedback and showcase Place based services to the wider community
- Local recruitment campaigns

# **SOUTH EAST ESSEX COMMUNITY HEALTH SERVICES**

## **OPERATIONAL PLAN 2022/23**

### **Successes in 2021/22**

#### **Community Collaborative Working**

SEECHS have been fully engaged in the emerging Mid and South Essex Community (Provider) Collaborative (MSECC). The Collaborative brings together the three providers of community services in Mid and South Essex (EPUT, NELFT and Provide CIC), to work together to plan, deliver and transform services.

By working together effectively at scale, the MSECC is providing opportunities to tackle unwarranted variation, make improvements and deliver the best care for patients and communities across Mid and South Essex.

The MSECC enables the working at scale across the four Places (South East Essex, South West Essex, Mid Essex and Thurrock), with a shared purpose and effective decision-making arrangements, to:

- reduce unwarranted variation and inequality in health outcomes, access to services and experience
- improve resilience by providing mutual aid
- ensure that specialisation and consolidation occur where this will provide better outcomes and value.

The MSECC governance is in place with accountability to a newly formed single Mid and South Essex Community Collaborative Partnership Board with Executive representation from all three providers.

#### **Urgent Community Response Team (UCRT) and the EPUT hosted Mid and South Essex (MSE) Single Point of Access**

Accelerated by the pandemic the senior team at SEECHS have directed and overseen the development of a standardised UCRT (2 hour community response) across the Mid and South Essex Community Collaborative. This included:

- Phase 1: Establishment of a Single Point of Access (SPA) for UCRT hosted by EPUT
- Phase 2: Successful Business case and investment by Mid and South Essex ICS to deliver a standardised offer for UCRT across the Community Collaborative
- Phase 3: Mobilisation of standardised UCRT and embed in community provider contracts



EPUT continue to provide the director lead for UCRT across the Mid and South Essex Community Collaborative.

### **Community Coordination Centre (Admission Avoidance and Discharge to Assess)**

We streamlined our urgent access and improved overall care coordination through the development of our Community Coordination Centre (CCC). The new CCC benefits from improved call handling, telephony (Finesse) functioning and triage including UCRT, unplanned nursing and intermediate care (supporting acute discharge).

**Community Beds (Intermediate Care and Stroke):** The Mid and South Essex Community (Provider) Collaborative is overseeing a consultation process that will determine the future Mid and South Essex community bed configuration for both Intermediate care and Stroke beds. This will affect our two EPUT inpatient units – Cumberledge Intermediate Care Centre (CICC) and Mountnessing Court (currently closed pending the bed consultation outcome and decision). In the meantime, CICC (14 Intermediate Care beds and 8 Stroke beds) remains crucial 'step down' from acute care.

### **Children's' Services Expansion (The Lighthouse)**

In March 2022, EPUT took on a new Children's' contract, and expansion to its offer for children and families in South East Essex, when the 'Lighthouse' (Children's neuro-development assessment and treatment service) transferred to the Trust. This is an exciting opportunity to create a comprehensive integrated consultant-led children's community services in South East Essex. We have significant challenges to address including addressing a significant backlogs and waiting list.

### **Focus on 'Frailty' (including Virtual Wards)**

SEECHS is developing a comprehensive community offer for frailty in South East Essex. The offer includes:

- Frailty Care Coordination: Upstream comprehensive assessment and care planning service for frail and vulnerable
- Mid and South Essex Frailty Register – EPUT host a dedicated frailty register for the Mid and South Essex ICS. This went live in March 2022 and in due course will provide rich population-health reporting of frailty across the system
- Frailty Virtual Ward – Under development as a 2022/23 Operational Plan priority.

### **Primary Care Networks (supporting Virtual Surgeries)**

SEECHS is working alongside emerging Primary Care Networks (PCNs) to integrate our services into their population-health focused 'virtual surgeries'. Two PCNs are fully operational – Benfleet PCN and SS9 PCN. We will continue to work with all PCNs in South East Essex to support these developments.

## **Community Nursing**

SEECHS is fully engaged in this Community Collaborative priority work stream which has the overall aim of delivering an equitable standardised offer across Mid and South Essex. Comprehensive audit and benchmarking exercises are underway to inform this workstream.

Aligned to this work stream is the development of exciting innovations, in both catheter care and wound care, which have been piloted and tested, by community nursing and wound care teams in South East Essex.

## **Palliative Care Services**

The SEECHS Community and Palliative Care service offer is unique in its coverage and outcomes. We have developed a team of nurse specialists aligned to PCNs with strong integration with acute palliative care consultants. The service also hosts an End of Life register for South East Essex, which sees comprehensive reporting on patient outcomes in the provision of end of life care. The model is being adopted across the Mid and South Essex ICS.

## **Respiratory Care**

Given the significant focus on respiratory care linked to the pandemic and the subsequent impact on acute hospitals our dedicated respiratory team SEECHS is undergoing comprehensive transformation. This sees the creation of dedicated respiratory team that provides:

- Diagnostic Spirometry
- Home Oxygen services
- Management of Chronic Lung Disease
- Respiratory Virtual Wards (supporting admission avoidance and rapid discharge)

Additional Mid and South Essex investment has enabled an increase in capacity to support these exciting developments. Going forward it is anticipated that we will be commissioned to deliver 'Community Diagnostic Hubs' for respiratory care. A Mid and South Essex business case has been developed.

## **Key risks carried forward into 2022/23**

- Recruitment and retention of clinical staff affecting safety, service delivery and contract compliance. In particular, the ability to recruit to new initiatives such as Virtual Wards.
- Corporate capacity to support the pace of change including project management, finance and estates.
- The changing commissioning/provider landscape across system and the interplay between Place, ICS and the Community Collaborative creates significant new opportunities but also has the potential to be inefficient due to duplication and cause delays because of multiple decision making processes.

## Priorities for 2022/23

- **Children's: LIGHTHOUSE:** Onboard the new service and address the transition issues including the backlog of patients waiting.
- **Adult Nursing / Community Nursing:** Involvement in the Mid and South Essex Community Collaborative project focused on developing a standardised offer, enhanced workforce, improved caseload management and maximising technological opportunities.
- **Adult Nursing / Respiratory Team:** Significant focus areas include increased investment and capacity to reinstate Diagnostic Spirometry, maintain Home Oxygen services and establish a Respiratory Virtual Ward and Community Diagnostic Hubs.
- **Adult Nursing / Heart Failure Team:** Establish a Heart Failure Virtual Ward.
- **Adult Nursing / Care Home Team:** Confirm substantive CCG funding to continue the training support offer and support technology roll out across Mid and South Essex.
- **Adult Nursing / Diabetes Team:** Work with CCG colleagues to review funding and the subcontracting model in order to enhance the workforce. We also need to review pathways and processes to create efficiency. EPUT will lead a Diabetes workstream across the Mid and South Essex Community Collaborative.
- **Intermediate Care / Frailty Virtual Ward:** Establish robust Frailty Virtual Ward model in South East Essex strengthened through investment secured through our Mid and South Essex business case.
- **Intermediate Care Frailty Structure:** Consider establishing a dedicated Frailty service model with dedicated leadership
- **Intermediate Care / Community Beds:** Participate in the Mid and South Essex Bed Configuration review
- **Intermediate Care / Urgent Community Response Team (UCRT):** Deliver on our 2022/23 objectives as agreed by the UCRT Programme Board including increasing the capacity in triage to deliver 'Hear and Treat' in partnership with the East of England Ambulance Service (EEAST) and deliver on the 2 hour response target.
- **Intermediate Care / Discharge to Assess:** Deliver all of the requirements of the national Discharge to Assess policy
- **Intermediate Care / Cumberledge Intermediate Care Centre:** Develop workforce with focus on leadership, recruitment, and workforce relations. Implement the Mid and South Essex future bed configuration as relates to Cumberledge Intermediate Care Centre. Make greater use of technology to support the reduction of falls.
- **Intermediate Care / Frailty Care Coordination:** We plan to build a comprehensive Frailty offer
- **Intermediate Care / Wheelchairs:** Fully engage in dedicated Community Collaborative Workstream.
- **Intermediate Care / Therapy (OT):** - We plan to consolidate our Therapy offer under one budget to create scale and improved staff utilisation.

- **Intermediate Care / Therapy (Physio):** We will work with partners to develop our in-house Physio provision

## Mapping our operational plan to our strategic objectives

### We will deliver safe, high quality integrated care services

Integration will support our priorities and in turn deliver improved safety and quality outcomes for the South East Essex population. Key work streams relying on integration include:

- 1) Frailty / Ageing Well.
- 2) Discharge to Assess with truly integrated Transfer of Care hub hosted by EPUT.
- 3) PCN Virtual Surgeries.
- 4) All Virtual Ward developments
- 5) Collaborative initiatives with system partners

All of the above priorities enabled by:

- Trained workforce – commitment to training programmes which ensures that all staff are appropriately trained to deliver safe services.
- Development of an integrated safeguarding role to provide leadership, and shared learning to inform practice, improve safety and protection.

### We will enable each other to be the best that we can

- Workforce mapping
- Recruitment and retention initiatives
- Commitment to training
- Service development days
- Appraisals/1:1 support
- Protected reflection sessions
- Schwartz rounds

### **We will work together with our partners to make our services better**

- Continue to effectively contribute and influence South East Essex multi partner forums.
- Continue to effectively contribute and influence transformation development and delivery initiatives within South East Essex including Frailty/Ageing Well, Discharge to Assess and mental health transformation.
- Continue to contribute and influence wider system programmes led by Local Authority and other partners.

### **We will help our communities to thrive**

- Utilise population health methodology in the development and delivery of services.
- Embed co-production with South East Essex citizens as a fundamental requirement in all service evaluation and development
- Work with system colleagues and our communities to make our services accessible to all, seeking out currently underserved and hidden communities ensuring our services are able to support diverse populations.

### **Measuring our success by March 2023**

- Full roll out of the Management and Supervision Tool (MaST) as per agreed timeframes across Community Mental Health teams
- Implementation of ARMs (at risk MH state) across Mid and South Essex Mental Health services
- Expansion of respiratory virtual wards (subject to being awarded funding)
- Spirometry testing fully reinstated
- UCRT support to EEAST triage in place

# COMMUNITY NORTH EAST ESSEX

## OPERATIONAL PLAN 2022/23

### Successes in 2021/22

#### **Transformation from Journeys Teams to Locality**

We have transformed our community specialist mental health teams from a cluster based team approach to align with the NE Essex locality and place based approach. Our consultants have aligned themselves further to the six neighbourhood boundaries as agreed in the North East Essex Integrated Alliance in 2019.

#### **Early Intervention expansion and Development of At Risk Mental State (ARMS) services**

We have received additional funding to support the goal of reaching Level Three on the NCAP Audit. This is an aspirational national goal to be achieved by 2023. Funding has been received to provide consultation advice and intervention as a test and learn provision for At Risk Mental States. In-reaching into schools and early identification of potential mental health issues.

#### **Expansion of Children's Learning Disability**

We provide specialist intervention for sensory impairment for the Children's Learning Disability Service for North Essex. Originally this was a North Essex service only, however we have worked with Learning Disability Commissioners to expand the service into South Essex.

In May 2022 we will looking to bid for the Children's Learning Disability Support service which will be an added value to this service.

#### **Perinatal Expansion and Access Rates**

We are on track to achieve national performance target of 8.6% for 2021/22. Nationally we are one of the highest performing perinatal teams.

#### **Significant multi-professional recruitment programme**

We have had significant success with the recruitment of a rich and diverse work force for our integrated primary care team. We have successfully recruited nine Band 7's and eight Band 6 Senior clinicians and a Mental Health Pharmacist.

## **Second positive Peer Review of CCQI Community Quality Standards in winter 2021**

The Trust wide perinatal team continues to expand and develop at pace. We received excellent feedback from the peer review in 2021 and we are currently considering a further peer review or challenge ourselves with accreditation of the service. It has been recognised that the Essex Perinatal Team are one of the highest performing in the county which is testament to the hard work and professionalism of the team.

## **Positive relationships building with multiple system partners**

As part of a mutual Alliance Initiative we are cross working with the voluntary sector providing supervision for Social Prescribers within primary care to increase confidence and skills in working with people in mental distress and in return Community 360 are jointly providing a drop in group for those who are waiting for interventions within the team as part of the offer to support our covid recovery plans.

The Director for North East Community Services continues to be the Senior Reporting Officer for the Neighbourhood Development in North East Essex. A media launch campaign took place in April 2022 at the Colchester Central Hub and roll out to Colchester South is due to commence in May 2022. This represents a new way of multiagency working with local leaders focusing on population health and the levelling up agenda with North East Essex inequalities.

## **Integrated Primary Care Recruitment**

We have successfully recruited 10.6 Whole Time Equivalent registered professionals into our integrated primary care team. Our consultants are aligned to the neighbourhoods to provide clinical support and expertise. We have recruited into the Community Mental Health Pharmacist.

## **Successful joint initiatives with the voluntary sector**

We jointly run support groups with The Haven, Community 360 and Tendring CVS and an enhanced community discharge support offer through winter funding the voluntary sector.

We have agreed a joint EPUT and Haven initiative for supported discharge to support safety and support on discharge with a supported discharge programme for complex cases admitted to local inpatient services. The plan is to extend this service to support prevention of admission initiatives working alongside the community treatment teams and the Home First Team.

## **Key risks carried forward into 2022/23**

- Management and mitigation of waiting lists.
- Back to basics and Care Coordination.
- Recruitment and allocation of approximately 150 cases.
- Pace of change versus business as usual and back to basics.
- Staff recovery and burn out.
- Relationship between PCN`s and EPUT, data sharing and system interoperability.
- High profile child homicide case
- Data dashboards and access to data
- Planned expansion of residential area in Tendring and Colchester and the impact on demand.

## **Priorities for 2022/23**

- Community Accreditation
- Community contracts, development of neighbourhoods.
- Recruitment and Retention – creating a speciality in Community Teams.
- Flow and Capacity
- Perinatal expansion
- Transformation of Dementia and Frailty
- Continued expansion and quality review of integrated primary care team.

## **ICS priorities**

- Reduction in suicide
- Integration and Development of Neighbourhoods
- Further development of the Feel Well Domain
- Covid Recovery
- Social determinants of health and population health
- ICS Board due to commence in July 2022



## **Mapping our operational plan to our strategic objectives**

### **We will deliver safe, high quality integrated care services**

- Develop further systems to deliver services with a greater focus on outcomes which are measured and centred on the individual (Development of Goal Attainment).
- New process of reviewing learning lessons from incidents in order to have visible learning culture demonstrable through practice and evidence of embedding learning lessons identified in the organisation.
- We will go back to basics with our teams to take stock after the impact of Covid, we will consider quality care planning and risk assessment as a priority.
- We will learn from complaints and consider themes from complaints to support the patient and staff experience and improve services.

### **We will enable each other to be the best that we can**

- We will reflect as a leadership team how we can best support our workforce to maintain patient safety.
- We will build leadership capacity in our teams.
- We will listen to our staff as to what they think will enable them to feel heard and safe to do the work we expect.
- We will look at formal and informal opportunities for staff to develop.
- We will use an assist based approach to staff and our communities, focusing on strengths.
- Close monitoring and quality review of appraisals and supervision.

### **We will work together with our partners to make our services better**

- We will continue to be a key partner in the North East Essex Alliance.
- We will represent EPUT in the six neighbourhoods.
- We will align our services in line with the needs of the local area and partners, listening to local influence and need.
- We will be a key partner in the newly formed ICS.

### **We will help our communities to thrive**

- We will work closely to enable others to work confidently with mental health.
- We will provide training and support to other providers.

- We will work as a key delivery partner in the six neighbourhoods and community contract negotiations.
- We will embrace the golden thread of the domain leads, with particular reference to the “Feel Well” domain.
- We will engage with and listen to our communities and what is important to them.
- We will use population health inequalities data to support strength and resilience building in communities.

## **Measuring our success in 2022/23**

- Successful recruitment and allocation of all unallocated caseload
- Increase in retention rates
- Successful expansion of the Perinatal service
- Roll out of the neighbourhood development to Colchester South
- Reduction in suicide rates
- Submission of a strong proposal to take on Children’s Learning Disability support services
- Clearance of long Psychology waits in North East Essex by October 2022
- Complete the planned service transformation in Frailty and Dementia

# COMMUNITY WEST ESSEX

## OPERATIONAL PLAN 2022/23

### Successes in 2021/22

#### **Sharing our early implementer success with the community mental health transformation model**

We have contributed to regional and national NHS England forums, webinars and conferences to share our learning on the development of the model.

#### **Roll out of wave two of the transformation model to cover all areas of West Essex and each Primary Care Network**

Both phases of the transformation programme are delivering against local performance targets and our national reporting demonstrates good progress against the transformation ambitions. This includes MIND Mental Health coaches, the 18 to 25 Psychology led service and the specialist Mental Health community pharmacist service.

#### **We have continued to deliver the Crisis 24 and Core 24 transformed services**

Urgent Care in West Essex has been developed as a whole pathway model thereby allowing flexibility and responsiveness to the West Essex population in need of an urgent response in whatever phase of their journey.

#### **First Episode in Psychosis**

We have made significant progress in the NCAP audit now achieving high level 2 and on target to meet the level 3 ambition by the time of the next audit in Quarter 2 of 2022/23. We have also begun the next stage planning to move to an At Risk Mental State (ARMS) service.

#### **Dementia and frailty intensive support service**

We have successfully enabled 98% of all those seen in their service to have their care at home and avoided hospital admission.

### **Maintaining our services through Covid**

The dementia service has continued to undertake dementia assessments throughout all phases of the pandemic enabling the dementia diagnostic target to continue to be met.

### **Integrating with partners**

We have continued to develop and meet milestones in the delivery of integration and alignment with the West Essex Out of Hospital model inclusive of the Care Co-ordination Centre.

### **Development of delivery partnerships with Epping Forest District Council**

We are working with Uttlesford District Council and Harlow District Council to develop similar collaborations.

### **Partnership with the voluntary sector**

Successful deployment of winter funding to develop partnership with local Voluntary Community and Social Enterprise providers which has supported early and maintained discharge.

### **Virtual ward with remote monitoring**

This initiative commenced in January 2021 with capacity for 15 Respiratory and 5 Heart Failure patients - successful bid to NHSX in partnership with HCT.

### **Supporting system recovery from Covid-19 phases**

We made flexible use of community beds to support acute flow with a dedicated Covid-19 ward.

### **New response time targets**

We worked hard to meet the new national requirement for 2 hour urgent community response from Q3.

### **Integrating services**

We made a successful bid to establish the Essex County Council bridging service in West Essex which integrates front line of health and care.

## **Diabetes**

We took on the Free Style Libre service which was transferred by West Essex CCG to the EPUT diabetes team from acute hospital ensuring more timely access to training and more timely access to the device for patients leading to improved management of patient's diabetes.

We have also developed out Diabetes education programmes DAFNE and XPERT. Since offered both virtual and face to face training there has been increased uptake by patients compared to pre-covid figures. The EPUT team was awarded third place in the national X-PERT team awards.

## **Improved integration with PCN's**

EPUT has supported PCNs with the recruitment of th ARRS roles - First Contact Practitioner Dietitians for three PCN's.

## **Improving community pain management services**

We have developed virtual pain management education sessions and appointed a volunteer in the community pain management service. We are recording all virtual pain management sessions and uploading them to the Pain Facebook member's group page.

## **MSK – group exercise provision**

First appointment within MSK of a Sport and Science Degree professional to lead on delivery of core group exercise programmes

## **Key risks carried forward into 2022/23**

- Performance and IMT capacity to support the transitions both clinically and from reporting perspective.
- Recruitment and retention of clinical staff affecting safety, service delivery and contract compliance.
- Corporate capacity to support the pace of change including project management, finance and estates.
- The changing commissioning/provider landscape across system and the interplay between Place, ICS and the Community Collaborative creates significant new opportunities but also has the potential to be inefficient due to duplication and cause delays because of multiple decision making processes.

- Capital investment required to support the development of the Out of Hospital model, Community Coordination Centre (CCC) and integrated service model. Capital investment required for development of the Derwent Centre to enable service improvement across the whole West Essex footprint.
- Staffing – recruitment and retention – high risk areas nursing and therapy
- Progression of ICS – ICB and ICP's alongside place based health and care partnerships – maintaining inclusive focus of West Essex within the Herts and West Essex ICS footprint - forming and storming of new organisational structures and strategic ways of working
- Whilst all community services are operating with changes in service delivery to include choice of virtual /face to face clinical support – backlog waiting list is over 1,250 patients on MSK waiting list trajectory in place to recover to maximum wait of 8 weeks
- Lack of progression of the Out of Hospital Model of Care in West Essex – competing priorities of the ICS/ICP system and EPTU strategic objectives
- Staff support and engagement with the planned integration of physical and mental health community teams where most beneficial to patients, family and carers
- Commissioner expectations of EPUT corporate support to transformation at place with fair share of corporate support
- Fair share allocation of EPUT corporate services to support the care division in West Essex – Estates, Service Development and Transformation, Quality and Finance

## Priorities for 2022/23

- Community Mental Health Transformation in line with the NHS England transformation framework and long term plan. The integrated Mental Health services are established in the first wave early implementer PCNs and are progressing in accordance with the plan in the second wave implementation, there is now full PCN coverage in line with NHS England ambitions. Work is ongoing with PCN directors to employ AARS roles to augment and support this model. Discussions also ongoing with ECC re the alignment of Social Care to the transformation model.
- System review and evaluation of Mental Health transformation against the projected outcomes to inform the next stage of transformation and service improvements.

- Progress integration of Mental Health and CHS management structure and integration of teams where there are clear synergies; the focus for 2022/23 is development of integrated locality leads for IST and SDFS.
- Progress the next stage of the Care Co-ordination Centre development
- Achieve NCAP level 3 for the First Episode Psychosis team and develop service to meet the “At Risk Mental State” (ARMS) model fidelity.
- Develop and embed clear strategy for addressing mental health inequalities throughout all the programmes of work focussing on hidden and hard to access communities.
- Develop the culture of learning across all community services in West Essex, making our services as safe as they can be by using this learning to develop both staff and services.
- Deliver Mild Cognitive impairment pathway.
- Deliver system wide awareness, identification and treatment programme for Depression in over 65s across West Essex.
- Integration of Senior Leadership Team across physical and community health services – development of integrated quality hub for West Essex
- Continued delivery of the OHCP Out of Hospital Model of Care – focus on progression of the care coordination centre (EPUT lead provider) and PACT model of care delivery supporting PCN/Primary Care.
- To continue to support the development of integrated pathways with system partners – Diabetes, Cardiology, Respiratory, MSK, Frailty and Urgent care.
- To continue to explore new model of care delivery with current workforce constraints within nursing and therapy roles – engagement of UEL sports science students to support rehab, stroke rehab and MSK services.

## Key relevant ICS priorities for 2022/23

The strategy is a blueprint for delivering a healthier future for the population of Hertfordshire and West Essex. It is designed to guide our health and care organisations, staff, the voluntary sector and our population to work in partnership.

Our approach is based on the principles of population health management. This is a way of targeting our collective resources where they will have the greatest impact, improving the quality of care through improved, affordable services.

**“Our house of integrated care”** will focus on:

1. Develop integrated, person - centred models of care, designed to meet the needs of our population, delivered in local neighbourhoods wherever possible
2. Effective and efficient health and care is delivered in the right place, by the right person, at the right time; Shift care from reactive to proactive when possible, and standardise our approach to treatments; Agree the improvements we want to see and report back on their success
3. Transform key pillars of our health and care system, to ensure they are sustainable, resilient, and deliver integrated care.
4. Put in place the staff, culture and systems we need to support the transformation we need.

## Key relevant NHS Long Term Plan priorities for 2022/23

***“We will boost ‘out-of-hospital’ care, and finally dissolve the historic divide between primary and community health services”*** - we have commenced work on this priority with the development of the OHCP Out of Hospital strategy – key to delivery is the development of the Care co-ordination centre and the development of the PACT supporting the 6 West Essex PCN's

***“All parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate.”*** We have commenced delivery of the urgent community response in West Essex and on track to respond to 2021-22 2999 referrals with growth planned for future years – dependent upon successful recruitment to nursing and therapy posts

***“Better care for major health conditions”*** we will continue to develop integrated clinical pathways for patients with a wide range of long term conditions including diabetes, respiratory conditions, heart disease and cancer with our specialist community nurses in partnership with primary and secondary care



**“Local NHS organisations will increasingly focus on population health”** the development of PCN specific population health data, we will work with primary care and other system partners to focus community health resources to support delivery of care to meet the specific needs of these populations e.g. Harlow North PCN – Diabetes and Mental Health, South Uttlesford – management of long term conditions

## **Mapping our operational plan to our strategic objectives**

### **We will deliver safe, high quality integrated care services**

- Integration will support delivery of our operational plan for 2022/23 by addressing silo working and improved recognition of how holistic service delivery will improve safety and quality outcomes for the West Essex population.
  - Care Co-ordination first phase implementation in train – phase two planned delivery in train.
  - Co-location of all SDFS and CHS services, Harlow completed, Uttlesford planned, Epping Forest dependent on wider estates plan initiation.
  - Integrated management structure at PCN/locality level. Integrated senior management.
  - Continued development of the PACTs
- Collaborative initiatives with system partners
- Trained workforce – commitment to training programme which ensures that all staff are appropriately trained to deliver safe services. All staff to undertake suicide prevention/STORM training.
- Development of an integrated safeguarding role to provide leadership, and shared learning to inform practice, improve safety and protection for the West Essex population.
- Ensure we deliver care in accordance with NICE guidance
- Participation in the Trust audit programme
- Continue to report near misses and incidents

### **We will enable each other to be the best that we can**

- Ensure all staff access one to one support, peer supervision and participate in the appraisals
- Ensure all staff training needs are identified and supported
- Identify talent within the teams and support career progression
- Workforce mapping
- Recruitment and retention initiatives

- Commitment to training
- Service development days
- Appraisals/1:1 support
- Protected reflection sessions
- Schwartz rounds

### **We will work together with our partners to make our services better**

- Participate in all OHCP – clinical expert oversight groups to support delivery of integrated pathways of care
- Continue to support the development of the PCN PACT's and shift to proactive care
- Engage and work with our local district councils, third sector, county council to explore new ways of working to deliver care and support to the WE population
- Continue to effectively contribute and influence West Essex multi partner forums e.g. Expert Oversight groups.
- Continue to effectively contribute and influence transformation development and delivery initiatives within West Essex including the Out of Hospital pathway and mental health transformation.
- Continue to contribute and influence wider system programmes led by Local Authority and other partners.
- Continue to contribute and influence collaboration initiatives with VCSE including the Suicide Prevention initiatives led by MIND.

### **We will help our communities to thrive**

- Ensure all interactions with patients, family and carers are impactful to meet individual needs
- Support the shift in delivery of proactive care and support from traditional reactive care to support individual's independence, health and wellbeing
- Become an employer of choice with opportunity for our local population
- Utilise population health methodology in the development and delivery of services.
- Embed co-production with West Essex citizens as a fundamental requirement in all service evaluation and development
- Work with system colleagues and our communities to make our services accessible to all, seeking out currently underserved and hidden communities ensuring our services are able to support diverse populations.

## Measuring our success in 2022/23

Strategic objective	West Essex Care Unit Priority	Measurable Success Criteria
We will deliver safe high quality integrated care services	Integration of senior leadership team across physical and community mental health services	Integrated senior leadership team embedded and fully operational by the end of Q2
We will work together with our partners to make our services better  We will deliver safe high quality integrated care services.	Continued delivery of the OHCP Out of Hospital Model	Review and development PACT events completed by end of Q2 – next stage system wide business case completed and submitted to the OHCP transformation board by the middle of Q3
We will enable each other to be the best we can	Development of an integrated quality hub for West Essex	Integrated quality hub embedded and reporting to WE Q&S meeting by end Q2
We will deliver safe high quality integrated care services.  We will work together with our partners to make our services better	Progression of the integrated Care Co-ordination Centre (CCC)	Completion of phase 2 of CCC transformation project; project delivery measures met, business case completed for full implementation.
We will work together with our partners to make our services better  We will deliver safe high quality integrated care services	Virtual Ward with remote monitoring fully operational in line with National guidance	75 virtual “beds” in operation by end Q3
We will deliver safe high quality integrated care services	Full roll-out of the MH ARRS roles across the 6 WE PCNs to augment the MH transformation model.	All 6 PCNs have MH ARRS practitioners by end Q3

<b>Strategic objective</b>	<b>West Essex Care Unit Priority</b>	<b>Measurable Success Criteria</b>
We will deliver safe high quality integrated care services	MCI pathway developed and embedded	Register of those with MCI completed intervention and review pathway established and operational.
We will deliver safe high quality integrated care services	Development of integrated locality leads for community services and SDFS	Integrated locality leads appointed and in post by end of Q2
We will enable each other to be the best we can	Ensure all staff access 1:1 support, peer supervision and participate in appraisals	All staff currently working within the WE community care unit will have an up to date appraisal by end of Q2 (measure to reflect those who are on long term sick or mat leave).

# PSYCHOLOGICAL SERVICES

## OPERATIONAL PLAN 2022/23

### Successes in 2021/22

#### **Early Intervention in Psychosis (EIP) and At Risk Mental State (ARMS) service**

**development:** Service expansions in EIP across Essex at various stages. ARMS services solely or collaborative launched in South East and South West Essex, is in progress in Mid Essex and North East, and is being planned in North West Essex.

**New Critical Care Service established in Suffolk and North East Essex** offering psychological assessment and intervention to patients and their families in the Critical Care Units across three acute hospital sites (Colchester, Ipswich and West Suffolk).

**Major expansion of Perinatal Mental Health Service** enabling women and their families to access specialist care during the perinatal period. Psychology workforce has grown from 2.2 Whole Time Equivalent for Essex in 19/20 to 12 Whole Time Equivalent qualified positions, 2 Whole Time Equivalent of assistant and 1 Whole Time Equivalent Clinical Associate in Psychology for 2021/22.

**Independent evaluation of the Parent Infant Mental Health Service** found it to successfully implemented, meeting system wide expectations and have strong leadership.

**Established new services for 18-25 year olds** with complex needs in West Essex, and model of care being rolled out to North East Essex and Mid and South Essex.

**Adult Inpatient Psychological Services** successfully recruited 10 new Clinical Associates in Psychology apprentices to offer a range of direct/indirect work into our inpatient wards. We also established a permanent qualified role to cover the Mother & Baby Unit (Rainbow unit).

**The Personality Disorder and Complex Needs services** have developed their Service User Network to over 40 participants. They have a complex caseload, provided KUF and other training to service teams, and provided case coordination and support.

**The West Essex Older Adults service launched a new service** which offers post diagnostic support and health promotion interventions for people who receive a diagnosis of Mild Cognitive Impairment.

**Adult Community Psychological Services across South Essex successfully recruited 8 Clinical Associates in Psychology** to lead on delivering Psychological Awareness Programmes, skills based group interventions and individual stabilisation focused work.

**New step four service provision has been commissioned across South Essex**, with Basildon and Brentwood and Thurrock commencing in late 2021 and South East in early 2022. This new resource further increases the capacity of psychological services across primary and community mental health teams, in turn further reducing wait times across all tiers.

**A Trauma Alliance team** of 1.0 Whole Time Equivalent Assistant Psychologist, 0.1 Whole Time Equivalent Consultant Psychologist and 0.78 Whole Time Equivalent Principal Psychologist/Psychotherapist established to provide whole system support related to trauma informed practice and contributed to local projects including the Street Prostitution Strategy.

**Established a new North East and West Essex ADHD Service.** Work starting on ADHD service for Mid and South Essex and ASD service transition in North Essex.

**IAPT (Therapy For You) successfully mobilised** North East Essex IAPT service in April 2021 and a new Step 4 service in South East Essex in January 2022.

**Implementation of Here For You staff resilience hub across the system.** Direct interventions for staff, and support for teams such as Reflective Practice groups and resilience training.

**Clinical Health Psychology Services expanded** – The Cancer and Palliative Care Psychology Services across Hertfordshire and West Essex ICS, introduced Long COVID services and a pain management role at Orsett.

**Our Training and Partnerships Service** had a number of innovations and successes including the introduction of Clinical Associate in Psychology role to address gaps in service provision, in partnership with the University of Essex. Developed and validated MSc Clinical Associate in Psychology level 7 integrated degree apprenticeship programme and recruited two cohorts of students; became a 'Main Provider' of apprenticeship training. We uplifted UE Doctoral trainees from 11, to 18 then 31 per cohort, and established formal training links to support CBT and therapy training for junior doctors. Organisational Development support continued through provision of ACT4You - NHS training for staff.

**Delivered a project to enhance access for disadvantaged applicants** to Assistant Psychologist roles, and the development of a mentoring programme for psychological services staff from BAME community.

**Expansion of the Eating Disorder Service** and achievement of an Essex-wide Task & Finish Group to establish consistent medical monitoring, FREED early intervention services, and complex interventions more consistently across Essex.

### Key risks carried forward into 2022/23

- Returning to the office and clinical space available for clinical work and supervision.
- Continuing problems in recruitment due to national shortage of qualified psychological services staff – delays to our international recruitment drive.
- Use of different clinical record systems by different services that do not share information across the system.
- Increasing demands (exacerbated by Covid) leading to increased waiting times and capacity issues in Adult Community Psychological Services, Personality Disorder and Complex Needs treatments and ASD/ADHD services.
- Requirement for support for staff following serious incidents. Lack of support leads to staff sickness and retention issues.
- IAPT: Lack of venue availability for all services across South East and North East Essex; large training cohorts impacting upon service capacity to achieve waiting times; staff retention and recruitment.
- Personality Disorder and Complex Needs MDT and services: delays in setting up Multi-agency Complex Needs Forums in each locality, lack of dedicated staff for care coordination, and a need for clear management protocols across all services. West Essex service only recently commissioned, leading to demand pressures.
- Insufficient administrative support for the Heads of Services and specific support for Psychology staff in MDTs.
- Recruitment of sufficient appropriately qualified staff to deliver to expanding training demands and capacity to provide sufficient good quality, appropriately supervised clinical placements for an expanding number of doctoral level trainees following Health Education England investment in expanded training numbers.

## Priorities for 2022/23

- Workforce sustainability – improved recruitment, primarily through international recruitment opportunities, and improved retention through training and skills development incentives.
- Establish pathway protocols and increased capacity in the Personality Disorder and Complex Needs pathway.
- Collaborative working through partnerships with MH/PH, social care and co-produced services.
- To develop a Perinatal Psychological Therapies Delivery Strategy to address how this workforce will meet the psychological needs of women and their families, strengthening the stepped care of consultation, assessment and intervention to evolve a robust group offer.
- To upskill staff to confidently deliver psychologically informed approaches of care through Structured Clinical Management training, and support for SMI training courses.
- Develop Step 4 services in Mid Essex and North East Essex and finalise the interface between Step 4 and EPUT.
- Develop partnerships with new Provider Collaborative for secure services.
- Redesign job roles and posts in Adult Inpatient Psychological Services to meet the high level of acuity/complexity on our wards as well as enhance appeal, and to work with community colleagues to ensure purposeful admissions and transitions out of the acute setting for all patients.
- Older Adults West Essex – New funding will enable us to work with partner organisations to better identify the mental health needs of people living in residential care, and to improve their access to appropriate assessment services for a possible dementia.
- Training and Partnerships: To continue to provide the Clinical Associates in Psychology MSc Training to further cohorts of students working in the AMH pathway; to develop a new pathway on the CAP MSc with a focus on training Clinical Associates in Psychology to work in Services for Older People, Learning Disability Services and Neuro Rehab Services.
- To expand the ACT4You-NHS delivery to include all Trust staff; for this to become a core module on the MDP; to pilot delivery of this across the wider partner network in the region.
- To develop our support to partners in the network, including VCSEs with a particular consideration of training needs, upskilling staff, building partnerships, etc.
- Establish an Essex-wide Neuro-developmental/Neurocognitive pathway and services incl. addressing ASD, long COVID and brain injury service gaps.
- Further development of Here For You, including £237k bolt on to service Social Care (Essex County Council and private social care providers), and a specialist service for staff following Serious Incidents.
- Expansion of Cancer and Palliative Care Psychology services across Mid and South Essex and North East Essex.



## Mapping our operational plan to our strategic objectives

### We will deliver safe, high quality integrated care services

- ACP Mid/PD&CN Essex working towards multi-agency forums to improve safety and quality of care for PD&CN clients
- ACP Mid Essex – Planned for resources to be allocated to the MDT referral meeting in Access and Assessment which will be the interface point between various care services.
- Transition Psychology - integrating under the umbrella of PD&CN Transformation through collaboration built into governance structure, e.g. business meetings
- Increase frequency of risk review calls in South Essex Adult Community Psychological Services.
- Strengthening whole system collaborations across the Trauma Alliance and Rough Sleepers network and embedding these principles across locality teams where possible.
- Continued access to highly specialist training (Clinical Associates in Psychology undertaking DBT skills training and further development of schema therapy training access).
- Leading a regional pathfinder pilot to establish multi-professional Approved/Responsible Clinicians through development of new roles and establishment of a new regional training course.

### We will enable each other to be the best that we can

- Serious Incident staff support – scope system-wide expansion of EPUT offer
- Embedding strong compassionate clinical leadership across all teams via reflective practice, mentoring and supervision.
- Partnerships & Training delivery of ACT4You-NHS resilience training for staff and enhance clinical skills through SMI training.
- Personality Disorder and Complex Needs delivery of Structured Clinical Management training, and clinical skills (DBT, EMDR) training

### We will work together with our partners to make our services better

- We aim to achieve consistent and improved service provision across all 3 ICSs, with collaboration between commissioners, providers and service users.
- Forensic Psychological Services – exploring new ways of working with Provider Collaborative for Secure Services
- South East Essex Trauma Alliance movement towards objectives with acute hospital trust partners in conjunction with clinical health psychology leads.

- Provide regional CAP training resource for Mental Health providers.
- Place service user network in Personality Disorder and Complex Needs and EDS at centre of service strategy and planning.

### **We will help our communities to thrive**

- Aim to develop, embed and sustain trauma-informed care across EPUT services.
- Further projects to enhance access for disadvantaged applicants to Assistant Psychologist roles and maintaining the mentoring programme for psychological services staff from BAME community.

## **Measuring our success in 2022/23**

### Strategic Objective 1:

- Integrated needs-based psychological support pathways will offer seamless support across different levels of service provision.
- Every episode of care will have a measurable outcome based on personalised goals
- Staff providing patient care will have a framework to understand the social, psychological, physical and mental wellbeing needs of our service users.
- Enhance access and support through delivery of digital intervention.
- Multi-agency forums established in each locality

### Strategic Objective 2:

- All staff will have access to ACT for You training
- Clinical and service-user facing staff will undergo Understanding Personality Disorder and Complex Needs training
- Psychological Services Conference delivered annually to showcase innovations and share good practice
- Active Research initiative to encourage and enable staff to engage with evidence-based practice
- SCM training established in all locality MDTs

- Develop the Diversity & Inclusion Group in Psychological Services to inform inclusive service delivery

#### Strategic Objective 3:

- Service Users will be engaged in evaluating and co-producing psychological service transformation and development
- Service User Network model for PD&CN introduced and developed for Eating Disorders Services
- VCSE engagement in each locality (e.g. Trauma Alliance, CARA)
- Approved/Responsible Clinician pathfinder project completed in Partnership with CPFT
- Two CAP training courses per annum

#### Strategic Objective 4:

- ACT For You and Here For You delivered to system partners in Health & Social Care, VCSEs
- Psychological Services Partnerships initiatives focusing on enhancing skills and mental & physical wellbeing initiatives in grassroots community organisations.
- Training in trauma-informed care established

# **SPECIALIST SERVICES**

## **OPERATIONAL PLAN 2022/23**

### **Service developments and successes in 2021/22**

#### **Secure Provider Collaborative**

- EPUT is the lead for Secure Services within the Provider Collaborative (PC). This began with the Trust taking the lead for the Clinical Design Group and facilitating the transformation.
- A service priority is to lead on the repatriation of out of area patients out of region back to PC facilities to continue their treatment pathways.
- We will lead on the repatriation of patients from the private sector to NHS provision in region, this will release find and capacity to support further service transformation and create a sustainable landscape for patient care.
- We will address the issue of patient voids within services and maximise bed utilisation. This will likely involve a culture shift and the creation of new patient pathways
- Without this and the Specialist Community Forensic Team (SCFT) supporting shorter lengths of stay the 2022/23 the activity and financial plan for Secure Services may emerge as a risk

#### **Specialist Community Forensic Team**

- Essex SCFT is fully operational. EPUT is supporting implementation of SCFT's for other Trusts within the Provider Collaborative
- Hertfordshire's service is currently being mobilised with an implementation date of 1 April 2022. For Norfolk, Suffolk and Cambridgeshire their mobilisation is planned for June 2022.
- The Provider Collaborative has funded a Project Manager to support this transformation, they are in post and working actively across teams.

#### **CAMHS clinical services**

- Following the restrictions imposed on CAMHS clinical services by the CQC we have seen significant support and service improvement across all Tier 4 wards supported by the Intensive Clinical Support Group.
- A wide range of care and governance activities have been reviewed and refined, the service has also been an early adopter of technology innovations to support service

improvement. We intend for this commitment to continue and to share learning across the organisation.

- In March 2022 a revisit from the CQC has indicated a move toward full reopening and a lifting of restrictions. Work is currently ongoing to achieve this.

### **CAMHS Service Transformation**

- The Patient Flow Hub (Bed Management) service is now live and EPUT embedded is and embedded part of this working closely and on a daily basis to ensure there is rapid assessment and admission of patients, that populations are appropriate and carefully considered to ensure teams are not overwhelmed. This is in addition to the implementation is local, clinician led risk assessments to determine on a daily basis the wards ability to safely admit and care for patients
- Red to Green principles are now live and in place across the service. These are questioned and applied on a daily basis to support effective patient flow and care.
- 72 Hour Crisis Beds. This initiative is due to go live at the beginning of April and is supported with some dedicated funding from local CCG partners which is a welcome addition to Tier 4 core funding. This approach will allow for rapid admission of young people in need of a short, focussed admission in support of crisis management and is part of our desire to work in an integrated fashion with community colleagues from NELFT.
- Home Treatment Team. £356,000 has been allocated to EPUT in year to fund this transformation project. We are in discussion with partners on the best approach to take and are examining proposals by partners to see if their successes can be applied to Essex. We aim to have an outline plan by the end of April for these monies.

### **Health Outreach**

- This service has led for mass vaccination programme for vulnerable adults in Essex and Suffolk as well as Refugee's and Asylum Seekers in Suffolk. This has been achieved with enormous success of which we are extremely proud and the service has been nominated for a Parliamentary Award for its work
- The service has seen a 10 fold increase in its activity refugees and asylum seekers which has been widely discussed within the Trust recently. Original caseload levels of 50 are now approaching 500 this is likely to extend further with refugees from the Ukraine conflict likely to settle in the areas alongside other dispersals.

## Key risks carried forward into 2022/23

- **CAMHS** – Unacceptable numbers of young people currently sit within Acute hospitals across the region with a number of those being in Essex. These other services are unable to fully meet their needs and may receive poor experience of care and support. This position is also creating tensions within the wider system. With the opening of further CAMHS capacity both in Essex and across the wider system we should see some improvement, however, there remains pent up demand within the system, we expect to see referrals continue to rise.
- **Looked After Children** - Externally there remain issues with the Local Authority ability to provide appropriate placement for Looked After Children and to effectively support at home for some cases. We are seeing a pattern of failed discharges and repeated admissions where planned care packages could not be delivered. We continue to build links and engage with Local Authority but the trend toward the use of powers under the Mental Health Act in the absence of less restrictive options remains a risk. This paucity of placement has also seen patients detained in hospital significantly beyond their treatment episode and has blocked admission of other patients as a result.
- **CQC re-inspection** - We need to ensure that we are sufficiently prepared and have evidence available to support safe and effective care, good governance and strong patient engagement. Given intelligence received we are focussing upon Safer Staffing and rostering, Staff Wellbeing, Restrictive practices and Patient Experience and involvement.
- **Partnership working** - We wish to ensure that existing strong relationships are maintained. We know there are tensions which exist with other partners in Local Authority and Acute Hospitals. Managing expectation and demand will be critical to success in the next 12 months. It is recognised that we are not alone in this situation as it exists across the region. There is a drive from the Provider Collaborative to look for alternatives and solutions around these issue and EPUT are contributing actively to this work.
- **Service transformation** - If we fail to deliver on our transformation plans across services this will present a risk to individual organisations in financial and contract delivery.
- **MVA contract** – Numbers of asylum seekers and refugees dispersed in our area of operation continue to rise. We have no influence over this new demand, and it is very

likely to continue to rise in the area in an unpredictable fashion. These populations bring with them cohorts of complex need, language and cultural barriers. Our service is expert at dealing with these issues but is now significantly stretched and further asks will likely degrade the safety and effectiveness of what can be offered. Individual packages of support from commissioners have been welcome but this is short term and limited. A long term recognition needs to be built into planning if we are to mitigate this risk.

- **Integration** - Services are not always as joined up as they should and could be and there are particular challenges in accessing trauma based services from NSFT for Asylum Seekers and Refugees. Work is being taken forward locally to try and address this, but limited service provision, rising demand and overly bureaucratic referral processes are barriers to access for some patients.

## Priorities for 2022/23

- Development of a 72 hour CAMHS beds/home treatment teams and Red to Green approach to flow in partnership with NELFT.
- Implementation of detox beds for the Eastern region. Agreement has been to open four beds on Topaz Ward in Chelmsford as of 1 April 2022. Staffing has been identified to support with monies available to provide backfill of redeployed staff. As this is a regional provision there is likely to be significant demand and waiting lists for this service. However, we are confident of success in this service and following this smaller test bed we are confident of future plans for larger service provision in dedicated facilities.
- We are and will continue to embed learning from Cultural Reviews at SAC and Brockfield House both in terms of staff support and their experience. A great deal of work is underway to support staff from BAME backgrounds to both empower and protect them and to eliminate any negative behaviours and embed a culture of learning. We are actively supporting future leadership of our BAME colleagues through the RISE programme. Additionally we have plans to complete a Cultural Review at Robin Pinto Unit and this is part of our work plan
- International recruitment
- Retention programme
- Clarity in 2022/23 for the following specialised commissioned services:
  - o Low and Medium Secure Acquired Brain Injury services

- o Low and Medium Secure Deaf services
- o Women's Enhanced Medium Secure services
- o Community Forensic Children and Young People's services
- o Medium Secure Children and Young People's services
- o Children's/ Under 13's services
- o Specialised Tier 4 'Personality Disorder' services

## **Mapping our operational plan to our strategic objectives**

### **We will deliver safe, high quality integrated care services**

- Environments that are safe and fit for purpose
- Workforce plans that are tailored to support staff to deliver specialist care
- Strengthen alliances with partner organisations across service lines

### **We will enable each other to be the best that we can**

- Staff support and supervision tailored to the needs of patient cohorts and service lines
- Culture of openness amongst staff to build healthy workplace
- Supporting a culture of transparency and shared learning

### **We will work together with our partners to make our services better**

- Effective partner in the provider collaborative
- Build meaningful and trusting relationships with system partners
- Openness and transparency in transactions
- Integrated use of resources and expertise with partner agencies

### **We will help our communities to thrive**

- Services to address health inequalities by supporting health promotion work in community services
- Support service users to reintegrate into their communities through meaningful contribution.



- Supporting the health and justice agenda by offering real alternatives to custody through health / addiction interventions.

### **Key relevant ICS priorities for 2022/23**

1. 72 hour beds/red-green/admission avoidance for CAMHS
2. Improved Patient flow across all services, communication with partners and taking opportunity for further integration and shared responsibilities
3. Working with the Learning Disability bed review and pushing for parity of services for this group across Essex
4. Suffolk and North East Essex – safe and effective services for refugee/asylum seeker populations

### **Key relevant NHS Long Term Plan priorities for 2022/23**

1. Reduction of health inequalities through education and mental health advocacy with partners wherever there is opportunity to do so.
2. Workforce pressures. We will work widely to look at opportunities to reduce our vacancy factor, create new and innovative roles and collaborate with new initiatives including overseas recruitment
3. Clinical pathways, we will continue to embed best practice and engage openly with challenge and scrutiny through our clinical networks and system learning
4. Use of technology. Specialist Services has a reputation as an early adopter of new technology and innovation, and we intend for this to continue. We are currently engaged in a trial of E-Obs and whilst this is currently paused to allow for a software solution to be completed, we expect to recommence mid-April 2022.

## Measuring our success in 2022/23

- To support the repatriation of Out of Area service users from the private sector to Provider Collaborative NHS facilities in line with its ambitions and strategic objectives
- To support and integrate a single point of referral system within the Provider Collaborative for CAMHS and Secure Services
- Launch and Embed 72hr Crisis Bed pathways within CAMHS Services
- Embed Red to Green Methodology within CAMHS Services
- Support the mobilisation and enhancement of regional Specialist Community Forensic Teams within Essex and Region, increasing caseloads and reducing Lengths of Stay
- Mobilisation of In-Patient Detoxification provision
- To integrate Tier 4 Perinatal services into the provider Collaborative
- Look widely and engage with local and regional offers to address workforce issues improving recruitment and retention rates across all services.

# URGENT CARE AND INPATIENT SERVICES

## OPERATIONAL PLAN 2022/23

### Successes in 2021/22

**The incredible resilience of staff** managing frontline pressures and acuity during the Coronavirus pandemic.

**Essex wide Universal 3-digit national number** so that anyone experiencing mental health crisis can call NHS 111 and access 24/7 age-appropriate mental health support.

**Investing in our teams** - Continue ambition to ensure that all adult and older adult community crisis resolution and home treatment services are resourced and operating with high fidelity by 2021.

**Developing Crisis alternatives** - Supported pathways for increased provision of crisis alternatives - crisis cafes and sanctuaries in Colchester, Clacton, Harlow, Braintree, Southend and Thurrock.

**Mental Health Liaison teams meet Core 24 standards** across the five Acute Hospitals in Essex.

**Emergency Department diversion model implemented** January 2022 in Basildon with project plan developing for a broader Mental Health Emergency Department model.

**Reduction of inappropriate Out of Area placements.** We are on trajectory for elimination of by March 2022

**Reduction in Delayed Transfers of Care** due to Flow Lead work.

**Successful delivery of discharge support schemes** with the Voluntary Sector

**Meeting the 48 hour - 72 hour Discharge Follow up target**

**Improvements in Trust wide processes**, communication and technology to support

**Implementation of Inpatient Technology initiatives**

**Patient environment improvements** – décor, gardens and ligature reduction plan

**Reduction in restrictive practice**

**The development of Dementia Friendly Wards**

**Integrated management of discharge** - Established locality based adult ward joint Inpatient and Community senior leadership discharge planning meeting, informed by Red to Green principles with clear escalation structure in place.

**Multi Agency Discharge Events (MADE)** held in each locality – learning from the events is being shared across the system.

**Treatment plans and discharge planning** - Assurance and escalation structure in place to ensure all Adult 28+ day Length of Stay have clear treatment plan and progression towards discharge.

## Key risks carried forward into 2022/23

- Workforce – Recruitment & Retention influenced by Staffing levels on wards & increasing vacancies due to competing development of new teams/posts (MHIS), which impacts on patient safety and staff burnout.
- Increase in demand and acuity due to gaps in the system
- Failure to eliminate Out of Area Placements (OAPs) by the end of Quarter One 2022/23. OAPS are an indicator of a whole system under pressure and require system-wide solutions.
- Average Length of Stay (ALOS) – A need to address unwarranted variation in length of hospital stay—there is significant local variation in the amount of time people spend in hospital, which cannot always be explained by clinical need
- End of discharge funding March 22 – Potential for significant impact to patient flow: Additional staff (trusted assessor and enhanced discharge coordination); enhanced community CVS support offer; funding to support earliest safe discharge and alternatives to admission and Discharge to Assess (D2A) opportunities.

## Priorities for 2022/23

**Improve MH Inpatient operating model across Essex by reducing variation and providing a therapeutic, purposeful admission whilst Improving flow and reducing length of stay**

- Setting purpose of admission for all admissions
- Review what community support each person received prior to admission with a view to learning about future prevention of relapse
- Early care and discharge planning
- Assessment of social care and housing needs, and planning involvement of Local Authorities
- Set Estimated Discharge Date (which can be reviewed)
- Implement discharge trackers to review progress against what needs to be achieved
- Purposeful daily clinical and therapeutic interventions
- Implement Red 2 Green to ensure purpose of admission being progressed each day
- Daily / twice daily flow meetings overseen at senior level involving the COO, clinical directors or similar

- Input into wards from HTT, social care and housing workers to facilitate early discharge
- 7-day consultant cover to support discharge, and/or criteria led discharge to delegate discharge responsibilities to others in MDT if consultants not available 7 days
- Step down/D2A approaches to support early discharge / recovery
- Input from rehab services as early as possible when people are approaching 40 days
- Focused Discharge Support

**Patient safety, support and suicide prevention:** People in contact with mental health services are at highest risk of suicide in the immediate days and months following discharge (200-fold increased risk in the three months post discharge).

**Improved access to mental health beds:** bed occupancy in mental health in the region is generally above recognised safe levels (85%). This is while a significant proportion of patients in inpatient wards no longer require hospital care but cannot be discharged because support is insufficient to enable them to continue their recovery at home or in another setting. Flexibility within the system to rapidly agree and commission small packages of care (including as interim measures) is essential (e.g. D2A)

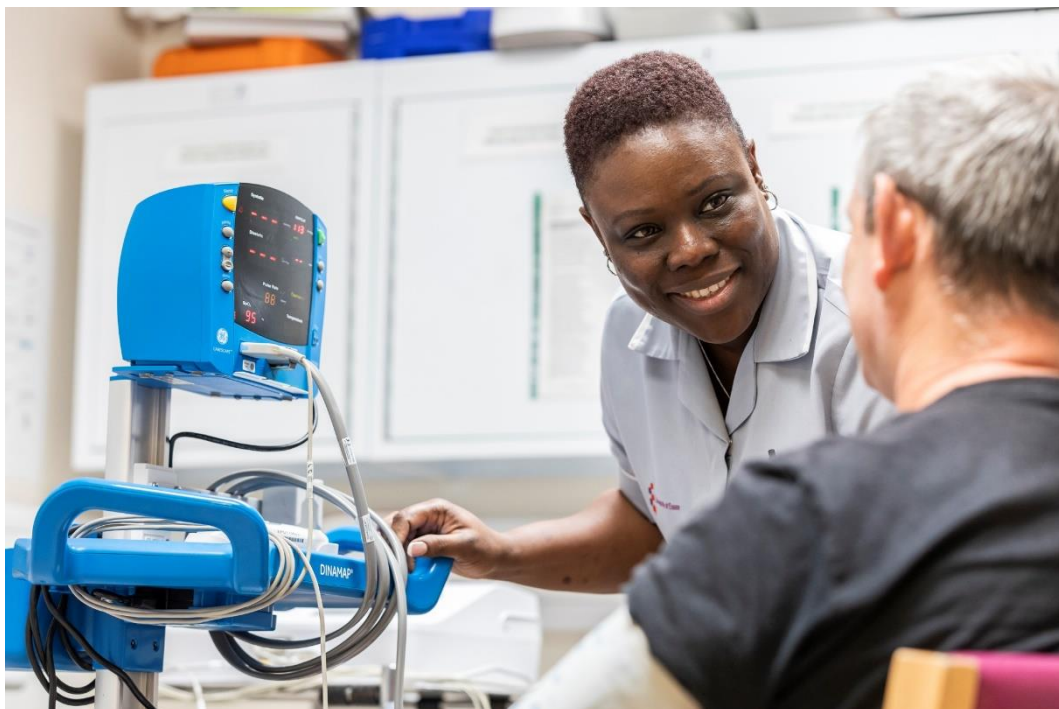
**Reduced pressure on A&E and fewer out of area placements:** when pressure on beds is high, people with mental health needs may need to be admitted out of area or wait in A&E for extended periods, which can be distressing and unsafe for patients. Freeing up local mental health bed capacity will ease these pressures. Avoiding A&E congestion is particularly critical this winter in view of the ongoing need for infection control and social distancing, including ensuring care homes aware of mental health support available in hours and out of hours, including dementia.

**Stability of community services:** The importance of strengthening preventative approaches and admission avoidance options throughout winter is as crucial as ever. This includes options for alternatives to admission (however temporary) and flexibility within the system to rapidly agree and commission small packages of care where needed (E.g. PHBs).

**Implementation of Mental Health ED/ED Diversion models across Essex** - Avoiding A&E congestion is particularly critical in view of the ongoing need of seasonal pressures, infection control and social distancing, including ensuring care homes aware of mental health support available in hours and out of hours, including dementia.

**Improved patient/carer experience and outcomes** - Regular feedback from service users and carers relating to the quality and safety of service delivery.

**Improved staff well-being and work satisfaction** – Implementation of restorative supervision, reflective time and peer support. Focus on recruitment and retention.



## Key relevant ICS priorities for 2022/23

CCGs/ICS to work with Mental Health Trusts, Local Authorities and the Voluntary and Community Sector to ensure the following in place:

- Step down flats / crisis houses for people whose needs may be better met there than a psych ward.
- Integrated funds with LAs –to empower local care teams to put in place whatever people need rapidly whether it relates to clinical, housing and social needs
- Develop market of longer term supported housing provision, alongside VCS and housing providers
- Regular MADE events for mental health to bring partners together and put in place as many safe discharge packages as possible
- Integrated discharge teams working into wards with social care and housing experts
- CMHT / HTT increased capacity
- Personalisation funds / grants to purchase what patients and carers feel is needed to be discharged safely.

## Key relevant NHS Long Term Plan priorities for 2022/23

- Investing in the workforce
- Responding to COVID-19 more effectively
- 100% coverage of 24/7 age-appropriate crisis care
- Improving mental health services and services for people with learning disabilities and/or autistic people
- Therapeutic acute mental health inpatient care - therapeutic offer will be improved by increasing investment in interventions and activities, resulting in better patient outcomes and reduced LOS.
- Suicide reduction and Bereavement Support
- Continuing to develop the approach to population health management, prevent ill health and address health inequalities
- Using digital technologies to transform the delivery of care and patient outcomes and making the most effective use of resources
- Improving the quality of mental health data



**By 2023/24:**

- There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111
- 24/7 Crisis Resolution Home Treatment functions (CRHT) for adults, operating in line with best practice by 2020/21 and maintaining coverage to 2023/24.
- A range of complementary and alternative crisis services to A&E and admission (including in VCSE/Local Authority provided services) within all local mental health crisis pathways.
- A programme for mental health and ambulances, including mental health transport vehicles, training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care clinical assessment services.
- All general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults.
- Additionally, appropriate access and waiting time standards for urgent and emergency mental health care will be field tested during 2019/20, with trajectories for introduction over the course of the LTP to be confirmed thereafter.
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults
- The therapeutic offer from inpatient mental health services will be improved by increasing investment in interventions and activities, resulting in better patient outcomes and experience in hospital.
- This will contribute to a reduction in average length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings.

## Mapping our operational plan to our strategic objectives

### We will deliver safe, high quality integrated care services

- Embed the EPUT Safety Strategy, with an additional focus on staff safety
- Deliver high fidelity Crisis Services across Urgent care pathway (trust wide)
- Implement purposeful admission principals and integrate EUPD (trauma focused) pathways across inpatient and community MH services.
- Regular MADE events for mental health to bring partners together and put in place as many safe discharge packages as possible
- Integrated discharge teams working into wards with social care and housing experts

### We will enable each other to be the best that we can

- Empower and enable our partners, teams, wider workforce
- By promoting care and creating a culture of support for each other, enabling a resilient and compassionate workforce
- By sharing expertise, learning and resources to support the needs of our local population

### We will work together with our partners to make our services better

- We will be understanding of the pressures within the system and work flexibly together to provide the best outcomes for our patients
- We will co-produce holistic and multi-agency care plans to ensure that care is provided at the right time and place, avoiding duplication and repeated assessments.
- We will support further opportunities for system wide learning, sharing training, learning and expertise across the system.
- Strengthening communities by working in partnership with VCSE, Community assets and the local populations. This will also include experts by experience and carers.

## **We will help our communities to thrive**

Improving inpatient flow should include focus on avoiding de-conditioning of people coming into inpatient settings. In planning for this, locally, the following points can be considered:

Support available from rehabilitation teams

- VCSE sector support e.g. reducing isolation, befriending
- Digital interventions e.g. 'singing for the brain' via Zoom
- Local place based support e.g. community assets
- New roles in primary care e.g. health coaches
- Falls prevention classes
- Carer support groups/ hub
- Improving the flexibility of IAPT to meet the needs of groups such as older adults, carers etc
- Bereavement and loss support
- Address the wider determinants of health e.g. housing or debt.

## **Measuring our success in 2022/23**

- 0 A&E breaches
- Positive Patient/Family/Carer Feedback
- Improved staff well-being and work satisfaction (survey)
- There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111
- A reduction in average length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings.
- Embed EPUT Safety Strategy, with an additional focus on staff safety
- Deliver high fidelity Crisis Services across Urgent care pathway (trust wide)
- Implement purposeful admission principals and integrate EUPD (trauma focused) pathways across inpatient and community MH services.
- Regular MADE events for mental health to bring partners together and put in place as many safe discharge packages as possible
- Integrated discharge teams working into wards with social care and housing experts

# PATIENT EXPERIENCE

## **Increasing use of patient/service user voice; and using feedback, experience data, and complaints data, to drive transformation**

To improve our services we must listen and learn from the people that use them. We must also be demonstrating that we are listening and learning from the complaints and PALS queries. To do this we must look to use best practices around involvement and coproduction, ensuring that we are doing what matters to the population we serve, on a need's basis, and addressing health inequality.

Not only is there a national mandate to increase patient / service user involvement to drive service transformation, coproduction it is also in legislation under the Care Act 2014.

We must move to a model where service users are driving improvement through their lived experience, to ensure we continue to be patient centred and needs based.

### **Our targets for 2022/23**

- Improved satisfaction from service users for complaints
- Few delays and extensions for complaints
- More examples of patient-led improvements and service transformation
- More involvement opportunities in all areas of the trust for people with lived and living experience

### **Improving our performance**

- Redesign our complaints process end to end through co-production to improve satisfaction, and reduce unnecessary delays
- Continue to measure and monitor satisfaction from the outcome of complaints by way of a survey
- People with lived and living experience will be involved at every possible opportunity, not just to share their story, but to share their experience and drive transformation
- Work closely with the QI and Learning Culture teams to create a process of embedding outputs from complaints, and other forums, to drive learnings and improvements
- Work close with the transformation team to increase the number of projects that people with lived and living experience are involved with
- Ensure there are opportunities for patient leaders to be involved at all levels from ward to board, amplifying the patient voice

### **Measuring and monitoring our performance**

- Continue to monitor and report Monthly, Quarterly, and annually. Reporting on complaints and compliments activity to understand trends and improvements.
- Monitoring trends in the complaint's satisfaction surveys
- Monitoring trends in the quarterly FFT Reports
- Monitor and measure the level of service user involvement across all services in particular transformative activity

### **Reporting progress**

- Quarterly complaints report to the quality committee, and PECC.
- Annual report to the Board of Directors
- Included in the regularly report to BSOG and ESOG, as part of the Safety Strategy

# CULTURE OF LEARNING

The Trust currently have a number of processes and forums for identifying, discussing and cascading lessons identified in the organisation. The EPUT Culture of Learning (ECOL) work programme aim to build on and co-ordinate the existing activities and processes to ensure that learning is fully embedded across all levels of the organisation. This will be achieved by streamlining the processes and ensuring lessons identified are cascaded in a way that enables the information to reach the targeted audience in a timely manner, is accessible at all times and retrievable as and when required.

There is also a recognised need for evidence of the embedding and sustenance of lessons identified in the organisation. ECOL represents our commitment to excellence and our willingness to learn from the actual experience of others. The proposed concept will enable us to identify and share learning through safe, effective and constructive pathways, ensuring this learning is embedded and sustained at all levels within the organisation and serve as a lever for achieving the key objectives of the Safety First Safety Always Strategy.

The vision for ECOL is for lessons learnt to be an 'Always Event' at EPUT with learning embedded into the practice of our people and safety procedures are followed at all times.

The key themes identified for the project include culture, leadership, principle, process, systems, cascading of lessons, embedding and sustenance.

The governance process for embedding and sustenance will be achieved using the methods listed below:

- Face to face training session for managers and e-learning for all staff
- Learning Lessons to be incorporated into induction
- Learning Lessons built into supervision and appraisal process
- Identify a number of quality and safety champions
- Second line assurance to be provided by the dedicated lessons team and the multi-disciplinary leadership in the Care groups, through regular testing
- Reward and recognition

Key interdependencies for successful implementation include a mature approach to quality improvement, effective ward and community service processes, equality, diversity and inclusion and a robust induction process.

Progress and exceptions report from the project steering committee will be presented to the executive safety oversight group and board safety oversight group on a monthly basis.

The Proposed key performance indications for measuring success and outcomes are:

- Reduction of Patient Safety Incidents under themed priorities in the Trust Patient Safety Incident Response Plan (PSIRP) year on year
- Staff perception of the Trust being a learning organisation (Staff Quarterly Pulse Survey, Manchester Patient Safety Framework Tool and Staff Survey)

# WORKFORCE

We will continue to focus on a variety of areas with regards to resourcing. This ranges from reducing recruitment time to hire, improving candidate experience, improving trust service satisfaction and increasing our international recruitment drive. We are pleased to report that time to hire has reduced by 45% down to 23 days (November 2021 – May 2022). Personal levels of interaction will continue to be promoted as the experience side of recruitment is prioritised. Recruitment officers continue to be empowered to help their hiring managers by aiding with the administration side of the recruitment process. Further details, split by staff group for reference, can be found later in this section.

The trust will move forward with a programme of work to improve the experience of staff and support a culture of learning and collaboration. Our staff survey results showed really encouraging results as EPUT was one of the strongest in the region, scoring higher than the national average, around staff morale, wellbeing and engagement. As part of our efforts to improve further, we will be strengthening our own governance and policies around equality, diversity and inclusion (EDI), including taking steps to progress to a 'Disability Confident Leader'. In addition, we are leading the development of EDI strategies for Mid and South Essex and Herts and West Essex ICBs.

We will also prioritise efforts to transform how we develop talent across all professions and bands, by embedding performance pen pictures, creating clearer development programme pathways, and defining our overarching corporate development needs and how they will be addressed.

## Nursing

We have undertaken analysis of past trends undertaken for forecasting of nursing numbers over the coming year. This included:

- The number of likely leavers due to retirement
- The likely number of retire and return staff
- The number of other leavers
- Usual band 6+ recruitment
- Estimation on usual band 5 recruitment

We will be planning to address our analysis by our usual routes of recruitment. This will be heavily supplemented by our international recruitment project, which aims to recruit 185+ Band 5 nurses. Another route to highlight here is newly qualified recruitment (via university students and apprentices). We are targeting 90 whole time equivalent (WTE) students, for the September/October cohort, with 76 already offered.

## **Registered scientific, therapeutic and technical staff**

*This includes various professional groups including Psychology, AHPs, Social workers and Pharmacy.*

The growth needed will, in part, be achieved through current and new recruitment methods. Alongside this will be recruitment of newly qualified staff from university routes. In future years this will include apprenticeship routes in AHP professions and CAPs in Psychology. Additionally, recruitment of newly qualified Psychological Wellbeing Practitioners (PWP) in Improving Access to Psychological Therapies (IAPT) service, through traditional routes and apprenticeship pathway, has been included in planning.

A variety of promotional activities are in place from coffee mornings, webinars through to careers fairs. The maintenance of a personal touch will be key in attraction and in encouraging long term retention. Careers at EPUT are more than just a career and this will be felt at every point of recruitment through to onboarding and form part of a wider retention plan.

## **Support to Clinical**

We currently have two large projects which will impact on support staff numbers:

- Due to the success of the Health Care Support Worker (HCSW) project in 2021, this is being repeated as part of the national HCSW recruitment scheme. The aim of the project is to recruit 65 HCSWs, with 50 included in the plan as a minimum based upon previous project success rate.
- Two cohorts of trainee nursing associates will be begin in May and October respectively, further enhancing our support to clinical workforce.

## **Apprenticeships**

The Trust has a number of apprenticeship pathways, including within nursing, HCSW, AHPs and psychology. The majority of new posts in this area will be offered as an apprenticeship opportunity, further increasing our support to clinical numbers whilst they train.

## **Medical**

Medical staffing continues to be a difficult to recruit to area. Therefore, other than recruitment to new roles, no additional numbers have been included and agency forecasts are set to remain at current levels. We are planning on exploring international routes based on early successes with our international nurse recruitment project.

The inclusion of Physicians Associates as part of the medical workforce plan from September 2022 marks a new workforce model and if successful a future growth area beyond 2022/23.

We will be featuring on the BMJ Careers – Mental Health job board which is the UK's only dedicated job board for clinical roles in mental health, including mental health and learning disability nurses, psychologists, occupational therapists and others. Other avenues will be explored to boost our exposure.



## Infrastructure Support

The majority of current vacant posts consist of more specialist roles and therefore a conservative estimate on recruitment, amounting to an additional 17 WTE staff by March 2023, has been included based on current trends.

## Workforce plans by Care Unit

Urgent Care and Inpatient Services			
Staff Group	Current Year Base Budget (CYBB) WTE	Forecast 2021-22 Wte	Annual Plan Wte 22-23
Medical	3.69	3.45	3.50
Healthcare Scientists and Scientific, Therapeutic & Technical Staff	4.89	4.70	6.85
NHS Infrastructure Support	13.39	11.37	10.80
Registered nursing, midwifery and health visiting staff	562.93	351.06	561.21
Support To Clinical Staff	475.19	404.34	521.07
Non Medical - Non Clinical Staff Substantive - Other	16.24	13.44	15.24
Bank Staff	0.90	291.82	0.00
Agency Staff	0.00	83.25	0.00
<b>Grand Total</b>	<b>1,077.23</b>	<b>1,163.43</b>	<b>1,118.66</b>

Mid & South Essex			
Staff Group	CYBB WTE	Forecast 2021-22 Wte	Annual Plan Wte 22-23
Medical	2.00	1.39	2.10
Healthcare Scientists and Scientific, Therapeutic & Technical Staff	87.12	87.57	138.23
NHS Infrastructure Support	(2.56)	(7.35)	(3.96)
Registered nursing, midwifery and health visiting staff	659.40	513.79	656.85
Support To Clinical Staff	578.20	613.58	634.37
Non Medical - Non Clinical Staff Substantive - Other	1.00	1.00	1.00
Bank Staff	0.00	78.33	0.00
Agency Staff	6.48	52.70	1.71
<b>Grand Total</b>	<b>1,331.64</b>	<b>1,341.01</b>	<b>1,430.29</b>

## North East Essex

Staff Group	CYBB WTE	Forecast 2021-22 Wte	Annual Plan Wte 22-23
Medical	1.54	3.00	5.10
Healthcare Scientists and Scientific, Therapeutic & Technical Staff	125.55	108.67	142.04
NHS Infrastructure Support	3.60	7.00	7.00
Registered nursing, midwifery and health visiting staff	99.32	93.98	129.42
Support To Clinical Staff	82.24	89.48	106.27
Bank Staff	0.00	13.34	0.00
Agency Staff	0.00	6.28	0.00
<b>Grand Total</b>	<b>312.25</b>	<b>321.75</b>	<b>389.84</b>

## Psychological Services

Staff Group	CYBB WTE	Forecast 2021-22 Wte	Annual Plan Wte 22-23
Medical	0.70	0.40	8.20
Healthcare Scientists and Scientific, Therapeutic & Technical Staff	286.01	275.71	325.54
NHS Infrastructure Support	20.90	27.05	19.56
Registered nursing, midwifery and health visiting staff	24.10	17.01	20.31
Support To Clinical Staff	130.42	132.30	142.35
Non Medical - Non Clinical Staff Substantive - Other	0.80	0.53	0.80
Bank Staff	0.00	4.48	0.00
Agency Staff	0.00	2.25	0.00
<b>Grand Total</b>	<b>462.93</b>	<b>458.63</b>	<b>516.76</b>

## Specialist

Staff Group	CYBB WTE	Forecast 2021-22 Wte	Annual Plan Wte 22-23
Medical	1.10	1.20	1.20
Healthcare Scientists and Scientific, Therapeutic & Technical Staff	34.97	30.96	34.99
NHS Infrastructure Support	4.60	4.20	3.60
Registered nursing, midwifery and health visiting staff	258.19	198.45	283.76
Support To Clinical Staff	286.13	230.35	312.35
Non Medical - Non Clinical Staff Substantive - Other	6.00	6.00	6.00
Bank Staff	0.00	192.15	0.00
Agency Staff	1.61	29.76	1.61
<b>Grand Total</b>	<b>592.60</b>	<b>693.07</b>	<b>643.52</b>

## West Essex

Staff Group	CYBB WTE	Forecast 2021-22 Wte	Annual Plan Wte 22-23
Medical	12.30	12.10	12.40
Healthcare Scientists and Scientific, Therapeutic & Technical Staff	120.16	97.66	125.25
NHS Infrastructure Support	12.61	12.11	13.53
Registered nursing, midwifery and health visiting staff	261.67	184.07	257.66
Support To Clinical Staff	235.21	202.67	238.50
Non Medical - Non Clinical Staff Substantive - Other	4.00	4.00	4.00
Bank Staff	0.00	53.17	0.00
Agency Staff	1.60	62.49	0.00
<b>Grand Total</b>	<b>647.55</b>	<b>629.37</b>	<b>651.34</b>

## Total Trust Position

Staff Group	CYBB WTE	Forecast 2021-22 Wte	Annual Plan Wte 22-23
Medical	297.45	280.10	335.37
Healthcare Scientists and Scientific, Therapeutic & Technical Staff	708.12	650.96	824.33
NHS Infrastructure Support	592.49	578.13	624.55
Registered nursing, midwifery and health visiting staff	1,892.02	1,393.33	2,082.81
Support To Clinical Staff	1,944.58	1,865.84	2,252.73
Non-Executive Directors	8.00	7.41	8.00
Non Medical - Non Clinical Staff Substantive - Other	299.26	229.37	298.98
Bank Staff	0.90	954.49	200.14
Agency Staff	10.45	399.51	93.42
<b>Grand Total</b>	<b>5,753.27</b>	<b>6,359.13</b>	<b>6,720.34</b>

# DIGITAL

EPUT has a new digital strategy with a clear and ambitious roadmap to drive digital and data further into the organisation and across the system to enable safer, more efficient and enabled healthcare.

Our strategy encompasses Six Key themes:

- Providing safe care consistently
- Delivering accessible & accurate Information Intelligence
- Enabling Collaboration with Partners
- Building Smart Foundations
- Supporting & developing our people
- Engaging & Empowering Service User

We have a vision to become a digital exemplar organisation, to innovate and pioneer new ways of working with digital as the enabler. We are exploring the use of virtual and augmented reality in both physical and mental health, believing that such technologies can and will play a significant role in the future of healthcare to the benefit of both the patient and the clinician.

We will also look to partner with other organisations to deliver innovative projects through our Innovation Hub. This approach will enable the development in both models of care and digital solutions that support patient care in mental health and community services that may lead to a commercial benefit to the Trust. The first of these partnerships being with Anglia Ruskin University and working alongside a company to deliver electronic Standard Operating Procedures for the Trust.

## Key Digital Priorities for 2022/23

- **Electronic Patient record system review** - Ensuring that our record systems are safe and modern to support the delivery of patient data.
- **Business Intelligence transformation** – to make analytical data available to EPUT leaders to support good decision-making and predictive service modelling.
- **Patient Portal** – Giving patients direct access to their own healthcare record and their engagement pathways with EPUT
- **Electronic Prescribing** – To improve medicines management efficiency and safety
- **Electronic Observations** – e-obs rollout to enable patient observations to be faster, simpler, safer and directly integrate with the patient record
- **Cyber security maturity** – driving a single cyber maturity baseline across the ICS(s) to support collaboration, efficiency and data security

- **Unified Wi-Fi** – a single Wi-Fi network across MSE ICS to promote joint working and simpler access to IT systems
- **Robotic Process Automation** – Further deployment of automated processing to reduce administrative overhead tasks on clinicians freeing up more time to care for patient

# ESTATES

The Estates function will support NHS Improvement in establishing the impact of Net Zero Carbon programmes of work and its relative effect on backlog maintenance costs, as part of a national programme that has selected nationally, small number of key Trusts to deliver against this objective.

- We will expand our electric vehicle charging network with an increased number of both trickle and rapid chargers across the Trust.
- Reliance on natural gas is a global environmental sustainability issue and the Trust will seek to make significant in-roads into its removal as a key component of the estates strategy: Thurrock Community Hospital site has significant natural gas usage and as such will form the spearhead of the 22/23 gas eradication programme of work.
- The estates team will receive significant investment to restructure the senior management and operation teams to fully support improved ways of working in line with the implementation of the ISO9001 quality management system while also supporting the Net Zero Carbon strategy via the implementation of the ISO14001 environmental quality management system.
- The estate strategy will align with the overarching ICS strategy in terms of shared space, disposals and joint development control planning.
- The Trust will work with the ICS to further develop its property database to ensure regional inclusivity within the SHAPE property database while providing free access to its updated 3i estates terrier.
- The estates team will work with the CCG to explore partnership opportunities around estates and facilities market testing of services.
- The Trust drive for international recruitment will be supported with estates commercial engagement with regional providers to deliver both sustainable and cost effective international nursing accommodation that remains a key element of the Trust staff retention programme.

# FINANCE

## Financial Plan 2022/23

### 1. Revenue Plan

Consistent with National expectations the Trust is mindful that the financial landscape during 2022/23 will be more challenging than 2021/22. Key drivers behind this challenge include:

- (i) a continued increase in demand for our services including activity restoration and recovery following COVID along with the continued impact of COVID.
- (ii) a national requirement to deliver a 1.1% efficiency with an overall local efficiency 3.7% equivalent to £17.3m.
- (iii) risk of expected inflationary costs (including energy and fuel) above funding current allocations.
- (iv) reduction in COVID funding.
- (v) workforce challenges and resultant costs of temporary workforce.

The Trust has developed an overall plan that seeks to mitigate risks and is targeting to deliver a balanced revenue budget and maximise its use of capital resources.

The Trust's turnover is set to increase by 10% (£42m) to £456m with 68% of planned spend on workforce costs. Funding increases include the full year impact of Provider Collaborative arrangements, investment from Commissioners in Mental Health services and inflationary uplifts.

During 22/23 the Trust will further develop and embed its accountability framework structure with Care Units and Corporate Directorates empowered with autonomy and delegated budget responsibility to manage their finances.

Whilst seeking to optimise its internal structures and use of resources, the Trust places significant emphasis on strong system partnering. It plans to continue to collaborate, lead and drive System working to unlock performance, quality and financial opportunities that are emerging as part of greater systems integration.

## Income and Expenditure Summary 2022/23

Income & Expenditure	21/22 Budget	22/23 Final Proposed Budget	Budget Change
	£m	£m	£m
<b>Income</b>			
Patient Income	396.8	433.2	36.4
Other Operating Income	16.6	22.3	5.6
<b>Total Income</b>	<b>413.4</b>	<b>455.5</b>	<b>42.1</b>
<b>Expenditure</b>			
Pay	(282.9)	(311.2)	(28.3)
Non-Pay	(113.3)	(126.2)	(12.9)
Capital Charges (Dividends & depn)	(13.2)	(13.8)	(0.6)
Operating Lease/IFRS Conversion	(4.0)	(4.3)	(0.3)
<b>Total Expenditure</b>	<b>(413.4)</b>	<b>(455.5)</b>	<b>(42.1)</b>
<b>Total</b>	<b>0.1</b>	<b>(0.0)</b>	<b>(0.1)</b>

The plan requires delivery of £17.3m of efficiencies. During the planning process a number of schemes have been identified, the most significant included anticipated benefits from the International Recruitment programme and a reduction in Out of Area placements, both these projects are underway prior to commencement of the financial year.

Other identified schemes include reviews and consolidation of contractual arrangements, value for money reviews, process and quality reviews as well as exploring synergies with System partners. The Transformational Group will lead transformational changes with financial efficiencies being a by-product of their work.

Delivery, and further identification of efficiencies will be monitored through the Accountability Framework structure. All efficiency programmes will receive sign off to ensure there is no detrimental impact to quality and safety of care.

## 2. Capital Investments

The Trust will continue to invest to improve estate, facilities, infrastructure and develop its digital strategy. For 2022/23 £11.3m of Capital resources is allocated. Plans have been internally developed on a risk based prioritisation basis.

Outside of this allocation the Trust is also developing a number of strategic capital bids whereby it will seek external funding subject to business case approval. Current intentions total £14m including the development of the Mental Health ED.

The Trust, and System partners have also taken a longer term of Capital investments producing indicative five year plans and associated three year allocations.

In addition to localised investments that Trust leads the System capital group. Current plans indicate System capital allocations total £65.1m with an additional £25m of externally schemes. Working with the System the Trust will review estate rationalisation opportunities including identification of any surplus estate and potential associated capital receipts which will support priority investments.



## Five Year Capital plan (Excluding strategic bids)

	2022/23 (£000s)	2023/24 (£000s)	2024/25 (£000s)	2025/26 (£000s)	2026/27 (£000s)
<b>Internally Funded Schemes:</b>					
Carry Forward Commitments	2,319				
BAU Allocations:					
ICT	650	1,055	1,250	1,250	1,250
Safety and Ligature	909	642	536	867	1,013
Health and Safety	1,340	475	805	1,051	1,746
Carbon Reduction / Sustainability	50	50	50	-	-
Medical / Other Equipment	75	100	100	100	100
Backlog Maintenance	849	487	1,013	2,206	1,943
Internally Funded Strategic Schemes:					
ePMA	743	1,209	266	-	
ICT Local Strategy	2,044	850	2,250	250	-
ICT System Strategy	711	3,375	3,125	2,000	1,500
Estates Strategic Schemes	470	1,155	571	1,965	2,130
Capitalised Capital Planning Team	300	308	315	323	331
Contingency / Unallocated	796	808	234	501	500
<b>CHARGE AGAINST SYSTEM ENVELOPE</b>	<b>11,256</b>	<b>10,513</b>	<b>10,513</b>	<b>10,513</b>	<b>10,513</b>
<b>Confirmed Externally Funded Schemes:</b>					
ICT Critical Cybersecurity	39	-	-	-	-
<b>TOTAL CAPITAL EXPENDITURE</b>	<b>11,295</b>	<b>10,513</b>	<b>10,513</b>	<b>10,513</b>	<b>10,513</b>
Internally Funded / System Envelope	10,756	10,513	10,513	10,513	10,513
Permitted overspend against CDEL re 21/22	500				
Critical Cybersecurity Funding	39				
<b>TOTAL CAPITAL FUNDING</b>	<b>11,295</b>	<b>10,513</b>	<b>10,513</b>	<b>10,513</b>	<b>10,513</b>
<b>CAPITAL SURPLUS / (SHORTFALL)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Risks and Mitigations

The main risks that will require management and ongoing monitoring are:

1. The continued impact, above planned levels of COVID.
2. Non Pay and inflationary / cost of living increases above funding.
3. The uncertainty of costs associated with the Inquiry.
4. Recurrent delivery of the efficiency programme, including delivery of international recruitment and identification of efficiency schemes.
5. The financial constraints within the System / ICS.

Risks reporting will be enhanced to closely monitor risks and delivery against key financial risks with a view to ensure remedial actions and interventions are made at the earliest opportunity.

# Appendix One

## Accountability Framework key performance indicators and data to be shared ahead of the meetings – (to be refreshed in Q1 2022/23)

The measurement of directorate performance will be derived from headline ratings under five domains:

1. Quality and safety
2. Operational performance
3. Workforce and culture
4. Finance
5. External relations

### **Quality and safety**

1. An upward trend in the number of patients and families that say they feel safe in EPUT's care
2. An upward trend in the confidence of commissioners and partners that EPUT is a safe organisation
3. 100% of patients have safety plans
4. 100% of inpatients have been involved in completing their safety plans
5. Suicide awareness training targets achieved
6. Number of Never Events
7. Patient safety incidents not signed off
8. Ligature incidents – fixed and non-fixed
9. Incidents of self-harm
10. Incidents of violence and aggression
11. Incidents of seclusion
12. Incidents of restraint
13. Incidents of prone restraint
14. Absence without leave
15. Falls
16. Admission of under 16s to adult facilities
17. Pressure ulcers
18. Safety alerts not signed off
19. MHA detentions

20. MHA admissions
21. Complaints received
22. Complaints resolved within agreed timeframes
23. Medication incidents

### **Operational performance**

#### Access

1. IAPT access
2. IAPT recovery
3. IAPT waiting
4. EIP – 2-week standard
5. 6-week diagnostic standard
6. 18 weeks referral to treatment
7. CAMHS Eating Disorders – 1 week and 4-week standards
8. Adult CMHT Access – 5 day and 6-week standards
9. 52 week waits – initial and internal waits
10. Drug and alcohol services

#### Patient flow

11. Occupancy
12. Length of stay
13. DTOC
14. Gatekeeping
15. CPA 72-hour follow up
16. Readmission rates
17. Out of area placements

#### Employment, accommodation and data

18. MH patients in employment
19. MH patients in settled accommodation
20. Data quality maturity index

### **Workforce and culture**

1. Safe staffing – fill rates
2. Incidents of bullying and harassment
3. Turnover rate
4. Vacancy rate
5. Sickness rate
6. Cost of sickness absence
7. Agency costs
8. Bank utilisation
9. Mandatory training
10. Annual appraisals
11. Equality and diversity
12. Flu vaccination
13. Clinical supervision
14. Patient engagement

### **Finance**

1. Income v budget YTD
2. Expenditure v budget YTD
3. Expected year end position v budget
4. Better Payment Practice Code - % not paid in 30 days
5. Efficiency Delivery
6. Capital – Actual vs Plan YTD
7. FPM Performance
8. Waiving of competitive tendering / quotations (where outside of agreed exemptions in SO's)

### **External relations**

Judgement based on links to the VCS, PCNs, Place, local authorities and other partners.

# Appendix Two

## Safety priority key performance indicators

### Inpatient flow and capacity

- Number of out of area placements
- Formal delayed transfers of care against OPEL 2 framework
- Patients staying longer than national benchmarked days with a clear treatment plan
- Average length of stay
- Number of patients diverted from an inpatient stay
- Number of positive discharges

### Staffing

- Time to hire from shortlisting to unconditional offer
- SafeCare completion rates
- Substantive unregistered clinical staff vacancy rate
- Substantive registered clinical staff vacancy rate

### Engagement and supportive observations

- Patients on level 3 or 4 observations who have been on that level for over two weeks
- Wards with improved clinical audit results

### Culture of learning

- A year on year reduction in patient safety incidents resulting in higher than moderate harm
- Percentage of employees that say they feel that EPUT is a learning organisation
- Number of learning lessons publications

### Ligature risk

- Number of non-fixed ligature attempts per 10,000 bed days
- Number of fixed ligature attempts per 10,000 bed days
- Number of open ligature actions on Datix predating 1 April 2022
- Percentage of closed ligature actions versus open actions on Datix

# Appendix Three

## Glossary and abbreviations

Term	Meaning
ALOS	Average Length of Stay
ARMS	At Risk Mental State services
ARRS	Additional Roles Reimbursement Scheme
BSOG	Board Safety Oversight Group
CAMHS	Child and Adolescent Mental Health Services
Concept Health	Digital solutions in healthcare
CQC	Care Quality Commission
Culture of Learning	An EPUT programme to embed learning across the organisation.
CVS	Community and Voluntary Services
CYBB	Current year base budget
Datix	A clinical incident reporting system.
East of England Specialist Commissioning Collaborative	A collaboration of mental health providers in the East of England to lead the organisation of specialist mental health services.
EDI	Equality and Diversity Initiative
EEAST	East of England Ambulance Service
ePMA	Electronic Prescribing and Medicines Administration system.
ESOG	Executive Safety Oversight Group
HWE	Hertfordshire and West Essex
I Want Great Care	A mechanism to capture patient experience and feedback.
IAPT	Improving Access to Psychological Therapies
IMT	Information Management and Technology
Kickstart	A government programme to create new job opportunities for 16 to 24 year olds.
MADE	Multi-agency discharge event. A cross-organisational event to look at improvements that can be made in the processes to discharge people from hospital care.
MaST	Management and Supervision Tool
MDT	Multi-disciplinary team.
Mid and South Essex Community Collaborative	A collaboration of three community service providers in Mid and South Essex.
MSK	Musculoskeletal conditions
NCAP	National Clinical Audit of Psychosis – a five year improvement programme.
NELFT	North East London NHS Foundation Trust
OHCP	One Health and Care Partnership in West Essex
OPEL	Operational Pressures Escalation Levels
Patient First	This is our Patient Safety strategy
PCN	Primary Care Network
PHBs	Personal Health Budgets

Provide CIC	Provide are a Community Interest Company that run community services in the East of England
QI	Quality improvement
Red to Green	This is an NHS initiative that tries to turn red days for inpatients into value adding green days.
SEECHS	South East Essex Community Health Services
SNE	Suffolk and North East Essex
STORM training	Skills based suicide intervention training
Time to Care	Programme to identify opportunities to free time for direct patient care
UCRT	Urgent Community Response Team
VCS	Voluntary and Community Sector
WTE	Whole Time Equivalent