NHS
Essex Partnership University
NHS Foundation Trust

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

QUALITY ACCOUNT 2023-24

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Who was involved in the development of our Quality Account?

Essex Partnership University NHS Foundation Trust consulted with the following in the development of this Quality Account and the content within:

- EPUT Council of Governors

- Healthwatch Essex, Southend and Thurrock

- Mid & South Essex Integrated Care Board (main commissioner)

- Herts & West Essex Integrated Care Board (commissioner)

- Suffolk and North East Essex Integrated Care Board (commissioner)

- NHS East of England Specialist Commissioner

- Essex, Southend and Thurrock Health Overview Policy and Scrutiny Committees

- Essex, Southend and Thurrock Health and Wellbeing Boards

How to provide feedback on this Quality Account

If you would like to provide feedback on this Quality Account, or would like to make suggestions for content of future accounts:

Email: epunft.trust.secretary@nhs.net

Write to: Essex Partnership University NHS Foundation Trust
            The Lodge,
            Lodge Approach,
            Runwell,
            Wickford,
            Essex
            SS11 7XX

Part 1

Quality Account –

Chief Executive's Statement

STATEMENT ON QUALITY

This is our account to you about the quality of services provided by Essex Partnership University NHS Foundation Trust in 2023/24.

It looks back at our performance over the last year and details our priorities for improvement over the coming year 2024/25.

Statement on Quality from our Chief Executive

I am delighted to present our Quality Account for 2023/24, which reflects on our performance over the last year and highlights our priorities for improvement in 2024/25.

When I arrived at the Trust as Chief Executive in 2020, we set out on a journey of improvement, committed to driving forward transformation alongside our staff, partners and patients to provide the highest quality care. Over the last 12 months we have made huge progress – while we know there is more to do, we have taken huge strides towards achieving our vision 'to be the leading health and wellbeing service in the provision of mental health and community care.'

Central to continue achieving this is our new Quality of Care Strategy. Launched earlier this year, it builds on the improvements already achieved through our Safety First, Safety Always Strategy and sets out our new guiding principles for delivering great care and putting people at the heart of everything we do. The framework is shaped by what our staff, people with lived experience and partners have told us quality of care means to them and focuses on safety, effectiveness and people's experiences as the three foundations for delivering consistent and reliable care.

At any one time EPUT provides services to more than 100,000 patients – the Quality of Care Strategy will help us drive continuous improvement for each of those patients and build on the significant progress we have made this year. I am pleased to highlight just a few examples below:

Co-production - We are working more closely than ever before with service users, their carers and families to put patient voice at the heart of our organisation. We have recruited more than 600 Lived Experience Ambassadors, Peer Support Workers, Volunteers and Patient Safety Partners, expanded our service user networks and formed a new Patient, Carer and Family Collaborative to help shape service developments and ensure families are fully involved in decisions about care.

Recruitment - We know that having the right staff in place is vital to providing safe and compassionate care. This year our focus on building a stable and skilled workforce has continued and we have welcomed more than 1,700 permanent new colleagues, reducing a reliance on agency staff and offering a consistency of care. Our vacancy rates have reduced substantially (half of two years ago) and our international recruitment programme has attracted talent from across the globe, including more than 25 doctors who joined us as part of our Advanced Fellowship in Psychiatry programme.

Investment in our wards - Work has continued this year to make our wards safe and therapeutic spaces that provide the best possible environment for care and recovery. A £2 million renovation of Hadleigh Psychiatric Intensive Care Unit is complete and widespread changes have been made across other wards to improve the patient environment and reduce the risk of self-harm. 'Oxehealth', a contact free patient vital signs monitoring system, is now up and running on 23 of our inpatient wards, seclusion rooms and health-based places of safety.

New services - Demand for mental health services is growing and we have introduced new ways for people in crisis to seek support. A Mental Health Joint Response vehicle staffed by a clinician from the East of England Ambulance Service NHS Trust and an EPUT mental health professional is helping people in crisis get the right care at the right time, and our By Your Side service, launched last October, offers mental health support to people who have experienced perinatal loss. Our Rough Sleeper and Outreach teams continue to help some of the most vulnerable people in our communities get specialist support and our new Drug and Alcohol Detox service on Topaz Ward is helping adults living with addiction to detox with the support of specialist doctors, nurses and psychologists.

This spring marked one year since our Mental Health Urgent Care Department in Basildon opened its doors. Since then, it has supported more than 2,000 people in a calm and therapeutic environment, ensuring they each receive the most appropriate care for their individual needs.

Our virtual wards continue to help patients recover in the familiar surrounds of their own homes and our new Community Falls Response service in west Essex is improving health outcomes and helping to avoid unnecessary hospital admissions.

Progress and the year ahead - The Trust remains subject to considerable external scrutiny as the Lampard Inquiry progresses. We welcome the progress of the Lampard Inquiry and we will do all we can to support Baroness Lampard to deliver answers for patients, families and carers. 2023/24 has been a busy year and we have made great progress on our journey of improvement, innovation and transformation. All that we have achieved is testament to the hard work and dedication of our staff and I would like to take this opportunity to thank everyone at the Trust, as well as our system partners, for their continued support.

To the best of my knowledge, the information contained in this Quality Account is accurate.

#WhatWeDoTogetherMatters

Paul Scott
Chief Executive

What is a Quality Account?

The NHS is required to be open and transparent about the quality of services provided to the public. As part of this process, all NHS providers are required to publish a Quality Account (The Health Act 2009). Staff at the Trust can use the Quality Account to assess the quality of the care we provide. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: www.nhs.uk

The dual functions of a Quality Account are to:

Review of 2023/24

LOOK BACK

Summarise our performance and improvements against quality priorities and objectives we set ourselves for 2023/24.

Set out our quality priorities for 2024/25

LOOK FORWARD

Outline the quality priorities and objectives we set ourselves going forward for 2024/25.

Part 2
Quality Priorities

PRIORITIES FOR IMPROVEMENT

2.1 Reporting back on our progress in 2023/24

In our 2022 /23 Quality Account, we identified nine quality priorities that we would focus on. This section presents the progress we have made against these.

PATIENT SAFETY:
Priority 1: Improve the physical health of our patients / service users
Why was this a priority?

We provide community, mental health and rehabilitation services to a diverse range of patient groups. Our services provide care to people with physical health conditions, people with mental illnesses, people with a learning disability and people with substance use disorder. All such populations can experience multiple health risks and co-morbidities in addition to their primary presenting conditions. Improving the physical health of our patients remained a priority for us and we aimed to build on the good work of the previous year. Both nationally and locally, parity of esteem between physical and mental healthcare has remained a key priority. It is well known that people with mental illness or substance use disorder have a life expectancy that is 15-20 years shorter than the general population, largely due to risks that can be modified by behaviour change or preventative medication. In addition, people who receive care in an inpatient environment may be in danger of 'deconditioning' which can result in physical health deterioration. For example, deconditioning may lead to pressure ulcers caused by inactivity, or inactivity may result in muscle loss and poor mobility leading to risk of falls. Resulting injuries from falling can further affect a person's physical and mental health and wellbeing.

To improve the physical health of our patients we had priority focus on three areas, these being falls, physical health checks and pressure ulcer.

1.1   Falls

What did we say we would do?

We said we would reduce the number of falls resulting in moderate/severe harm in our inpatient areas and reduce the number of people who fall more than once on our wards.

We focused on the following areas to support people who were at risk of falling:

- Improve compliance with falls training

- Continue the roll out of assistive technology to minimise falling

- Improve physical activity provision on our inpatient wards

Did we achieve this?

Summary Assurance Statement

We have demonstrated evidence of improvement to reduce falls with harm over the last year and ensured that our ward staff are trained. Medical staff however, will require alignment of the national e-learning to their mandatory training trackers to support improvement with their compliance and oversight. We have continued to rollout assistive technologies in our inpatient settings. Our allied health professionals have created a Trust-wide proactive approach to prevent deconditioning and implemented falls reduction approaches as part of individualised multidisciplinary care planning. In order to understand our falls prevalence and any themes that can be identified though patient outcome data, we will require continued development of quality data insights into 2024/25.

Reduce the number of falls resulting in moderate/severe harm in our inpatient areas
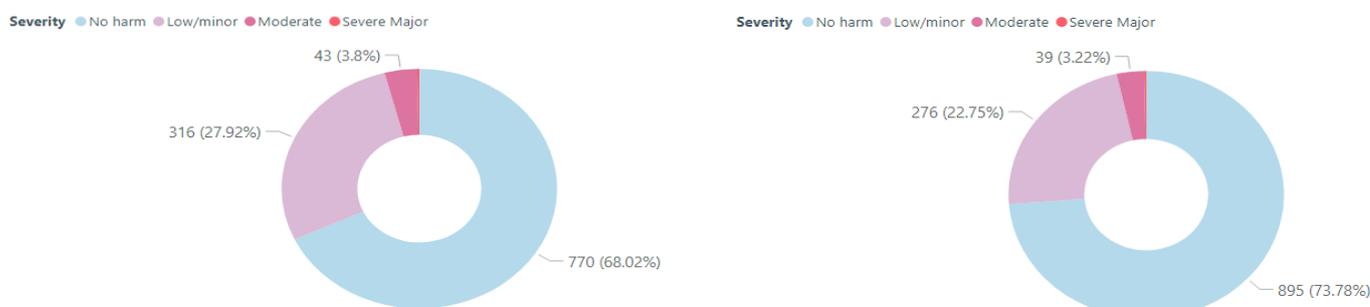
Falls by severity 2022/23

Falls by severity 2023/24

There has been a reduction in the number of falls resulting in moderate/severe harm in our inpatient areas as well as the in the severity of harm caused by falling in 2023/24 compared to the previous year:

- The number of no harm falls increased from 770 in 2022/23 to 895 in 2023/24, constituting an increase in proportion of all falls from 68% to 74%.

- The number of low harm falls reduced from 316 in 2022/23 to 276 in 2023/24, constituting a decrease in proportion of all falls from 28% to 23%

- The number of moderate harm falls reduced from 43 in 2022/23 to 39 in 2023/24, constituting a decrease in proportion of all falls from 4% to 3%.

- There were no severe harm falls in our inpatient areas in either year.

Reduce the number of people who fall more than once on our wards

Over 2023/24, our data enabled us to understand in which care unit wards falls occur, as well as the types of falls that occur in order to focus thematic review to support falls reduction. The Harm Free Care Group have used patient safety incident management approaches to review if the same person has fallen and ensure with clinical teams that individual falls reduction plans are in place.
The group has then taken thematic analysis from the cases reviewed, to create a Trust-wide Safety Improvement Plan.

During 2023/24, we have been working with our Data Performance team to build the data capture requirements in order to measure and monitor outcomes at a patient level commencing in 2024/25.

Falls by Sub-Category

Sub-Category	Count
Found on floor	437
Fall on Same Level (Witnessed)	366
Fall - Patient Reported (Unwitne...)	211
Unspecified	91
Fall from Chair (Witnessed)	89
Fall from Bed (Witnessed)	34
Trip (No Fall - Witnessed)	29
Fall on Uneven Surface (Witnes...)	14
Fall from Toilet/Commode (Wit...)	10
Fall from Height (Over 2m - Wit...)	8
Slip on Wet Floor (Witnessed)	8
Fall from Vehicle (Witnessed)	1
Fall on Stairs (Witnessed)	1

Progress made:

Falls training (compliance)

Falls training was monitored via our Mandatory Training Tracker which enabled staff to self-monitor, for care unit leadership teams to address compliance and monitor assurance; and the Harm Free Care Group to have oversight on delivery of the Trust-wide falls reduction aims. Our training and development department ensured that the preventing falls in hospital training was linked to ward staff who were identified as needing these essential skills for their role.

Preventing Falls Training Programme	Total staff (Essential for Role)	Total staff (Completed Training)	Target >95%
Ward based staff	779	758	97%
Carefall (Training for Medical Staff)	52	36	69%

NB medical staff are encouraged to ensure that they inform the workforce department if they have evidence of completing the Carefall training in another Trust – it is a national course available on the e-learning for health platform.

Assistive technology (to minimise falling)

The Trust has invested substantially in the use of Oxevision, which is an assistive technology provided by a fixed-installation device for use within single occupancy rooms within hospitals, general care, and secured environments. The Oxevision system

uses an infrared sensitive camera and illuminators in individual bedrooms. These are linked to an interface at the nurse station in the form of a dedicated fixed monitor and on portable tablets to enhance and improve patient care and safety in order to alert staff about their patient. There are different alerts that inform staff that a patient may need assistance that could prevent a fall, for example:

> **In bathroom** – A warning raised through the device to indicate the patient has left their bedroom space and entered the bathroom / ensuite area. This alarms if the patient / service user has not moved for a period, so that the staff member can check with the person that they are okay and if assistance is needed.

> **In bed** – An alert raised where a patient is identified as being at the edge of their bed. This will prompt the staff member to go to the person's room to ensure they have help to reposition themselves in the bed or to stand and mobilise safely without falling.

Oxevision is in place and in use on 26 of our wards including Health Based Place of Safety suites and seclusion rooms. Setting up Oxevision on a ward involves fixed installation of the devices within the ward environment and testing for 'go live', training of staff to use standard operating procedures and active engagement with service users and their families to explain the purpose and benefits of the system. We have seen an increase of an additional three areas coming online with Oxevision in 2023/24.

Our community rehab wards also include the use of sensor mats as part of individualised care planning for people who have a risk of falling. These can be either the use of a floor sensor mat or on patient's bedside chair or under mattresses. The sensor mats alert the care team if a person who is at risk of falls, moves from the mat, so that assistance can be offered. All of our rehab wards have sensor mats available and an agreed process of patient falls risk assessment to establish who would benefit from the use of the mats to reduce the risk of falling.

Improve engagement in physical activity

'Closing the Gap' has been part of EPUT's Quality approach and has a number of initiatives led and managed by our Occupational Therapy and Physiotherapy teams and have been rolled out across the Trust during 2023/24.

There is provision at our main inpatient locations offered jointly with Physiotherapy and Occupational Therapists covering Basildon, Harlow, Colchester, Rochford and Chelmsford. Initiatives include:

- Healthy Lifestyle Specialist on site and Activity Coordinators (as part of our Time to Care staffing redesign)
- Closing the Gap activities in the gym

- Healthy Living Group:
  - Exercise
  - 1-1 gym sessions
  - Circuit training
  - Stretching exercises
  - Seated exercises
  - Yoga & relaxation
  - Hydration
  - Healthy eating
  - Takeaways - healthy alternatives

- Recreational activities:
  - Low key exercise
  - Bowling
  - Table tennis

- Rise & Shine – 20 minute sessions every morning, including stretching and cognitive games
- X-Box – virtual exercise
- Green walks

Our allied health professionals (AHPs) also delivered clinical activities, assessments, interventions and reviews which focused on mobility and falls reduction as part of our inpatients' individualised care plans. These are provided on an individual basis or in groups and include:

Mobility, transfer & stairs rehabilitation / management	Gym 1:1 training	Gym activity	Physical wellbeing
Walking	Footwear assessment and recommendation	Virtual bowling (Nintendo)	Gardening
Exercise to prevent secondary complication in bed bound patients	Helmet assessment and recommendation	Gardening group	Falls prevention rehabilitation/ management
Post fracture rehabilitation/ Management	Graded physical activity/ exercises as part of post-Covid rehabilitation	PT- led exercise group	Exercise and retraining for patients with neurological conditions such as Parkinson's, stroke etc.
Pet therapy	Seated exercise group	Aids / equipment and adaptions	Music and movement
1:1 personalised ward based aerobic exercise	Outdoor/ indoor walking group	Environmental management	Ball exercise
1:1 personalised ward based strength training	Closing the Gap	Community safety	Noodle / balloon game
Mobility, transfer & stairs rehabilitation / management	Seated activity group	Activity of daily living	Gentle exercise

National Reconditioning Games

The Cumberlege Intermediate Care Centre (CICC), based at Rochford Hospital, took part in the National Reconditioning Games during 2023/24.

On average, patients in hospital spend most of their time in bed or sitting. Deconditioning can put people at increased risk of falls, affect their independence and recovery, and could mean they have to stay in hospital longer than planned.

The National Reconditioning Games aimed to raise awareness of deconditioning and encourage the sharing of best practice to help people keep physically well in hospitals, care homes, social care and community. Staff and patients took part in the National Reconditioning Games and came eighth, winning 20 medals including three gold medals in the Making a Difference and Supporting People to Keep Moving categories.

Staff and patients at CICC took part in fun activities to promote physical and mental wellbeing. These included bingo, balloon volleyball, a choir and a 'Tour de Southend' in which patients cycled on static bikes.

'It has gone very well and been a great success. I am proud of the medals we have achieved and feel it has been very beneficial to both staff and patients'

(**Senior Sister CICC**)

'I think it has been an excellent mixture of activities. It has definitely helped with my rehab and has been very therapeutic'

(**A Participating Patient**)

CICC looks after adults who have had a period of illness, immobility, stroke or a fall.

The games have been such a hit with both the staff and patients that the CICC Therapy team have now implemented a timetable of activities to take forward permanently to continue the good work that happened over the month.

Pressure Ulcers

What did we say we would do?

We said we would reduce the amount of pressure ulcers across our inpatient areas and community nursing services:

- Reduce the number of healthcare acquired pressure ulcers

- Reduce the number of healthcare acquired pressure ulcers on our community inpatient units
- Reduce the number of category 3, 4 and unstageable ulcers with omissions in care in community health settings
- Reduce the number of category 3, 4 and unstageable ulcers on mental health wards.

We focused on the following areas to support prevention of pressure ulcers:

- Upskill our teams through the use of role-specific wound care training for the recognition and treatment of patients who have at risk pressure areas
- The roll-out of best practice pathways in wound care with a digital enabler to promote a multidisciplinary approach to wound care and monitoring

Did we achieve this?

Summary Assurance Statement

We have demonstrated evidence of some improvement to reduce pressure ulcers within our areas of focus for 2023/24. We have over the past year updated training to be in line with national pressure ulcer categorisation and have improved our training compliance on the previous year (82% 2022/23) and we exceeded our target of 95% (96% in March 2024). We have continued to pilot digital technologies to support our clinical teams in their care and management of wounds, in readiness for future development in this area.

Reduce the number of healthcare acquired pressure ulcers in community inpatient wards.

We have 5 community inpatient wards as part of our West Essex and Mid & South Essex Care Units.

Avocet Ward showed an improvement from 16% of pressure ulcers developed in our care to 13%.

Beech Ward showed a slight deterioration from 11.5% of pressure ulcers developed in our care to 12.5%.

CICC Ward showed an improvement from 34% of pressure ulcers developed in our care to 20%.

Plane Ward showed a deterioration of pressure ulcers developed in our care from 0% to 3.5%.

Poplar Ward showed an improvement of pressure ulcers developed in our care from 5% to 1%.

In 2024/25, we will work to reduce variation across our wards through our Physical Health Quality Steering Group.

Pressure Ulcers Origin by Year Month
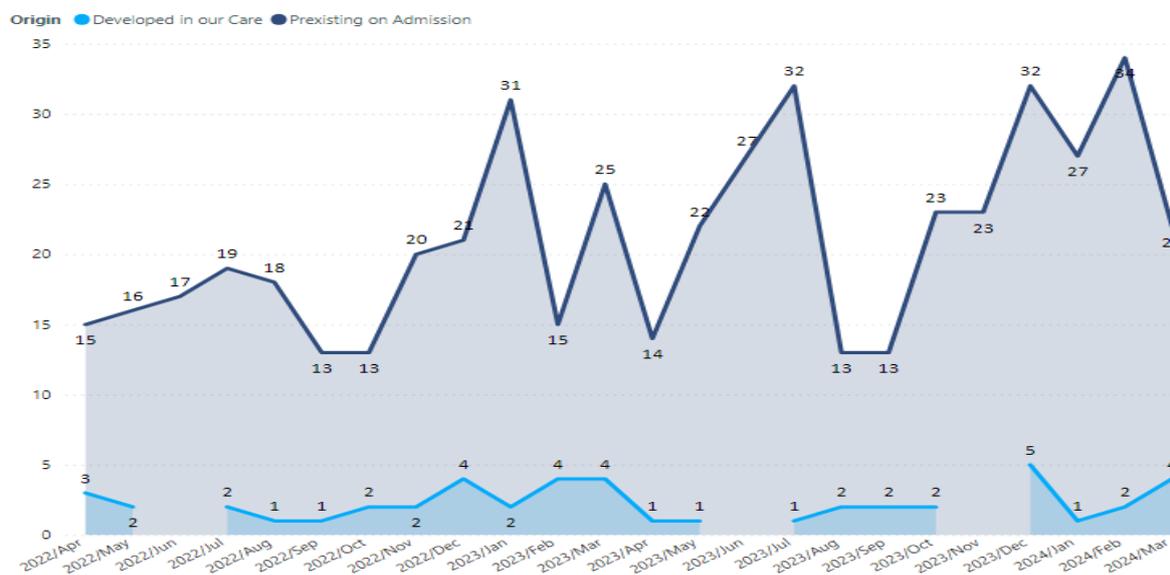
Over the past 2 years the graph above shows that there has been an increase of people being cared for in our wards who have been admitted with pressure ulcers from a variety of other care settings. In 2024/25, we want to work with our partner providers to understand the reasons for this and work to improve this for the people we care for.

Reduce the number of category 3, 4 and unstageable ulcers with omissions in care in community health settings and in mental health wards.

Row Labels	2022.23	2023.24
Community Delivery	**9**	**7**
Cumberlege IC Centre	0	1
District Nursing Team	6	6
Palliative Care	1	0
Community Specialist Palliative Care Team	1	0
Tissue Viability Service	1	0
Mental Health Wards	**0**	**0**
Grand Total	**9**	**7**

The table above shows the total amount of people who developed pressure ulcers through omissions in care. There has been a reduction since 2022/23 and none found over the 2 years in inpatient mental health wards. In 2024/25, the thematic reviews undertaken, as part of our Patient Safety Incident Response Framework to understand reasons for these omissions, will be priorities to improve care as part of our Physical Health Quality Steering Group priorities.

We have implemented role specific training driving clinical practice in line with national pressure ulcer categorisation, and have improved our training compliance on the

previous year. However, further improvement is necessary to meet our stated training target of 95%.

We have continued to pilot digital technologies to support our clinical teams in their care and management of wounds in readiness for future development in this area.

Progress made:

Role-specific wound care training

We undertook a review of our training offer against national pressure ulcer categorisation updates. This included the launch of the NHS Pressure Ulcer Categorisation Guidance across our care services to enhance awareness.

We set up and aligned community 'Skin Matters Groups' to the Trust's Harm Free Care Group, providing leadership to the programme of work to reduce pressure damage. The Harm Free Care Group also reviewed pressure ulcer incidents and learning as part of thematic reviews.

Our training compliance improved to 96% in 2023/24 (82%: 2022/23).

Stop the Pressure Event

Our 2023 'Stop the Pressure' event was attended by delegates from a broad range of staff from across the organisation. This included good representation from our mental health, integrated care, specialist services and care home teams and Havens Hospice. The day was engaging and delegates enjoyed the interactive educational zones facilitated by our industry partners and community Wound Care team.

Activities included:

> 'Every Contact Counts' – a lucky dip identifying devices that may cause pressure damage;
> 'Apples to Ulcers' – applying an analogy to aid pressure ulcer classification;
> Wound Digital Solution and demonstrations of pressure relieving equipment and silicone pressure redistributing pads.

Using best practice pathways with a digital enabler to promote a multidisciplinary approach

The wound care app (Minuteful for Wound) pilot has continued in 2023/24 and has shown clinical improvements in wound care management and monitoring. The pilot was nationally recognised as a digital innovation and shortlisted as finalists at the Health Service Journal (HSJ) National Awards in November 2023. As part of this, our Mid & South Essex Community Care Unit had the opportunity share their experience through presenting at the HSJ National Conference in Liverpool.

The Minuteful for Wound app, provides a dashboard for community matrons and nursing teams to monitor community nurse visits that focus on the care of wounds, with a running total and last month activity. The dashboard enables oversight of clinical documentation, wounds that have healed with an escalation of any wounds that are not improving. This has enabled our clinical team leaders to review care plans in line with best practice guidelines and provided the capability to oversee with a single view of their team's activity, enabling proactive clinical leadership. Below is an example month of the dashboard viewed by our clinical leaders from the app (July 2023).

⚠ STAGNATING	👍 HEALED	👤 DOCUMENTED PATIENTS	🩹 WOUNDS	🗓 VISITS
55	1,289	1,754	3,921	9,375
	+ 76 last month	+ 67 last month	+ 162 last month	+ 379 last month
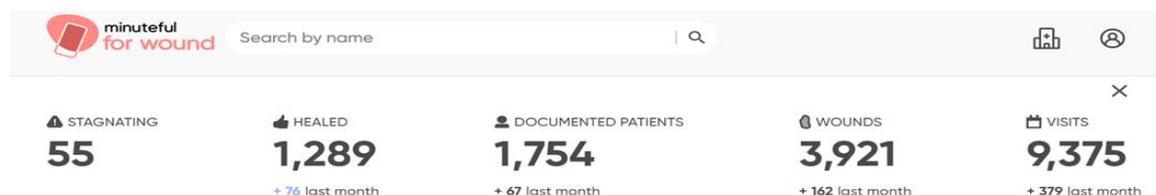
'The app has improved nursing practice in our areas due to being able to access the wound history within the patient's home. It has meant that a more holistic assessment can be carried out along with patients being able to be involved in their own wound care. Patients like to see how wounds have improved and gives them a positive outlook. For us as nurses, I feel it has enabled us to streamline care of wounds irrespective of which nurse in our team is visiting'

(**Community District Nurse**)

'Prior to nurses visiting, he felt worried and paranoid about getting another infection. The wound app has helped show the wound is shrinking, gives percentages of wound progress and accurate measurements. As the photos are logged this has helped when attending hospital appointments, as the consultant can see measurements and progress.

(**Wife and Carer**)

Physical Health Checks

What did we say we would do?

We said we would increase the number of community patients with serious mental health illness (SMI) receiving their annual physical health check and increase the number of inpatients having a physical health check on admission to our mental health wards.

We focused on the following areas to improve physical health checks:

- Increasing the capability of mental health community teams to undertake physical health checks (using improved equipment and digital interoperability)

- Evaluating the 'Physical Health Care Clinic' pilot which was underway and, if positive, develop a plan to roll this initiative out across the Trust.

Did we achieve this?

Summary Assurance Statement

We have demonstrated evidence of building Trust-wide systems to ensure medical equipment and digital capabilities are in place to support care teams with their physical health checks. We have run a small scale pilot in North East Essex which has provided evaluation in order to up scale the approach more widely. As well as in West Essex where service improvements have been implemented and learning for solutions focus and wider roll-out can be made. There is an opportunity to utilise and adopt both of the local approaches to ensure successful roll-out. However, we have only demonstrated achievement of our aims in 1 of our focus services areas. We will therefore, require continued improvement as a quality priority into 2024/25 which will be a priority to improve care as part of our Physical Health Quality Steering Group.

The Physical Health Care Clinic pilot (whilst small scale) in North East Essex and service improvement in West Essex has provided a positive evaluation in order to expand this approach more widely, there is opportunity moving into 2024/25 to utilise and adopt both of the local approaches to ensure successful roll-out.

- The Early Intervention Psychosis service has made progress, increasing the number of community patients with serious mental health conditions since November 2023, achieving 94% against 90% target at year end (87.5%: April 2023).

Annual Health Check (Early Intervention Psychosis Service)
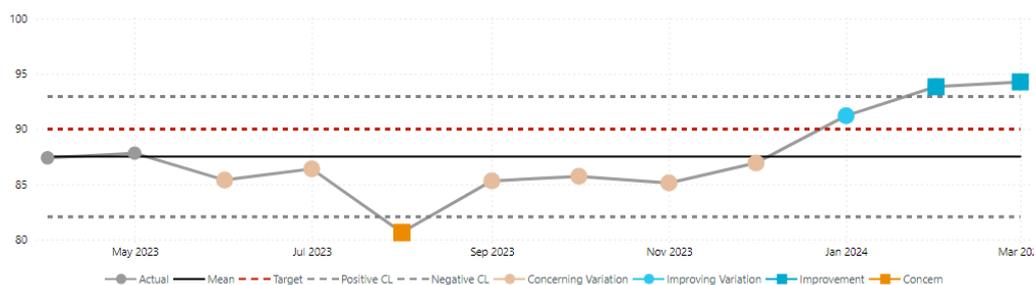
- Community mental health has made progress, increasing to 41% at year-end (32%: April 2023) and remains below our stated target.

  Blood lipid and glucose components of the physical health check are the least completed element. We will have a focussed QI approach to resolving this in 2024/25.

Physical Health Checks (Community Mental Health)
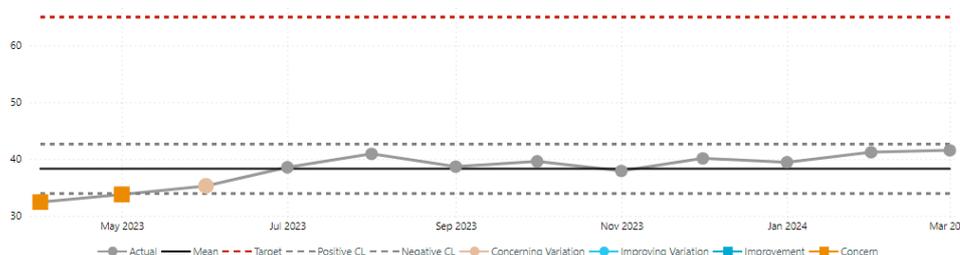
- Inpatient services have consistently achieved circa 70%, with 12 wards achieving 100% in March 2024. We will be working with these wards to benchmark and share best practice as a focus in our 2024/25 quality improvements.

Physical Health Checks on admission to an inpatient mental health ward
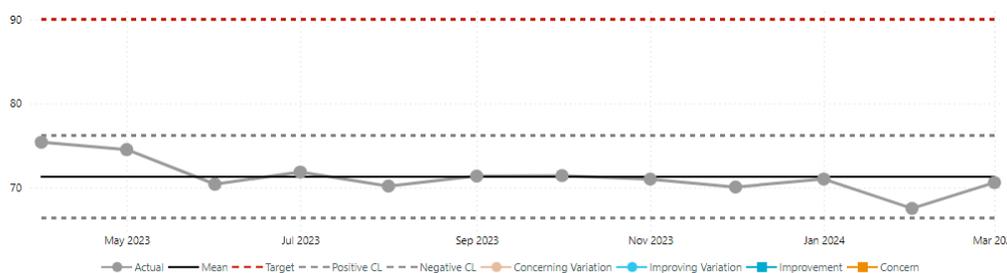
Progress made:

Increasing the capability to undertake physical health checks (using improved equipment and digital interoperability)

We have established a Medical Devices Safety Officer (MDSO) and dedicated administration support within the team from September 2023. The MDSO has been responsible for the management, safety, and regulatory compliance of medical devices used.

Medical devices play a crucial role in the delivery of safe and effective care for patients. With advances in technology and the increasing use of medical devices, it is paramount that the safety of the patient and staff is maintained.
There is system-wide appreciation of why the monitoring of physical health checks is important, recognising health inequalities and lack of parity of esteem for those with serious mental illness. There has been deep dive discussion at the system Quality Together meetings to ensure continued focus. This has included working with other healthcare provider partners to understand the barriers at clinical interface to undertake physical health checks for people with serious mental illness, including making every contact count, services accessibility, working partnership in primary care and utilisation of assistive technologies e.g. Whizan boxes.

There has also been a focus on accessing data across systems through the shared care record to support the assurance that all six parameters are achieved as part of the physical health checks as follows:

- Alcohol consumption status
- Blood glucose or HbA1c test (as clinically appropriate)
- Blood pressure
- Body mass index
- Lipid profile
- Smoking status

The physical health check is only deemed complete when the data captured demonstrates all six elements have been achieved, and does not recognise partial completion.

Blood lipid and glucose components of the physical health check are the least completed element. We will have a focussed QI approach to resolving this in 2024/25.

Performance and service improvement for Service Users with a Serious Mental Illness requiring a Physical Health Check (SMI-PHC)

In 2023/24, service improvement work took place in West Essex to improve achievement of physical health checks. Improvements included:

- Physical health checks data reported on a weekly basis by the Performance team which enabled closer clinical oversight and targeted focus for clients new to the service
- Physical health care checks being requested once the initial assessment feedback had been discussed at Multidisciplinary Team meetings and the client met the criteria for the intervention
- Introduced trainee Nursing Associates to provide a focus on physical health checks and provide targeted support
- Increased the number of staff trained in phlebotomy to support physical health clinics
- Increased availability of mobile physical health monitoring equipment for staff to improve engagement with our local populations
- Increased awareness of physical health checks through new leaflets circulated in GP surgeries and other community locations, to support 'why we do this' and the benefits of having a physical health check.
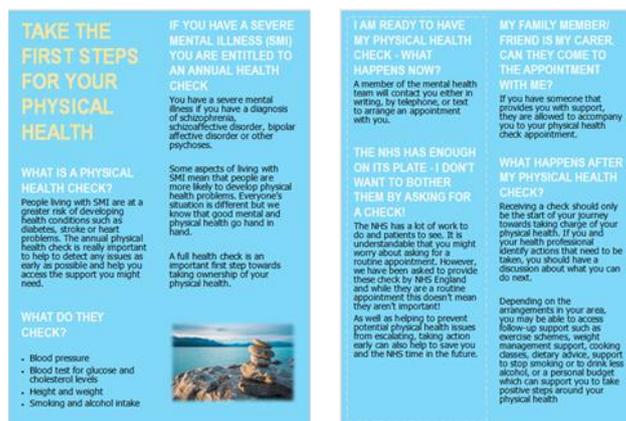
Evaluate the 'physical health care clinic' pilot

As part of the transformation of community mental health services, our North Essex Care Unit agreed to develop and monitor a pilot approach to initiating or changing medication for those with Serious Mental Illness. This included relevant initial physical health checks and results availability aligned to consultant clinics. The clinics included ongoing physical health checks relevant to any psychiatric treatment.

The initial scoping for the pilot took place during the autumn of 2022. Patients, GP practices, Colchester Specialist Community Mental Health team and community consultants were and continue to be the main stakeholders involved. The pilot was small in scale and involved one consultant and their junior staff to enable the development of effective process.

The long-term aim of the project is to reduce the premature morbidity rate of people experiencing serious meeting health problems. And in the principle of 'making every contact count' the objectives were:

- ➢ To ensure timely access to medication for patients
- ➢ To provide timely access to treatment for physical health conditions
- ➢ To improve the patient journey and experience
- ➢ To improve relationships between primary and specialist care
- ➢ To provide a more efficient service with less time spent chasing information

Number of health checks undertaken and the conditions identified

Total Number of Physical Health Checks Completed	
Total number of physical health checks completed	118
Number of patients who did not attend	19

Conditions identified (rounded to nearest whole %)	
Smoking cessation referral	9 (8%)
Weight management referral	2 (2%)
ECG issue raised	6 (5%)
Hypertension	6 (5%)
Blood result anomaly	7 (6%)
Other medical issue identified	4 (3%)

Pilot findings

The pilot identified some barriers to effective operationalisation of the model, which will; require addressing prior to expanding the scope to include more consultants and their teams.

- **Capacity** – within the pilot there was four doctors with clinics running concurrently and supported by one nurse. The nursing capacity meant that not all patients seeing a doctor could have a physical health check completed. A system to prioritise those needing a physical health check needs to be designed and agreed going forward.
- **Cancellations/DNAs** – communication of new patients, cancellations / re-scheduling needs to be improved to make best use of resources available to see patients for physical health checks.
- **Data** – a need to develop data capability to enable measurement of effectiveness.
- **Record keeping** – the pilot utilised paper records completed during clinic due to lack of space in clinic room, which were then transferred to the patient electronic record. There is a need to make this a more efficient and electronic process to have best use of staffing resources available.
- **ECG machine** – the pilot used an ECG machine that printed out the results and then photocopied and sent to patients GP. This process added the potential for clinical error due to size of printout. Consideration needs to be given to whether an ECG with system connectivity, whereby transfer results is direct, could be procured.
- **Communication** – clarification of responsibility to inform the patient's GP of any adverse results and the process by which to achieve this transfer of clinical information.

Priority 2: Safety First, Safety Always Strategy Implementation (Year 3)

We launched our Safety First, Safety Always Strategy in 2021 with an ambition to provide the safest possible care for our patients. This commitment applied in all settings, whoever and wherever people received our care. Our first and most vital priority was to set out and deliver improvements in inpatient care, so that patients and their families could feel assured that they would be well looked after and protected from harm whenever they are in our care. At the end of the second year of the strategy, we recognised that there was more to do to build the confidence of patients, families and partners. However, it was also important to reflect on and, where appropriate, celebrate the successes we had achieved with our staff, patients, communities and partners.

The final year of the strategy had priority focus on four areas; patient voice in safety; creating a culture of safety; data informed safety and partnership and safety.

Patient Voice in Safety

What did we say we would do?

We committed to making sure that the patient voice is listened to, understood and acted on which is key to embedding safe, good quality care throughout the organisation in all of our care settings. To achieve this we looked to:

- Increase the use of IWantGreatCare to enhance the quality, quantity and application of patient feedback to care practices
- Build capability of systematically capturing and embedding patient feedback in everything we do
- Increase the number of people with lived experience engaged in our improvement work
- Increase the number of our Patient Safety Partners, strengthening their voice and enhancing their role in safety and quality improvement

**Did we achieve this?**

Summary Assurance Statement

We have made improvement to meet our objective through all of the areas of focus for improvement, in order to make sure that the patient voice is listened to, understood and acted on. We are yet to meet our target of 500 lived experience ambassadors and work will continue in 2024/25 supported by our People Together principles of Quality of Care.

Progress made:

Use of iWantGreatCare (iWGC) - In 2022/2023, we reported our highest level of feedback by receiving 309 responses in a month (February 2023). This number increased to 378 responses in the month of February 2024 (increase of 22%). The line graph below illustrates the consistent positive increase in reviews received since the formal launch of iWGC in 2022. In the last year, we have established support for each care unit with a Feedback volunteer to promote the use of iWGC.

IGGC Feedback volumes by quarter

Feedback volumes - Review Count - iWantGreatCare
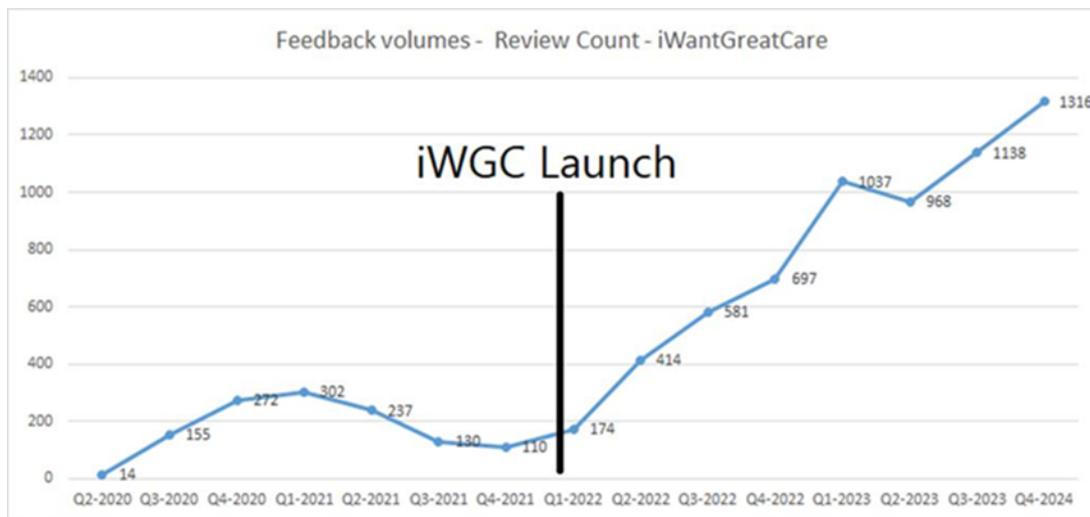
Capability of systematically capturing and embedding patient feedback -
Over the past year, we have developed a patient experience dashboard for use by clinical teams supported with data insight to drive quality improvement. Oversight has been provided through the Care Unit Quality & Safety meetings (Chaired by our Deputy Directors or Quality & Safety) and executive oversight through the Accountability Framework meetings.

Illustration of the patient experience dashboard
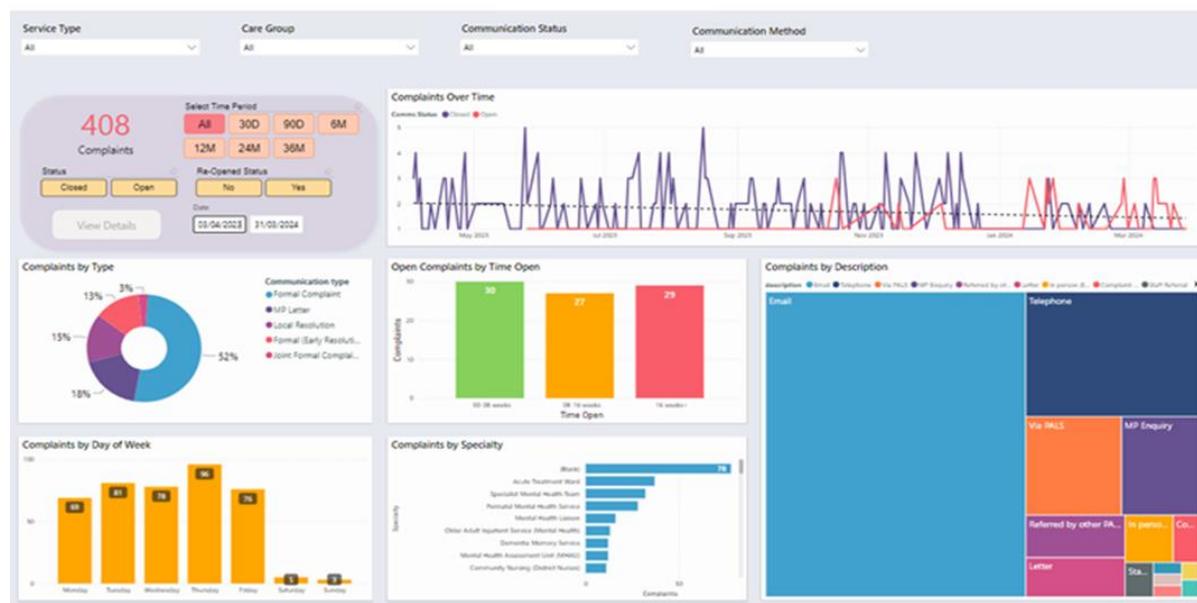
**The number of people with lived experience engaged in our improvement work - ** Since March 2023 our Lived Experience Ambassador team has grown by 117% (100 to 217 individuals). The team have increasingly contributed to significant work streams within the Trust, and integral to the creation of our new Quality of Care Strategy.

Lived Experience requests are commonly received for interview panels, working on projects to co-design / improve our services and delivering training to staff.

**The number of our Patient Safety Partners, strengthening their voice and enhancing their role in safety and quality improvement - ** We have increased our numbers of Patient Safety Partners (PSP) from 5 to 11 since April 2023, with regular attendance and involvement with Care Unit Quality & Safety meetings, Safety Improvement Plan Oversight meetings and Patient Safety Oversight groups.

The Patient Safety Partners have identified opportunities for improvement and initiated improvement activity. The main areas of focus have been inpatient services and the establishment of 'Safe Wards', person centred and trauma informed care. Evidence of the work has been reported into our Learning Oversight Sub-Committee and local Quality & Safety meetings.

PSP members created an engagement tool and have conducted site 'Safety Walkabout' visits where staff and patients are interviewed to establish the safety climate of services and the experiences of those receiving and delivering services.

Culture of Safety

What did we say we would do?

We committed to embedding the highest professional standards to become a *Patient First* organisation. To achieve this we looked to:

- Create and embed the Trust's People Charter
- Foster further development of a culture of reporting and speaking up
- Instilling a sense of empowered leadership throughout the wards
- Establish Quality Together to ensure a shared culture of accountability, working with system partners and patients
- Embed our process and practice improvements at ward level and throughout every care setting
- Enhance the outcomes of our work using quality improvement methodologies.

Did we achieve this?

Summary Assurance Statement

We made some improvement to meet our objective to embed the highest professional standards to become a *Patient First* organisation. In particular, we put in place structures that support a culture of reporting and speaking up, with the use of FTSU seeing growth in staff using the service. We are still at the stage where we need to create a timely, supportive, responsive environment with the Freedom to Speak Up by demonstrating our ability to 'listen up' and to 'follow up'.

We created a bespoke Ward Manager Development programme with support from our lived experience ambassadors, senior nursing and quality leaders. This has meant that every ward manager has been offered a place on the programme over the past year. The programme received positive feedback and quality improvement projects from the participants.

We established the Quality Together forum with the ethos of partnership across our systems so that quality assurance is achieved in collaboration. Some areas of improvement focus have be made ready for continuous improvement into 2024/25.

Progress made:

Creating and embedding the Trust's People Charter

The People Charter has not been developed or embedded in 2023/24. This is now in scope to develop over the next year ensuring a collaborative approach and 'Start with People' principles.

Fostering further development of a culture of reporting and speaking up

Just, learning and caring culture principles created as the foundation mind-set of our Culture of Learning approach.
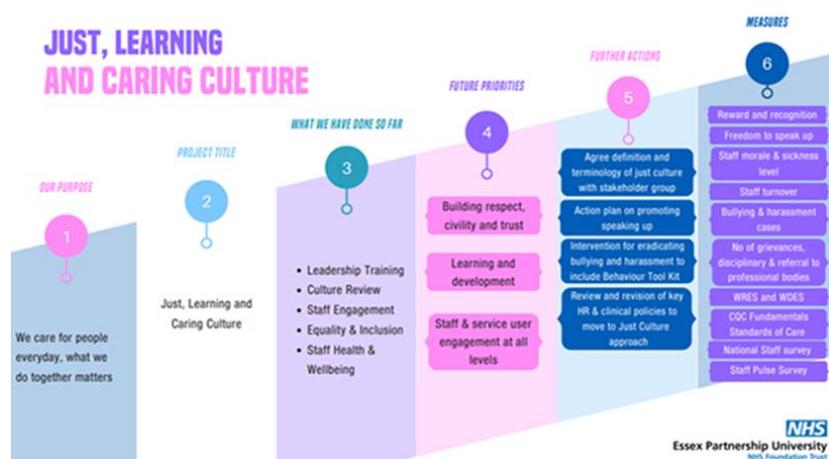
Significant focus on creating the conditions to feel confident to speak up has continued throughout 2023/24.

The Freedom to Speak Up (FTSU) Guardian service was introduced to the NHS in late 2016 / early 2017. Over time, the number of recorded data elements has increased and in tandem, the number of cases raised through our FTSU service, which is in line with national increases. This is encouraging as it demonstrates colleagues are aware of the FTSU service and the key message to speak up is working. As importantly, where colleagues have spoken up previously to line managers but not felt their issue has been fully addressed, they are giving us another opportunity to do so. Being able to speak up is important to the Trust and colleagues have been thanked for doing so. Over the past year, 254 colleagues have spoken up via FTSU service (Note: not all cases involve concerns).

Numbers of FTSU concerns raised

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Total cases raised, of which:	**16**	**30**	**43**	**235**	**199**	**146**	**254**
Cases raised anonymously	6	17	34	90	57	32	42
Cases with an element of patient safety / quality	3	7	8	18	22	46	48
Cases with an element of bullying and harassment	7	8	14	109	125	77	60
Cases where people indicate they are suffering detriment as a result of speaking up	0	1	1	15	9	7	20
Cases with an element of worker safety or wellbeing					12	52	69
Cases with an element of inappropriate attitude or behaviours						39	140

Number of cases and types of issues raised through FTSU service. There has been an increase from 146 in 2022/23 to 254 over the past year.

Staff groups accessing FTSU services

Number of cases raised by professional / worker group	2023 - 2024
Allied Health Professionals	6
Medical and Dental	3
Ambulance	0
Nurses & Midwifery	**55**
Admin & Clerical	**41**
Additional Professional Scientific and Technical	3
Additional Clinical Service	**40**
Estates and Ancillary	7
Healthcare Scientists	0
Students	30
Not Known	56
Other	13
Total number of colleagues Speaking Up	**254**

Outcomes from speak up concerns have been used to make changes and inform improvement priorities e.g. our staff sexual safety initiatives. These included a dedicated staff helpline, agreed process to review concerns with the appropriate expertise to support the staff member and the management of the concerns raised.

The Principle FTSU Guardian has held workshops to test the principles of:

Speak Up – We Care
Listen Up – We learn
Follow Up – We empower

Empowering colleagues to speak up for themselves (rather than passively handing over) is necessary for building the pipeline of future Trust managers. The number of anonymous cases have been relatively low in comparison to the numbers speaking up 'Openly' or 'In Confidence'; in time it would be good to supportively encourage and move those speaking up 'Openly' to do so directly, those speaking up 'In Confidence' to do so 'Openly' and those speaking up anonymously to do so 'In Confidence'.

The Principle Guardian has been trialling providing anonymous callers (via phone / email) with a reference number they can quote if they want to contact FTSU again for an update, thus keeping dialogue open to build confidence. Over the past 6 months, some anonymous callers have converted to 'In Confidence' as a result, and through working with those speaking up 'In Confidence', several have gone on to speak up 'Openly'.

Understanding hesitancies, lack of confidence and developing colleagues to work through conflict to resolution and difficult conversations is aimed to further develop a more open, transparent culture into 2024/25.

Over the past year, the early learning from the Letby case has indicated greater consideration needs to be given to dynamics and power of the group – Truth to Power conversations within the team as much as team to Board.   Exploring managers' understanding of what is needed to fulfil a concern raised (directly or via FTSU), how to approach them, what to consider, what is needed for resolution, who is accountable for sign off and closure etc., are therefore planned priorities for 2024/25.

Instilling a sense of empowered leadership throughout the wards

Over the past year, the Ward Manager Development programme was co-designed with ward managers, lived experience ambassadors, professional leads, HR and organisational development. A pilot programme was created as part of the 'Time to Care' programme, details of which are outlined below:

Context:

Ward managers have a complex role with professional, clinical and leadership responsibilities and are accountable for the care on their wards 24/7. It was reported in a ward manager focus group that not all ward managers had received formal training but regularly manage difficult situations on the ward.

Desired Outcomes:

- Ward managers have effective development opportunities for their role
- Ward managers feel empowered, confident and competent
- Ward managers develop peer and wider networks
- Improved staff satisfaction and engagement
- Increased staff retention and less temporary staff usage
- Improved quality of care and patient satisfaction
- Ward quality improvement initiatives proposed by participating ward managers to be implemented

Programme Delivery:

Five modules were designed and delivered to a pilot group of ward managers with 5 cross cutting themes integrated into each of the modules. Following pilot evaluations, further cohorts were developed to enable all ward managers to participate.

Module 1: Ward Manager Foundations and Learning from Lived Experience

Module 2: Ward Managers as Great Leaders

Module 3: Ward Manager's role in Developing the EPUT Workforce

Module 4: Professional Practice and Leadership Enabling Skills

Module 5: High-Performing Teams

The cross cutting themes across the five modules include:

- ➢ Reflection, self-development and peer support
- ➢ Communication
- ➢ Culture and championing Trust values
- ➢ Quality of Care
- ➢ Quality Improvement (QI)
- ➢ Culture of Learning
- ➢ Wellbeing

Following completion of the modules, a celebration and QI presentation event is held with alumni invitation to facilitate future cohorts. The Ward Manager Development programme has been completed by a cohort of six during the initial pilot and a further twenty-five ward managers have joined further cohorts during 2023/24.

The Chatty Bench – An example of QI from the Ward Manager Development Programme, aimed at enhancing the therapeutic environment

In 24/25 we will evaluate the impact of the programme on the leadership provided from the wards to their staff, patients and carers.

Rolling out Quality Together to ensure a shared culture of accountability, working with system partners and patients

There have been seven Quality Together meetings held during 2023/24. The ethos of the meeting is to foster collaboration through a shared culture of accountability, and system wide partnerships. Membership includes a range of senior Trust leaders at Executive and Director Level and senior representation from NHS England and the Integrated Care Boards.

We have presented the following 'deep dives' undertaken to our Quality Together partners:

- Workforce
- Mixed Sex Wards
- Sleeping on Duty
- Patient Racism Towards Staff
- Successful Roll-out of Safe Wards
- Severe Mental Illness Health Checks
- Prevention of Future Deaths
- Pharmacy Workforce
- Safeguarding
- Workforce Quality Impact
- Out of Area Placements
- ADHD Services
- Early Intervention Psychosis
- Sleeping on Duty
- Seclusion Data & the Wider Strategy for Restrictive Practice

Positive progress has been made on actions arising from the meetings and the culture of collaborative challenge has supported continuous improvement.

Embedding our process and practice improvements at ward level and throughout every care setting with enhanced outcomes of our work using quality improvement methodologies.

Quality Improvement (QI) methodology has utilised the 'Single Front Door' route to capture all improvement work, as a consistent end to end change process for all change proposals, supported by an overarching Transformation Steering Group. We have used a triage process to provide an aggregated view of all change activities (ideas, initiatives, projects/programmes) originating from EPUT or the wider system. This has enabled us to implement associated controls and best practice to significantly improve the way we manage projects and programmes throughout their lifecycle. Activities have been prioritised based on the strategic goals of the organisation, so the appropriate level of support can be provided for each one.

Over the past year, the Transformation Team (TT) have designed a QI programme which develops the knowledge and skills needed to improve and sustain standards of care delivery and embed QI. The implementation of this will be in 2024/25. In the first year the TT, along with Deputy Medical Directors and the Deputy Directors for Quality and Safety will be trained as Quality, Service Improvement and Redesign (QSIR) practitioners, be accredited by AQUA and become associate members of the QSIR teaching faculty in order to deliver QSIR training within the Trust and system partners.

Data Informed Safety

What did we say we would do?

We said we would make the best use of data to inform decision-making, oversight and continuous improvement, with a focus on:

- Reviewing our business intelligence capability and developing a new future-state model

- Continuing to develop the data that is collected and turning our data into insight to improve the quality of prioritisation and decision making

- Embedding use of safety dashboard data from ward to Board, ensuring staff are aware and use the dashboard to support quality improvement

- Developing a ward-level Quality Assurance Framework that provides oversight and evidence on safety of care.

Did we achieve this?

Summary Assurance Statement

We have made positive progress in making the best use of data to inform decision-making, oversight and continuous improvement.

This year has been important for creating and developing the infrastructure in order for data to be accessible, relevant, timely, understandable and measurable to inform decision-making, oversight and continuous improvement at all levels across our services.

Our next steps are to ensure our clinical and care teams are empowered to delivery their services with data insights that support quality of care consistently and enables impact, thematic review and sustained improvement.

Progress made:

Reviewing our business intelligence capability and developing a new future-state model; continuing to develop the data that is collected; and turning our data into insight to improve the quality of prioritisation and decision-making

We have delivered a Board approved Data Strategy that sets out the vision of EPUT as a data insight driven organisation. The strategy articulates the key milestones and objectives as a 5-year plan for levelling up our data intelligence capability, quality and maturity.

We have implemented a new Microsoft Cloud hosted data platform as our single source of truth for data intelligence. This will form the foundation for automation of self-serve, data driven decision-making.

The new target operating model for business intelligence and analytics is nearing

completion which will mark a step change in how data services are modernised to drive efficiencies and new capabilities.

We have also developed a new Data Quality Assurance Framework drawing upon best practice from national guidance. This new framework will support a change programme to improve the data quality and availability in our clinical and corporate systems. Continued development of Microsoft Power BI has built upon the early success with the safety dashboard and performance reporting to provide enriched data intelligence.

Embedding use of safety dashboard data from ward to Board, ensuring staff are aware and use the dashboard to support quality improvement.

A managers' insight dashboard has been developed over the year and is ready to launch in April 24. It has been designed to support service specific data insight to inform delivery of safe care, ensuring staff are aware and use the dashboard to support quality improvement.

Developing a ward-level Quality Assurance Framework that provides oversight and evidence on safety of care.

The Trust worked with an external provider to support the creation of a Quality Assurance Framework:

What is Quality Planning?
- Uses existing data to define quality priorities
- Builds on issues that are important to people we care for their loved ones and supporters, our staff, Board and system partners.
- Aligns with the Trust strategic objectives, legal frameworks, national, regulatory and best practice
- Uses recommendations and learning from quality improvement to date.

What is Quality Control?
- A set of tools, processes and checks to monitor impact against agreed standards
- A marker for following best practices and indictors of quality from a day to day perspective.
- Are conducted by those who are doing the work

What is Quality Assurance?
- Are processes used to ensure and provide confidence through various evidence sources
- Quality Assurance includes assessment, triangulated evidence and reflection on quality.
- Informs quality improvement areas across the Trust.

What is Quality Improvement (QI)?
- Is the systematic use of tools to continuously improve quality of care and outcomes for patients.
- Includes key principles such as training staff in QI approach, using data to understand areas for improvement and empowering staff to act on ideas for improvement.
- QI methods can work in discrete projects, as well as organisation-wide to ensure continuous quality improvement at scale.

Quality Planning · Quality control · Quality Improvement · Quality Assurance

Quality Assurance Framework (QAF)

This tool aligned to the development of the Quality of Care Strategy.

Partnerships and Safety

What did we say we would do?

We said we would build system partnerships and working ever more closely with colleagues to provide the safest possible care. With a focus on:

- Building on the work of our Patient Safety Partners to co-design and co-produce services

- Using Quality Together to improve collaboration with ICBs and other system partners

- Developing our partnership with Primary Care and the Police, to holistically support the care of patients with mental health issues

- Implementing a Mental Health Urgent Care Department in Basildon

- Increasing the presence and visibility of independent Mental Health Advocates.

Did we achieve this?

Summary Assurance Statement

We made progress over the past year in building system partnerships and working ever more closely with colleagues to provide the safest possible care.

This year has seen progress made by creating stronger partnerships with our communities and our health and care partners. We have been successful in strengthening our team of Patient Safety Partners who have co-designed important service improvements such as the Mental Health Urgent Care Department.

In addition, working with our system partnerships, so that our continued improvement focus on safety can be achieved collaboratively. We will look to the contract renegotiations for independent Mental Health Advocates in 2024/25 to further support and evidence the increased support and presence of advocacy is beneficial for our patients.

Progress made:

Building on the work of our Patient Safety Partners to co-design and co-produce services

Patient Safety Partner members have co-designed and co-produced key service priorities over the past year, including:

- Time to Care
- Staff Buddy Scheme
- Mental Health Urgent Care Department
- Trust's updated guidance for Therapeutic Engagement and Supportive Observations

- o Adult Eating Disorders Service's new service users' network
- o Delivering the inaugural Co-Production Conference to highlight the valuable contribution that people with Lived Experience make to our services. The conference was organised by our Co-Production Champions Network and Patient Experience team
- o The development of EPUT's Quality of Care Strategy.

Using Quality Together to improve collaboration with ICBs and other system partners

Our approach to Quality Together is referenced above in the Creating a Culture of Safety section (pages 32)

Developing our partnership with Primary Care and the Police, to holistically support the care of patients with mental health issues

We have continued to build on the strong relationship we have with Essex Police to ensure that the collective response puts a person in crisis at the heart of all decisions. One of the key focuses for the partnership has been to ensure a smooth transition to the nationally approved Right Care Right Person Model. Essex Police have joined the twice-daily sit rep calls to ensure the smooth and proactive care of a person held on a Section 136 who require transfer to a Health Based Place of Safety. It was as a result of this, as well as other joint initiatives, that EPUT were nominated by Essex Police for their Public and Partnership Award.

Implementing the opening of the Mental Health Urgent Care Department in Basildon

The Mental Health Urgent Care Department (MHUCD) opened following a successful system wide business case and project plan, with service mobilisation taking place in March 2023.

The purpose of the department is to provide 24/7 Mental Health Urgent Care service that enables a full and robust mental health assessment and onward care planning in a calm and therapeutic setting for patients in crisis, designed for the entire adult population of Mid & South Essex ICS (MSE ICS).

To provide rapid specialist assessment for people presenting to the unit in crisis including those with minor self-harm and intoxication. Also, providing a hub to access and signpost to various resources in the community and voluntary sectors.

The MHUCD is part of an urgent care pathway alongside ambulance cars, and additional communication has been released to support wider system awareness of the services provided. The MHUCD was shortlisted for Health Service Journal, Nursing Times and Royal College of Nursing awards. The service has received 'iWantGreatCare' 91.4% positive experience since it was launched.
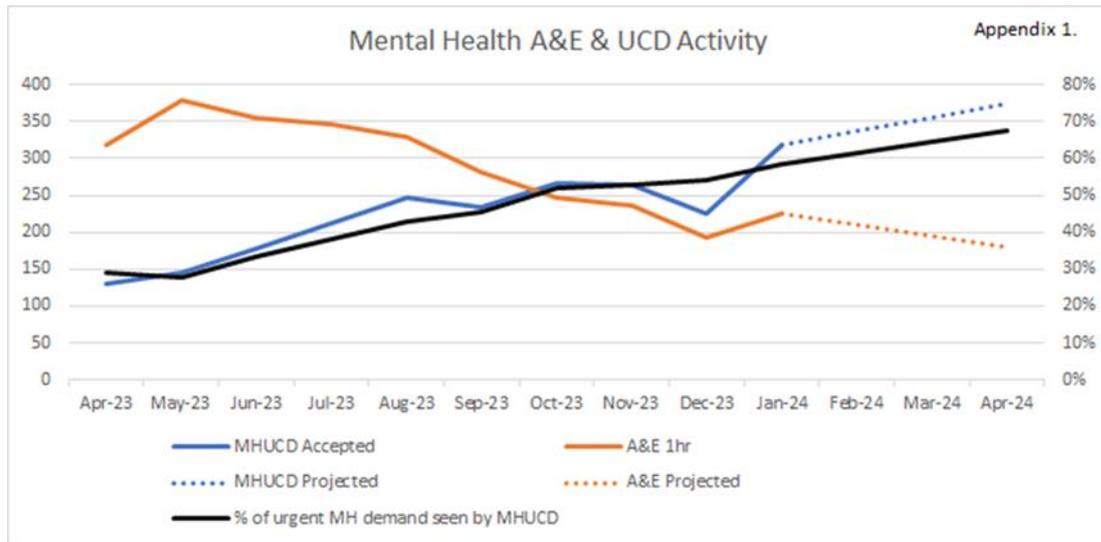
The chart above shows the numbers of people who have been accepted into the department and demonstrates what was previously projected. It also shows the positive impact on local acute A&E services.

Increasing the presence and visibility of Independent Mental Health Advocates (IMHA)

The Independent Mental Health Advocates service has been provided by Rethink Advocacy in Essex and by VoiceAbility Advocacy Service in Bedfordshire, Southend and Thurrock. Contract renegotiations are currently ongoing, therefore future provision will be confirmed early 2024/25.

All detained patients can self-refer and the inpatient wards have displayed information in the ward environment of how to contact the IHMA service. Information about the IMHA service is discussed when reading the patient their rights under Section 132; and information is available in the local ward welcome packs and discussed in ward community meetings. Where a patient has lacked capacity to self-refer, the ward has completed this on their behalf.

	2023/24	2022/23	2021/22
Section 2	1082	945	1031
Section 3	637	539	451
Managers Hearings*	247	247	263
Tribunal Hearings	436	444	416

*The Manager hearings include section renewals

The table above shows the numbers of people detained under Section 2 and 3 of the Mental Health Act and Manager and Tribunal hearings by year. The Manager and Tribunal hearings evidence that the patients are exercising their right to challenge. These patients were supported by the IMHA service to do so.

Due to the various referral processes for IMHA, there has not been a central internal point where this information is collected. The hosts of the information are the various IMHA / Generic Advocate providers. Therefore, data to demonstrate increased presence has not been available in 2023/24.

Safety First, Safety Always' Strategy Conclusion

In addition to the four specific areas of the 3rd year of the strategy implementation detailed above, the fifth and final area of focus was to ensure that we continued to embed what we had learned since the launch of the strategy to ensure consistent good practice across the Trust

By detailing the performance against the 4 focus areas above, there is evidence that a significant amount has been achieved with the 3 year focus on safety providing the opportunity to drive change and improvement in many areas, continuing to build on the evaluation of years 1 and 2. At the end of year 2, in order to support a culture of learning to provide consistent good practice, we identified the following:

- Continued use of PSIRF and promoting our role supporting other trusts implementing the framework
- Roll-out of Safety Improvement Plans (SIPs) across all service areas
- Better evidence tracking of benefits realised through new ways of working

Our safety systems and processes have been further developed over the past year. This has been in the context of national patient safety policy guidance, local patient safety incident learning by working with the national patient safety team and national patient safety partners, and learning from the early adoption of the Patient Safety Incident Response Framework locally and nationally. As a result, our Trust Patient Safety Incident Management Framework Policy and Processes have been updated.

This year has also seen development of our Culture of Learning principles with the refinement and readiness of data systems that will provide insight into safety information, and local care services working collaboratively to understand approaches that will reduce the likelihood of patient safety incidents happening through sustained care improvements. This has provided the opportunity to thematically review and analyse historic safety incidents in order to develop priority Safety Improvement Plans, and using safety management systems to guide our approach to implementation.

For example, to improve falls reduction further, a Falls Safety Improvement Plan has been developed using thematic analysis of patients who have fallen and sustained harm. The Safety Improvement Plan uses a hierarchy of Controls approach as follows:

It has been presented using a Bowtie diagram which details the Preventative and Recovery Controls that will be adopted following the analysis of historic falls incidents.
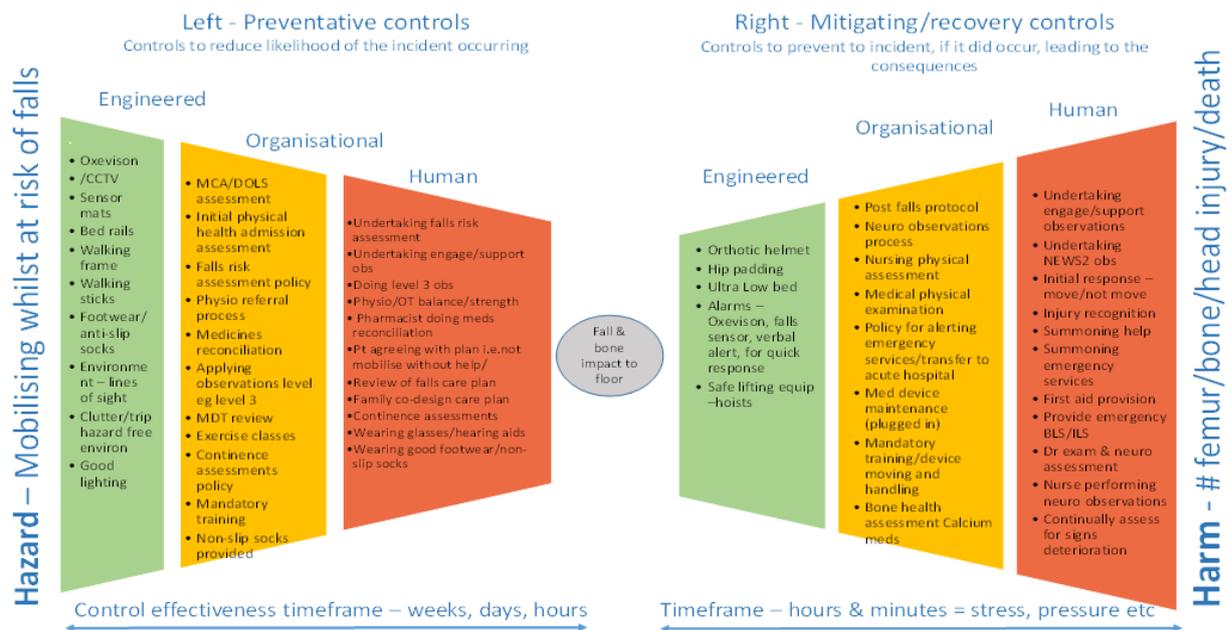
QI methodologies are to be applied for delivery in 2024/25 with impact monitoring for this and other Safety Improvement Plans (SIPs).

The implementation of Safety First, Safety Always Strategy has identified opportunities to take this forward across every care service area to ensure consistent good practice in the future. An essential aspect of this is adopting quality governance principles so that clear, measurable outcomes are monitored for impact. As well as benchmarking against national leaders, evidence based research in health and across industries.

Governance structures that provide team to Board assurance create a framework of consistency and evidence assurance that underpin cultures of sustained improvement. Over the past year, our ability to use data, enabled by our Digital Strategy in order to understand outcome and impact, have been improved with the development of

integrated performance reports that have been built on a Power Business Intelligence platform.

Our continued roll-out and fostering familiarity will be vital to empower care teams to understand care delivery impact in order to sustain improvement and focus on areas that require quality improvement.

It has been important to take the opportunity to review the Trust's continued quality journey, which has progressed over the final year of Safety First, Safety Always implementation. This Quality Account provides important context in readiness for a smooth transition of continued learning to drive improvements in care. Safety will be a core element of our Quality of Care approach in equal partnership with Effectiveness and Experience, and our People Together approach will be essential as we develop our quality culture. Our people (patients, carers and supporters with our staff) will work collaboratively to ensure consistent quality of care is achieved.

PATIENT EXPERIENCE:

What did we say we would do?

Develop our Lived Experience and people participation capability across all services from ward to Board.

To improve our services we must collaborate with the people that use them through meaningful partnership working. We must be able to listen to, learn from, and empower the communities and people we serve to drive forward meaningful change together. To do this we must continue to grow the Lived Experience team, and increase the opportunities for people to participate in shared decision making in both service improvement and delivery.

Furthermore, we must continue to develop the services that rely on the people and communities to contribute their time, effort, and expertise such as our Faith service, and Volunteer service. In addition to this, peer support has a vital part to play in the five year Strategic Plan, as a pivotal role in embedding lived and living experience across all of our services, and so we must ensure we have the proper processes, systems, and support in place to empower and enable the development of these services in partnership with the people and communities we serve. What we do together matters.

With a focus on:

- Growing the Lived Experience team
- Increasing people participation across all services and care units
- Improving the experience of care across all services
- Developing our Faith service across inpatient services
- Developing our relationships and networks with patients and carers whom identify as a minority, or with a protected characteristics as per the Equality Act 2010
- Developing our peer support offer across inpatient services

Did we achieve this?

Summary Assurance Statement

The above sections provide evidence of positive progress having been made against all the objectives set for 2023/24 relating to patient experience.

Progress has been made over the past year that has been underpinned with the development of enabling strategies that endorse people participation, involvement and coproduction. Whilst we have seen significant increase in our Lived Experience Ambassadors, this needs to go further into the year ahead to reach our aim of more than 500 people.

This will also be vital to ensure that people participation happens across all of our services and care units and building on the positive improvement on experience that co-production and involvement has provided this year. Our approach to equality, diversity and inclusion has remained an important priority and our Faith service, involvement of people with Lived Experience, their loved ones and supporters in a variety of important networks that promote the reduction of equality and promote diversity. Our approach to being inclusive of our system partners to improve quality together has shown the importance of collaboration and involvement to understand and collectively seek solution and development of sustained quality improvement and assurance, which will need to continue to develop into the year ahead. Our Peer Support Worker pilot has also shown that lived experience has been beneficial to both patient and staff groups in the pilot areas, which is encouraging for the future roll-out planned for 2024/25. Finally, our updated complaints process shows positive feedback for both the people who have raised concerns with us, and our staff groups to learn from this feedback. This year has provided progress for us to take forward and build upon into the future.

Progress made:

Developing and delivering the strategic plan for working with people and communities in line with the national guidance.

The Working in Partnership with People and Communities Plan puts our commitment of ensuring service users and their families and carers are at the heart of everything we do into practice by setting out our key achievements to date and our plans for the future. The strategy was developed with our Lived Experience Ambassadors across four stages; analysis, hypothesis of core issues, testing and prioritisation. The strategy was approved and launched in November 2023 and can be viewed in full at: [Working in Partnership with People and Communities (eput.nhs.uk)](#)

Strengthening our partnerships with people (patients, families, and carers) and communities. This will involve close working with voluntary, community and social enterprises, across EPUT and all its services.

The following are examples of actions we have taken to strengthen our partnerships:

The **Eating Disorder Service** has set up a Service User Network in Essex for Eating Disorders; and a Service User Network Manager/ Coordinator role commenced in November 2023.

Early Intervention Psychosis (EIP) and At Risk Mental State (ARMS) - **Psychosis United** are a group of experts by experience who offer each other support and have been involved with service development and delivery as well as teaching. They have also developed links with inpatient wards' service innovation groups to help feedback suggested improvements across the whole journey for people and families experiencing psychosis.

Adult Community Psychological Services have established Peer Support Worker roles that focus on service delivery for people with personality disorder and complex needs. These roles have evolved to meet service needs and the needs of people accessing services and contribute to service delivery design, co-producing resources and training materials. They have been valuable members in our recruitment for new staff and influence through advocating expert by experience voices. Our Peer Support Workers have been involved with the Your Say Strategy, asking people on our wards about their experiences. Some have been involved with group delivery including Family Connections. They have shared their experiences at the Trust's first ever Co-Production Conference, which was real testament to their impact and value to the organisation.

> *'I fundamentally believe that the values of LEAs, the variety, breadth and depth of experience, really can add value to service development, (re)design and operational impact'*
>
> (**Lived Experience Ambassador, Mar '24**)

In the **Transitions Intensive Psychology Service (TIPS),** people with living experience have been consulted on interview questions and invited as full members of interview panels. Additionally, they have been consulted on service development of Assessment and Brief Intervention - a 5-session (over 3 months) stand alone, face to face consultation with a patient which continues to be piloted.

We have continually had our Lived Experience Ambassadors not only taking part in initiatives such as the Trauma Alliance, Time to Care and the Rough Sleepers Project, but have also introduced 'coproduction leads'. Lived Experience Ambassadors are co-ordinating and facilitating their own involvement group meetings in order to feedback to wider steering groups around such pivotal initiatives. We have continued to observe increased attendance and active engagement sought from patients, families and their carers in the Eating Disorders service, Perinatal service and the Personality Disorders and Complex Needs Service User Network.

Developing and delivering innovative solutions for peer support across EPUT's services including the pilot of new peer-support roles on our inpatient wards.

We have 50 Peer Support Workers who have been recruited and fully trained; and have recruited an inpatient Peer Support Team Lead.

We have 15 regular Peer Support Workers who have operated from the Linden Centre on a weekly basis, and 2 regular Peer Support Workers who have operated from Poplar Ward on a weekly basis.

In addition, the development of pilots for Basildon Hospital and The Lakes have been developed and there will be one Peer Support Worker operating from the Lakes on a weekly basis in 2024/25.

> *'Sympathising isn't the same as empathy, which is saying I can't put myself in your shoes but explain it to me so I can have a better understanding'. 'Peer support means you are two people on a journey. Peer Support Workers have been on a journey that is parallel to the patient's journey'*
>
> (**Peer Support Worker, Feb '24**)

Developing the corporate volunteer function and team. Introducing volunteers across all services, adding value to everything we do, as an extension of our workforce

We have 484 volunteers registered (inclusive of our Lived Experience Ambassadors) and have been working with our partners in Mid & South East Essex to transition individuals from their volunteer reservists over to us in May 2024, with a focus on increasing volunteering function in Primary Care.

With the continuation of iWGC we have established a Feedback Volunteer assigned to each care unit.

We have worked with our volunteers to adapt our volunteering training making it more accessible and user friendly, and we are currently exploring a working agreement with Anglian Ruskin University to on-board student volunteers with a keen interest in health and social care.

Developing our multi-faith service, ensuring patients and staff have their spiritual needs met.

The development our Faith service across inpatient services has included:

Chaplaincy Team - Our Chaplaincy team grew from three Chaplains to a team of six, and we have Chaplains now based in Chelmsford, Thurrock, Wickford, Epping, Harlow, Colchester, Clacton, Basildon and both CAMHS units (Poplar, Larkwood and Longview)

Volunteer Policy - Our Chaplaincy team have developed a new Volunteer Chaplaincy Policy, and are working closely with the Patient Experience team in order to standardise the training and to ensure the application process is streamlined to reflect other volunteer roles within our services.

Multi-Faith Rooms - Our Chaplaincy team and Faith Network started a joint project to ensure all inpatient units have a multi-faith space which is functional, respected and offers a reflective sanctuary space. We have so far had positive results in Basildon,

Rochford, Chelmsford and Colchester CAMHS, to ensure that multi-faith rooms are protected for their intended purpose. We have been working closely with ward managers and matrons and have been able to order new furniture, as well as designing new posters.

Multi-Faith Boxes - Our Chaplaincy team and Faith Network have worked with each other to make multi-faith boxes for each inpatient ward. The box contains Bibles, Qurans, mindfulness reflections, prayer beads and prayer mats. Each box is intended to supply patients with religious items whilst they are in hospital, as we understand that some patients are not admitted with their personal items. Staff are also encouraged to use the multi-faith box if they require this during their shift. Our team have currently worked to supply Brockfield House and Rochford Hospital, and are expecting our CAMHS units to have these boxes soon, along with Basildon. Once these inpatient wards have been given their boxes, we will be connecting with teams in West and North Essex.

Inter-faith Conference - Our Chaplaincy team have worked with the Faith Network to provide a CPD Conference during inter-faith week 2024. This conference will be a combination of staff resilience through faith, and reflective practice around how faith and spirituality can be embedded into patient care.

Faith Ambassador Programme - This programme has been in development by the Chaplaincy team and Faith Network. We have identified a number of clinical staff who naturally 'champion' religious and spiritual care to ensure patients receive this care whilst they are in hospital.

Thought for the Week - Our Chaplaincy team and Faith Network have recorded a 'Weekly Reflection' which has been available to staff via the Wednesday Weekly Bulletin and the staff Facebook page.

Religious Literature - We have secured a supplier for hospital Quran's and Bibles, which are provided to us free of charge**.**

Religious Festivals and Services - Our Chaplaincy team have delivered Christmas carol services, carol singing on the wards, communion services, and Easter celebrations, and have supported patients and staff with fasting for Ramadan and Eid celebrations.

Memorials and Funerals - Our Chaplaincy team have provided pastoral care alongside memorial and funeral services for patients who have died and continued to provide pastoral and spiritual support after a patient safety incident.

Developing our relationships with minority groups and networks across Essex, to establish a foundation for partnership working (co-production). Working with the Lived Experience team to implement and develop the national frameworks to identify and address health inequalities, such as the Patient and Carer Race Equality Framework (PCREF), Equality Diversity System 2022 (EDS), The Accessible information Standard (AIS), and Patient Led Assessments of Care Environments (PLACE).

We have continued to grow our networks across Essex in order to gain further insight from global majority groups on understanding access and experience of healthcare. Our PCREF coproduction and implementation lead has had meetings with Community360, an independent charity that aims to inspire and enable social action to improve people's quality of life, to understand the needs of our local population and how these can be better met, and commenced recruitment to a working group with our coproduction lead for PCREF.

Increasing the number of Lived Experience Ambassadors whom identify as a minority, or with a protected characteristic as per the Equality Act 2010.

We have aimed to ensure the diversity of the people we are working with continues to increase to ensure we have fairer representations of the people we serve working with us. In March 2023, we had people from 2 different ethnicities sign-up as a Lived Experience Ambassador. In March 2024, we had people from 12 different ethnicities sign- up as a Lived Experience Ambassadors.
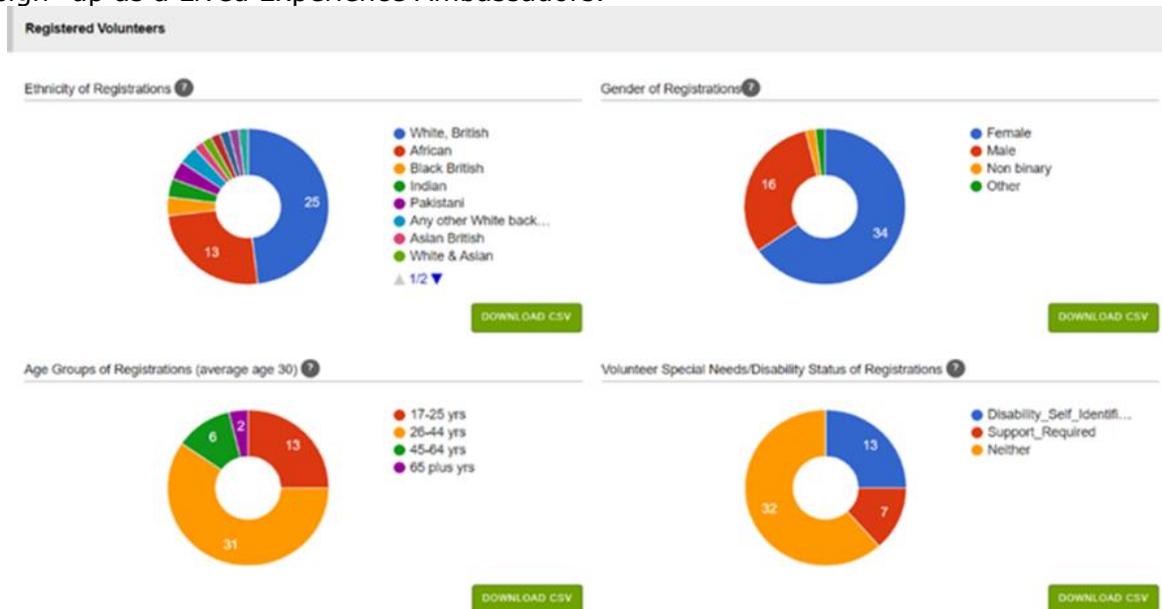
We have ensured Lived Experience leads have been involved in the Patient Carer Race Equality Framework and Accessible Information Standard.
A working group of 13 Lived Experience Ambassadors supported our Equality Delivery System 2023 submission, with the final report uploaded to our website in February 2024.

A group of 18 Lived Experience Ambassadors facilitated our PLACE assessments and results published in February 2024.

Recruiting a Lived Experience leader for the PCREF to help drive forward transformational change, addressing health inequality for racialized groups

Our Lived Experience leader for PCREF has been working with us as coproduction Lived Experience lead since November 2022.

"I have spent almost 20 years in institutions, mainly prison, but I have also been sectioned, briefly. Through participating in various different types of therapy, I have found that it's been largely a case of being misunderstood. I have had many years of experience with intuitions who are sadly just not educated well enough around different cultures and ethnicities. I would like to say how excited I am to be working on such a monumental project. When I was asked to join this team it was too good an opportunity to turn down."

(**Lived experience leader for PCREF**)

Increasing the volume of feedback we receive through *iWantGreatCare* (IWGC), enabling our services to utilise experience data more effectively.

IWantGreatCare feedback has continued to increase as detailed earlier in this report.

March 2023

Essex Partnership University NHS Foundation Trust EPUT

Date: 01 March - 31 March

Your average score for all questions this period: ★★★★★ 4.75
Reviews this period: 195

Your Experience Scores

5 star score	% Positive experience	% Negative experience
4.71	92.8%	2.6%

March 2024

Essex Partnership University NHS Foundation Trust EPUT

Date: 01 March - 31 March

Your average score for all questions this period: ★★★★★ 4.81
Reviews this period: 388

Your Experience Scores

5 star score	% Positive experience	% Negative experience
4.77	93.3%	3.4%

The following are other examples of how we listen to our patients and take actions in response:

Adult ADHD - We have trialled evening group intervention sessions to improve access for those with work commitments or childcare issues. We have had meetings with the community mental health teams and IAPT service in our region to ensure we have a clear pathway to and from each of our services.

Involvement, co-production & co-design

- Training delivered to families and carers
- Training for families/carers running parallel to service user groups
- Referring/signposting where appropriate

Service User Network (SUN) – we have had Peer-led groups and developed information for patients and families. SUN developed in Eating Disorders Service in addition to substantial work in Complex Needs SUN.

Adult Community Psychology (ACP) – We have delivered the 'family connections' DBT based programme to all families and carers who have a relative attending DBT. We also offered a family therapy clinic.

North East Older People – We have co-facilitated the Living Well with Dementia Group with the Alzheimer's Society. This was configured so that a carers/relatives group runs in parallel on the same day and time as the group for people living with dementia, focusing on understanding dementia and enabling relatives to feel better equipped to respond to changes in mood and behaviour.

Voluntary, Community and Social Enterprise (VCSE) - We have worked closely with the VCSE sector and have been able to refer family and carers to two different skills training programmes, to develop their skills in supporting their loved ones.

We have held a regular carers support group, as well as offering family sessions and family therapy to facilitate that support for loved ones.

Children Adolescent Mental Health Services (CAMHS) - Robust family therapy has been offered to all service users including psychoeducation sessions on psychosis, trauma and emotional dysregulation; as well as online parent and carers groups and Reconnect DBT skills group for parents/carers. We have developed co-produced Positive Behaviour Support Plans with parents and ensured that parents/carers are attending and/or contributing to ward reviews.

Personality Disorder & Carer Network Service User Network activity
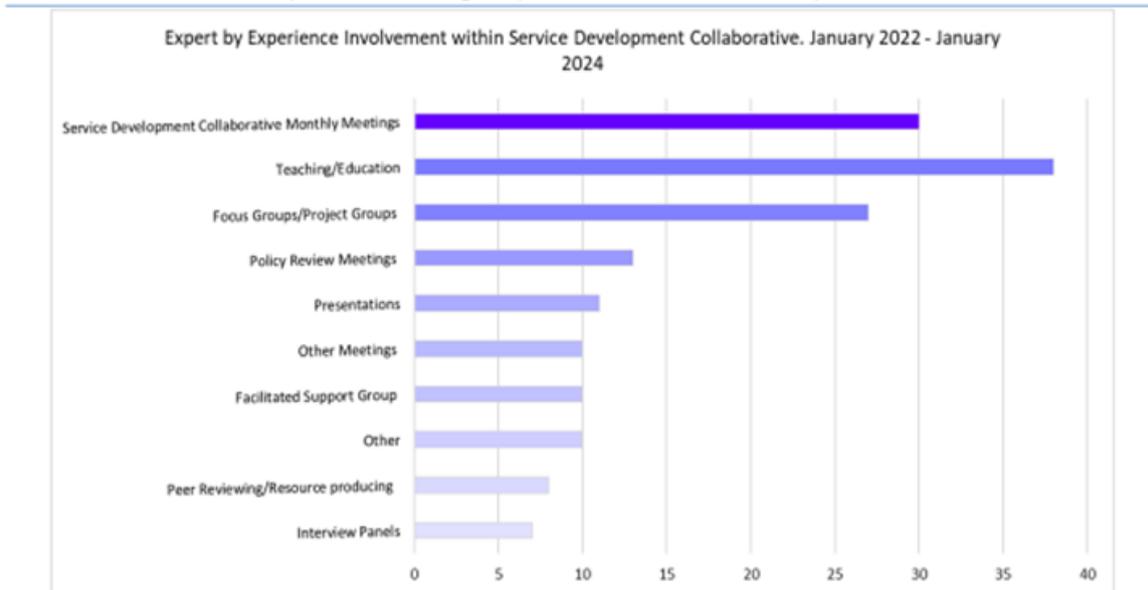
Continuing to change the culture of complaints and feedback by embedding our new complaints model which was redesigned with people who have complained about our services; with our new complaints liaison officers bringing an increased focus on resolving and reducing experience issues in a meaningful and empathetic way.

We launched our new complaints process in January 2023 following the redesign of the process during 2022/23 through a co-production project. We focussed on feedback received from patients/service users of their experience of the complaints process to design a more patient-led approach, providing improved outcomes with fewer delays. We agreed some key measures to assess the success of the new process.

Over the past year, we have:

- seen a 31% reduction in formal complaints logged

- achieved a 95% response rate within the advised timescale (v.89% in 2022/23)

- had 100% of responses reviewed as good or excellent (v.74% in 2022/23)

In November 2023, we conducted the evaluation of our new complaints process against these measures, comparing complaints resolved under the old process (Jan-Dec 2022) to complaints resolved in the first 10 months under the new process (Jan-Oct 2023). The results were extremely positive and are summarised below:

Reduction of formal complaints: Under the new process, better conversations at the first point of contact with people raising concerns have focused on resolving less complex complaints informally (via PALS) wherever possible. Comparing average monthly volumes for Jan-Oct 2023 to complaints logged in 2022; this has led to a 31% reduction in formal complaints logged.

Response times reduced significantly: The average response time for formal complaints reduced by 25% under the new process (avg.**70** days v. 93 days in 2022). For informal concerns resolved via PALS, the response time was reduced by 32% (avg. 13 days v. 19 days in 2022).

Our patients/ service users are happier with the outcome: Satisfaction Survey results are not statistically valid (**4%**), however re-opened complaints had reduced from 21% (36 out of 173) to 7.5% (10 out of 133) which is a strong indicator of improved satisfaction.

We are providing better quality outcomes: Quality Assurance Reviews carried out by the Non-Executive Directors showed significant improvements. Overall, impression of how well the complaint was handled increased to 100% (14/14) from 70% (21/30) in 2022, and the quality of the response letter was rated as good or excellent in 100% of reviewed cases (14/14) compared with 74% (22/23) under the old process.

We can easily evidence Trust-wide learning from complaints: We have created a robust process for identifying lessons from complaints, and to subsequently follow up with the service to ensure actions are taken as needed.

Our staff are happier with the complaints process: Care Unit leaders were happy with the new complaints process and supportive of its continuation. Some comments from staff dealing with complaints are shown below.

> *"As a manager, I found the new complaint process very helpful and the process from the complaint department is very effective"*
>
> *"With regards to the process it was much easier thank you! A lot of the time consuming work was taken out and I could just review the notes and take actions as necessary"*
>
> (**Staff member**)

The feedback from the clinical directors from the MSE Care Unit was:

> *"The new complaints process is very positive, it has helped save staff time and ensured that the responses are timely "*
>
> (**Clinical director**)

CLINICAL EFFECTIVENESS:

What did we say we would do?

We said we would reduce the length of stay across inpatient mental health wards through the delivery of the ten high impact interventions aligned to the NHSE discharge challenge.

Reducing length of hospital stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay; so they can continue their recovery in the community. Reducing length of stay in our mental health wards will also have a positive impact on system delays and reduce the need for out of area placements, ensuring that patients remain local to their support networks. It will require us to review not only our provision and processes in our inpatient areas but across the whole system, including our community provision. Reducing length of stay should help reduce bed occupancy too, supporting safer flow and ward risk management.

With a focus on:

- Establishing Board level reporting and Executive Senior Responsible Officer (SRO) level ownership with delegated responsibility of the discharge process at organisational and system level

- Streamlining and aligning the referral process through a Transfer of Care Hub (TOCH) that is aligned across all partners

- Identifying people with complex discharge needs at admission and seeking the engagement of the person, family, carers and Multidisciplinary team (MDT) (including appropriate health and non-health partners such as housing and DWP) within 24 hours of their admission to ensure a patient centred holistic approach to robust and sustainable discharge planning

- Creating a Rehabilitation Plan within 24 hours of admission for everyone admitted to community rehabilitation bedded care and ensuring it is reviewed and acted on

- Identifying bedded capacity requirements by using a discharge pathway capacity and demand tool

- Planning workforce to enable people to be admitted and discharged evenly across seven days a week

- Ensuring that all providers of NHS community beds are on-boarded to the Community Discharge Situation Report (SITREP), and that discharge pathway 2 beds have equitable access to pathway 1 resources for discharge improvement

- Fully implementing Community Criteria Led Discharge (CLD) and Criteria to Reside (CtR) processes across all beds in community hospitals

- Moving the majority of discharges to earlier in the day ensuring patients have the wrap around support needed

- Using Personal Health Budgets (PHBs) and Discharge Grants or Voluntary Care Sector (VCS) support to facilitate early discharge.

Did we achieve this?

Summary Assurance Statement

We have actively engaged with the NHS England discharge challenge, and sought good practice and evidence insight through getting it right first time. We have developed key initiatives with have been co-developed with a range of system partners to help to reduce length of stay.

We have both strengthened the team to lead and support our discharge challenge, as well as embedded more robust multi-professional and system wide processes to focus on effective discharge and reduce length of stay. Over 2023/24, there has been a co-produced Transformation programme in development for the Trust's future Inpatient

Delivery Model that will ensure purposeful admission; therapeutic, trauma informed inpatient care and effective discharge which will launch in 2024/25 to further improve inpatient length of stay.

Progress made:

Delivering the 10 high impact interventions aligned to the NHSE discharge challenge.

We have strengthened our focus on purposeful admission by establishing a Clinical Flow Lead who has ensured those admitted to inpatient services require assessment or treatment that can only be delivered in an inpatient hospital environment. The Clinical Flow Lead has supported development of plans for community alternatives where a clear purpose with therapeutic benefit for inpatient admission is not identified.

Our locality joint Inpatient and Community Review and Discharge Planning meetings have been established in each adult and older adult locality and have offered senior oversight on progression to discharge and an escalation structure to ensure people do not remain in hospital once clinically ready for discharge, and support delay avoidance. Meetings have been informed by Red to Green NHS E/I improvement methodology and address ward and Trust level constraints.
Those people who are clinically ready for discharge and experiencing a system level constraint to discharge have been escalated to the Essex Adult Delayed Transfer of Care meeting, where EPUT senior leadership teams, Health and Social Care Commissioning, Local Authority and wider system partners have worked together to seek resolution to barriers preventing timely discharge. The meeting follows the principles set out within the NHS Improvement Multi-Agency Discharge Events (MADE).

The development of an implementation plan for the introduction of system escalation forum for older adults has made good progress over the past year, with the aim to be operational from Q1 2024/25.

We have actively engaged with the NHSE discharge challenge, the aim of which is to ensure that people who are clinically ready to leave a hospital bed in a mental health setting should not be delayed.

The aims are:

- To improve experience and appropriate care for people who use services, their families and carers
- People spending less time in hospital
- Improved flow of people through inpatient beds
- More timely access to a bed for people requiring admission
- A service that can better meet the needs of more people.

Based on good practice and evidence, a set of key initiatives have been co-developed with a range of system wide experts to help drive improvements in flow and reduce delayed discharge for mental health.
We have developed an Integrated Flow team and the introduction of the Clinical Director for Flow role has proven valuable in leading regular Inpatient and Urgent Care Consultant meetings that have focused on patient flow. These work alongside the dedicated Discharge Coordinators, supporting the oversight of the care and treatment pathway and resolution of barriers to discharge with EPUT and for those people placed in inappropriate out of area placements.

We have worked collaboratively with local Essex out of area providers to develop joint working agreements, identifying quality and continuity of care principles. Providing a dedicated Discharge Coordination lead has supported to ensure EPUT oversight of the care and treatment pathways and timely progression to discharge for the people placed with these providers. Joint quality assurance visits with the ICB quality leads have been completed.

We have hosted a system wide conference, led by Dr Ian Davidson the national lead for 'Getting it Right First Time', the actions from which have been carried forward into our improving flow programme of work.

Over the past year, work has been undertaken, in co-production, to set out a new Inpatient Operating Model focused on the principles of purposeful admission; therapeutic inpatient care; trauma informed care and effective discharge, which will be launched in 2024/25.

The following initiatives have influenced positively on implementing the 10 high impact interventions:

Recruitment of Clinical Associate Practitioners: This has allowed greater access to a range of psychological professions, offering the appropriate intensity of treatment.

Transitions Intensive Psychology Service (TIPS): In anticipation of 2023 data (full audit in progress), 2022 data on Length of Stay has documented a statistically significant reduction in admissions (25) in the year after engaging with TIPS compared to the year before engaging with TIPS (42). Inpatient days were reduced from 3150 days to 1540 days across the same two years, saving a total of 1610 days in one calendar year of TIPS involvement, or a reduction of 80 bed days per client per year.

A Consultant Clinical Psychologist was recruited on a fixed term contract to assist with flow on our wards and reduce out of area placements. This assisted in reducing such placements by more than half. The consultant did a brief evaluation of reasons patients are delayed inappropriately with discharge from stays on our wards, and found that the majority were due to housing-related and social issues, rather than delays due to acute mental health relapse. This was particularly true of female wards, contrary to the assumption of many that it is due to emotional dysregulation or diagnosis of a personality disorder.

Transition from Adult Inpatient Psychological Services to Adult Community Psychological Services: Adult Community Psychological Services (ACP) and Adult Inpatient Psychological services have strengthened the clinical interface between their services through the development of more robust clinical procedures that enhance patient safety and quality of care. These comprise:

1. Joint clinical consultation fora in each area of Essex for clinicians in Psychological services and Specialist Mental Health teams to discuss inpatient clinical cases in advance of discharge from hospital, and to enable robust clinical planning and continuity of care.

2. A clinical prioritisation mechanism which will ensure inpatients in urgent need of continued psychological assessment/treatment in the community are prioritised accordingly by ACPs where possible.

Adult Community Psychological Services: South East Essex have reviewed the clinical profile of people on the caseload in community teams and identified that a high number of people with psychosis have a corresponding low referral rate to Psychological services. In reviewing case studies, a significant proportion of these people relapse and require an admission, usually in response to a breakthrough of psychotic experiences. Colleagues have worked closely with Essex Support and Treatment for Early Psychosis and have developed interventions in line with emerging national best practice for people with psychosis. This has focused on people with paranoid delusions and will develop into enhanced offers for people who hear voices. This work has identified the need for a team approach with the development of an associated training programme for Care Coordinators. This is being invested in and implemented in Castle Point and will develop into other localities across 2024/25.

Adult Community Psychological Service: ACPs have developed a protocol to improve communication and the quality of transfers from Inpatient services to Community services. There has been prioritisation of people discharged from inpatient wards to access assessment and intervention in the community.

2.2 Quality Improvement Priorities for Improvement 2024/25

Our quality improvement priorities for 2024/25 are all key priorities defined within our Quality of Care Strategy, which were identified through extension stakeholder engagement.

SAFETY

Quality Priority	What will we do?	How will we do it?	Expected Outcome?	How will it be measured?
Reducing Restrictive Practice	Ensure any use of Seclusion and Long Term Segregation are minimised and are in line with the Mental Health Act Code of Practice	MDT handovers, safety huddles, safe wards, safety crosses, ward activities	7.5% reduction in duration year end	Performance data monitored against MHA standards compliance Peer review visits by Reducing Restricting Collaborative Partnership Appreciative Inquiry with patients and staff
Infection Prevention and Control	Review of practices in community settings	Standardisation of practice across the Trust; training in aseptic non-touch technique; update and adherence to clinical guidelines; environmental checks and IPC Champions	10 % improvement in IPC standards in care and environment year end	Performance data monitored against IPC standards compliance, peer review visits by system partners and ICB IPC colleagues, Appreciative Inquiry with patients and staff
Safeguarding	Responsiveness and quality of Section 42 enquiries	A quantitative analysis per care unit of Section 42 enquiries, review of Datix reporting mechanism, Clinical Safeguarding Specialists aligned to care units.	70% of S.42 completed within the 3 months of referrals by year end, 100% Datix risk management completed for all S.42 enquiries by year end, 'Making Safeguarding personal' demonstrated within 100% enquiry completed by year end	Performance data monitored against SET adult guidelines, service user experience and safeguarding compliance

EXPERIENCE

Quality Priority	What will we do?	How will we do it?	Expected Outcome?	How will it be measured?
Reducing Health Inequalities	Identify cases of Chronic Respiratory Disease	Health checks for people with severe mental illness, develop care pathways within EPUT and acute trusts, smoking cessation, access to vaccinations	Create baseline in order to set improvement into 2025/26	Clinical guidelines for Chronic Obstructive Pulmonary Disease (COPD), uptake of Covid, Flu and Pneumonia vaccines, monitor cases infective exacerbations and emergency hospital admissions due to COPD exacerbation
Promoting Neurodiversity	To reduce number of patients waiting for assessment	LD Improvement Standards, Clear Pathways, Neurodiversity Awareness launch, Patient Safety Partners	7.5% reduction by end of 2025 of people waiting for assessment. Create baseline in order to set improvement into 2025/26 of the number of people awaiting assessment for Autism, ADHD	Performance data monitored against numbers with protected characteristics thematics
End of Life Care	To ensure all those individuals receiving end of life care from EPUT services have fair access to palliative and end of life care irrespective of the care setting, and that all staff are prepared to care for them with a personalised approach	Trust-wide standardisation through partnership working, ensure multiagency services work collaboratively, increase End of Life Champions, monitor deaths that are not in line with preferred place of death	7.5% improvement personalised preferred place of death documented	Performance data monitored against numbers of people registered as last year of life

EFFECTIVENESS

Quality Priority	What will we do?	How will we do it?	Expected Outcome?	How will it be measured?
Improving Physical Health	Improved recognition of early warning of acute health deterioration	Completion of NEWS2 training, completion of ILS training, completion of post incident debrief, multiagency provider services working collaboratively with EPUT	Create baseline of cases of acute health deterioration in order to set improvement into 2025/26	Performance data monitored against 95% training compliance with essential for role training in ILS/NEWS2, thematic analysis of deterioration and diagnostic overshadowing, numbers of emergency transfers
Suicide Prevention	Reduction of self-harm by non-fixed ligature in inpatient areas	Psychological support for people who repeatedly self-harm, trauma aware care planning	10% reduction of non-fixed ligature incidents in inpatient areas	Performance data monitored against numbers of non-fixed ligature incidents in inpatient areas, completion of personalised care plans, offer of psychological support
Medicines Optimisation	Pharmacy team members able to spend time counselling patients about their medicines	Improved Pharmacy Technician availability through time released as ePMA is rolled out, Pharmacy Technician time increased through implementation of Year 1 posts within Time to Care	Create baseline of improved medicines adherence due to better patient understanding of medicine regiment in order to set improvement into 2025/26	Activity data showing number of medicines counselling sessions offered and taken up

2.3 Statements of Assurance from the Board

Provided and sub contracted services

During 2023/24, EPUT provided and / or subcontracted 180 relevant health services. EPUT has reviewed all the data available to them on the quality of care in 180 of these relevant health services. The income generated by the relevant health services reviewed in 2023/24 represents 99% of the total income generated from the provision of relevant health services by EPUT for 2023/24.

Participation in clinical audit

Clinical audit is a quality improvement tool undertaken by doctors, nurses, therapists and support staff at the heart of clinical governance. It provides the mechanisms for reviewing and improving the quality of processes, services, and everyday care provided to patients via systematic review against explicit criteria.

Robust programmes of national and local clinical audits that result in clear, SMART (Specific, Measurable, Achievable, Relevant, Time-bound) actions being implemented to improve services are a key method of ensuring high quality.

We have participated in all the relevant National Clinical Audit Patient Outcome Programme (NCAPOP) audit processes, as well as nationally and locally defined clinical audits that have been identified as important for the people who use our services.

During 2023/24, there were 12 national clinical audits and 2 national confidential enquiries that covered relevant health services that EPUT provides. During that period, EPUT participated in 100% of the national clinical audits and 100% of the national confidential enquiries, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that EPUT was eligible to participate in during 2023/24 are as follows:

- National Audit of Care at the End of Life (NACEL 5)
- Sentinel Stroke National Audit Programme (SSNAP) Round 11
- National Audit of Cardiac Rehabilitation (NACR)
- National Respiratory Audit Programme
- National Paediatric Diabetes Audit
- National Diabetes Food Care Audit Round 9
- National Clinical Audit of Psychosis EIP 2024
- National Audit of Inpatient Falls (NAIF) 2023 part of FFAAP
- Memory Assessment Services Spotlight Re-audit
- Prescribing Observatory for Mental Health (POMH-UK)

- Topic 16c: Rapid Tranquilisation
- Topic 22a: Use of anticholinergic (antimuscarinic) medicines in old age mental health services
- Topic 23a: Sharing Best Practice Initiatives

National Confidential Enquiries in Patient Outcomes (NCEPOD):

- End of Life
- Juvenile Idiopathic Arthritis (JIA)

The national clinical audits and national confidential enquiries that EPUT participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry:

National Clinical Audits / Enquiries	No. of cases submitted (as % of cases required by terms of audit/enquiry)
National Respiratory Audit Programme	100% of required cases had information provided to national organisers. Organisational data collection is on-going
Assessment Services Spotlight Re-audit	% of required cases had information provided to national organisers
POMH: Topic 22a: Use of Anticholinergic (antimuscarinic) medicines in old age mental health services	100% of required cases had information provided to national organisers
POMH: Topic 23a Sharing Best Practices Initiatives	100% of required cases had information provided to national organisers
NCEPOD: End of Life	100% of required cases had information provided to national organisers

National clinical audits and national confidential enquiries that EPUT participated in, for which data collection is ongoing:

National Clinical Audits / Enquiries	No. of cases submitted (as % of cases required by terms of audit/enquiry)
National Audit of Care at the End of Life (NACEL 5)	Data collection is on-going
Sentinel Stroke National Audit Programme (SNNAP) Round 11	Data collection is on-going
National Audit of Cardiac Rehabilitation (NACR)	Data collection is on-going
National Respiratory Audit Programme	100% of required cases had information provided to national organisers. Organisational data collection is on-going
National Paediatric Diabetes Audit	Data collection is on-going
National Diabetes Foot Care Audit Round 9	Data collection is on-going
National Audit of Inpatient Falls (NAIF) 2023	Data collection is on-going
Memory Assessment Services Spotlight Re-audit	100% of required cases had information provided to national organisers
POMH: Topic 16c Rapid Tranquilisation	Data collection is on-going
POMH: Topic 22a: Use of Anticholinergic (antimuscarinic) medicines in old age mental health services	100% of required cases had information provided to national organisers
POMH: Topic 23a Sharing Best Practices Initiatives	100% of required cases had information provided to national organisers
NCEPOD: End of Life	100% of required cases had information provided to national organisers
NCEPOD: Juvenile Idiopathic Arthritis (JIA)	Data collection is on-going

The reports of 16 national clinical audits were reviewed by EPUT in 2023/24 and we intend to take the following actions to improve the quality of healthcare provided (examples of actions taken / planned listed below):

POMH-UK Topic 20b Re-audit - Quality of Valproate Prescribing in Adult Mental Health Services

(National report published May 2023)

Findings from this audit were discussed alongside those from Topic 7g (Monitoring of Patients Prescribed Lithium; below), in order to promote collaborative working and more efficient approaches to achieving meaningful and sustainable improvement.

- Clinical Audit team reviewed the way in which Project Leads are guided to support and supervise their Data Co-ordinators and Data Collectors throughout the audit process, to ensure high quality completion of the audit within the required timeframe.

- To improve physical health monitoring and its documentation, a new Trust-wide digital form was created with a bespoke section for recording Valproate-specific parameters.

- For the purpose of patient safety and monitoring, as well as auditing, the need for a digital database of all Trust patients receiving Valproate was identified, which was raised with the Medicines Management Group to identify a way in which it can be achieved. It has been recognised that the forthcoming implementation of a single electronic patient record across the Trust will likely facilitate this requirement.

- Additionally, the planned implementation of the Trust's new Electronic Prescribing System (ePMA) will further improve patient monitoring and safety, with built-in alerts being built into the system for those prescribed high-risk psychotropic medications, including Valproate.

- All clinicians have been reminded of the importance of documenting discussions in the Electronic Patient Record (EPR) regarding rationale for initiating and continuing/discontinuing Valproate, as well as the outcomes of the required patient reviews regarding therapeutic benefit, side effects experienced and medication adherence.

POMH-UK Topic 7g - Monitoring of Patients Prescribed Lithium

(National report published September 2023)

As stated above, the learning and actions from this audit were discussed alongside those from Topic 20b (Quality of Valproate Prescribing; above), and so are in the most part the same, including:

- The need for a database for our patients who are prescribed Lithium.

- The inclusion of a bespoke, Lithium-specific monitoring section in the new physical health monitoring form (in digital production).

- The benefit of the forthcoming ePMA and single EPR in monitoring patients prescribed Lithium, and documentation of patient conversations and review outcomes. Meanwhile, all clinicians have been reminded of the value and importance of documenting conversations with patients regarding clinical rationale for initiating and continuing / discontinuing Lithium, as well as any therapeutic benefit or side effects, and medication adherence at the required review time points.

POMH-UK Topic 21a: The Use of Melatonin

(National report published February 2023)

- To better inform patients and carers in our CAMHS services about the unlicensed use of Melatonin, a centrally produced leaflet was produced and distributed accordingly.

- Information regarding sleep hygiene has been identified and is now shared with patients on CAMHS wards prior to initiating Melatonin, to promote the trialling on non-pharmacological interventions for sleep as a first line approach.

- All prescribers have been reminded to document specific reasons for initiating Melatonin in patient ward reviews or clinic letters, and to review benefits and side effects as per national prescribing guidance.

POMH-UK Topic 1h & 3e: Prescribing of antipsychotic medication in adult mental health services, including high dose, combined and PRN

National report published December 2022 (actions implemented 23/24)

- Medical staff to ensure that, when reviewed, ECG documentation is placed in the correct scanning folder, to be uploaded.

- Medical staff reminded of the importance of reviewing medication charts weekly, and to document indications for medications clearly.

- Creatine Phosphokinase (CPK) included in routine baseline blood tests, but only to be repeated in the event of signs and symptoms of Neuroleptic Malignant Syndrome (NMS).

- Blood results to be documented more consistently on electronic patient record, to ensure greater compliance with practice standards for monitoring patients.

NCEPOD – Transition from Child to Adult Health Services

(National report ("The Inbetweeners") published June 2023)

At a Local Level:

- A personalised transition plan is developed with and for each young person who will need to move from child to adult healthcare services.

- With their consent, each young person will receive correspondence that is

accessible and appropriate to their requirements (e.g. easy read, correct language, Braille).

- Joint "transition clinics" held with MDT staff from the young person's Paediatric team and Adult service(s), as well as input from other services relevant to their ongoing health and care needs, ensuring continuity of care (e.g. Primary Care, Education, Social Care, Safeguarding, Community Physical & Mental Healthcare services)

At a Trust Level:

- Working towards a "one stop shop" model of holistic care, with a team including personnel from senior executive to key worker, ensuring a timely and appropriate transfer to adult services.

- Implementation of a person-centred Transition Policy for all young people with on-going healthcare needs, ensuring accommodations for accessibility, inclusivity, and empowerment of the individual at all times.

Sentinel Stroke National Audit Programme (SSNAP) Round 10 (2022/23)

(National report published November 2023)

- Nursing staff receive specialist stroke training, with local records of attendance held to ensure it is completed by all.

- Information provided to patients on discharge reviewed to include joint health and social care plan, and a named person to contact after discharge.

- Robust processes were implemented to ensure that all patients receive mood and cognition screening by the time of discharge, where appropriate.

NACEL 4 - National Audit Care at the End of Life

(National report published February 2023)

- Specialist palliative care training for nursing staff is in place to support symptom management and recognition of dying.

- A Podcast for staff is to be produced to support staff virtual training that is accessible 24/7.

- End of Life Champions have a presence within ward settings to support on-going end of life care, and empower staff to delivery care confidently.

- Consideration was given to the way in which staff survey is shared and promoted so that all grades and disciplines have accessibility, including proactive use of Trust communications.

National Asthma & COPD Audit Programme (CACAP) – Pulmonary Rehabilitation 2022/2023

- Improvements to the team were in regards to expansion and filling of vacancies.

- No recommendations for service improvement were made from this audit, until vacancies were filled, and there was a return to face-to-face rehabilitation in each locality.

National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis Audit 2022/23

(National report published May 2023 (via RCPsych Dashboard))

- Engagement in Royal College of Psychiatrists Quality Improvement Programme focusing on improving uptake of Family Interventions.

- Recruitment of a Family Intervention Practitioner to develop care coordinator skills in delivery of carer education.

- Additional funding allocated to specific teams to create a post to support administration of carer databases, information sharing, organisation of carer events and to drive increased uptake.

- To improve compliance with physical health checks, including blood taking, allocated support workers and Band 4 physical health leads to be trained and appointed, as well as monitoring physical health checks during supervision on a regular basis.

- In response to the impact of the high level of staff turnover and significant staffing issues on the recording of outcome measures; ongoing training and support around these measures for all team members, review of outcome measures at regular MDT meetings, and use of supervision to further support staff development and practice.

- It was noted that when Care Coordinators have caseloads of more than 15, there is a negative impact on the standard of care, further necessitating the provision of training and support to all staff while proactive recruitment to fill staff vacancies is complete.

- Recruitment for posts for the At Risk Mental State (ARMS) service (North East Essex only).

UK Parkinson's Audit 2022 (National report published February 2023)

- A high level of compliance was found throughout the audit with many areas of good practice, including the documentation of advice about the impact of daytime sleepiness on driving, monitoring impulsive compulsive behaviours, bone health assessment, the timeliness of specialist review and positive patient feedback regarding the Parkinson's disease Nurses.

NHS Benchmarking – Community Services

(National report published December 2022)

- Review the process for e-triage / virtual assessment.

- Reinforce the importance of "iWantGreatCare", with matrons and ward managers to share ideas to maximise response.

NHS Benchmarking – Intermediate Care

(National report published December 2022)

- Further system training with staff on recording patient contact (method and time).

- Ensure staff are aware of the importance of recording ethnicity, and undertake training where required.

- Monthly meetings to track vacancies and focus on recruitment in a proactive way.

- Development of PROM to assess how effective the interventions are for those receiving the service.

NHS Benchmarking – Community Hospital Bed Survey

(National report published December 2022)

- Care units and Accountability Framework meetings to review if system resources are in the right place, in light of high-risk services with higher than average demand.

- HR and Workforce teams to develop bespoke recruitment and retention plans for high-risk services.

- Monthly meetings to track vacancies and focus on recruitment in a proactive way.

All national clinical audit reports were presented to relevant Quality and Safety meetings and at local level for consideration of local and Trust-wide action to be taken in response to national findings.

The reports of 5 Trust-wide clinical audits were reviewed in 2023/24, and EPUT intends to take the following actions to improve the quality of healthcare provided:

Record Keeping

- The audit highlighted issues with the way in which such audits are completed in order to give full assurance that information in patient records meets the requirements of information governance standards.

- Care units to review the contents of daily notes, to improve on use of abbreviations, non-service approved technical words, copying and pasting, detailing next steps, involvement of other staff and whether external teams have been notified of changes to treatment.

- Processes surrounding consent to share information was reviewed.

Audit of Resuscitation Equipment

- Resuscitation equipment checklist reviewed to ensure that it aligns with the Resuscitation Council recommendations.

- Increased emergency drills to ensure that staff are exposed to simulated cardiac arrest scenarios.

- Delivery of Immediate Life Support training to ensure that staff can respond appropriately to emergency situations.

Physical Health and NEW2 Report

- NEWS2 is embedded in practice.

- Tobacco Dependency service to be developed.

- Continence assessments to be undertaken as part of a multi-factorial falls risk assessment, with further assessment as required.

- To proactively address impact of staff vacancies on the quality of care delivered, a monthly meeting has been set up to track vacancies and focus on recruitment.

End of Life in Community Health Services

- Staff to be supported to access end of life training to further develop confidence and skills in caring for patients at the end of their life.

- Integrated partnerships and co-production approaches to care benefit outcomes, will be achieved through joint learning opportunities and representation within wider partnerships.

- The Competency Framework updated to reflect the new training available to staff across our services.

Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) Audit

- Continue training to ensure Mental Capacity Act and Best Interest documents are used and in place when patients lack the capacity to make decisions regarding DNACPR status.

- Ensure training is available to staff to support best practices and safe and robust implementation by senior clinical staff with DNACPR competencies. Continue working closely within Integrated Care System groups and system partners to ensure interoperability for data sharing of DNACPR documentation.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Essex Partnership University NHS Foundation Trust in 2023/24 that were recruited during that period to participate in research approved by a the Health Research Authority (HRA) was 3,955.

This level of participation puts the Trust as the joint second highest recruiting NHS Mental Health Trust against 47 other equivalent trusts within the UK. The number of recruits arose from participation in 24 research studies opened to participation at Essex Partnership University NHS Foundation Trust in 2023/24.

Research Strategy

The best healthcare research is produced when researchers and communities work together, listening and exchanging knowledge.

Reflecting on the COVID-19 Pandemic, the value of clinical research became clear in the national consciousness as vaccines and treatments were rapidly developed.

In order to position EPUT as a Centre of Excellence in research, we are taking the positive influences from the Pandemic to raise our ambition for research and development at EPUT, with our new Research Strategy – Best Research Together, that takes us to 2026.

We already have some of the foundations at EPUT that we need to succeed in this research journey, drawing on expertise from staff, people who use our services, their supporters, our collaborators and the public. This strategy sets out an ambitious overall vision but recognises we have work to do in evolving the way we approach research to be inclusive, proactive, co-designed with lived experience partners, supportive and broad in its scope and application.

Our Research Strategy directly supports the EPUT overarching Strategic Plan.

Strategic objectives
We have four strategic objectives to achieve our vision:

VISIBILITY & AWARENESS
Embedding research as core business ensures the development of a strong research-active community bringing a host of benefits to benefits to people that use our services, their supporters, staff and wider society. Patients and their families will be able to access new treatments and care pathways

We will deliver safe, high quality integrated care services

WORKFORCE DEVELOPMENT
Increasing the impact of evidence based practice within the Trust is a critical enabler to ramping up the pace and scale of change to deliver better outcomes

We will work with our partners to make our services better

INVESTMENT
'Working Together' with our Care Units in promotion and support of our research delivery improves health, quality of care and cost-control; further translating scientific developments into benefits for people that need care contributes to economic growth by exporting innovation and expertise.

WORKING TOGETHER
A thriving research community provides development opportunities for our current staff and helps attract more research active staff

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

We will help our communities to thrive

Only by building a culture that supports research and embraces 'successful failure', balanced with appropriate risk assessment, can we achieve our vision of being a leading health and wellbeing service in provision of mental health and community care.

We have continued to deliver on national research projects through its alignment with the NIHR Clinical Research Network (CRN) North Thames (NT). The main workload for our research activity have been studies through the NIHR whereby the provision of research leadership and funding to support research is received.

We must remember that research is people-driven - quite simply it cannot take place without participants. We have continued to develop relationships with our local people meaning we can better shape our research questions and ensure we reflect the needs and priorities of our communities.

We have a rich resource already embedded within our structure of the Patient Experience team especially through its Lived Experience Ambassadors who have been helping us to design and improve our services.

We have been a committed contributor to the yearly NIHR National Patient Research Experience Survey (PRES) and used the feedback from this to inform processes and build upon our engagement with research participants.

The Research team have also been promoting research activity through involvement and engagement of junior staff and trainees in service evaluation, service improvement and case studies. The Research team have actively engaged and supported staff in the undertaking of 65 service evaluations in 2023/24. This aims to develop the Principal Investigators of the future. (A Principal Investigator is the person responsible for the conduct of a research study at a site).

In line with the Research Strategy, EPUT remains a research active organisation that ensures that our patients have access to the latest treatments and technologies. Evidence shows clinical research active providers have better patient care outcomes. Our top recruiting studies include:

- **Limbic Access -** In 2023 we engaged with an AI-enhanced mental healthcare technology from LIMBIC in the form of "limbic access", an e-triage and assessment support Chabot deployed within our 'Talking Therapies' service (formerly known as IAPT).

  Following the implementation of this Chabot within our services, we subsequently engaged with the NIHR research project that was designed with the limited company of Limbic to evaluate the tool. We have been successful to date in providing over 2600 relevant anonymised data sets for this commercial based research project.

- **COVID 19 -** We are proud of the pivotal role we played in leading the delivery of the vaccine programme in the East of England during the Pandemic. We remained supportive of the national COVID 19 research focus and were the second highest recruiting organisation to a Randomised Controlled Trial (RCT) we opened in January 2023:

- **LISTEN** (**L**ong Cov**I**d personalised **S**elf-managemen**t** support **E**valuatio**n)**

  Individuals with long Covid experience a wide variety of ongoing problems that can include tiredness and difficulty with everyday tasks and means they can struggle to return to their former lives. Sometimes exacerbated by uncertainty and a lack of understanding by some healthcare professionals.

  The LISTEN team has worked with individuals living with long Covid to design a personalised support package including one to one support sessions and useful resources to help others living with long Covid to self-manage their condition.
  The LISTEN trial will evaluate this new intervention compared to the usual care available in the NHS. We want to know whether this new intervention can help individuals with long Covid cope with the challenges they experience in everyday life.

  The LISTEN research study has concluded and we now await the results analysis from the sponsor main central study team. EPUT recruited 72 participants to the research programme.

Academic Partnerships

A key part of our Research Strategy is to continue to build academic partnerships further afield and we have begun this journey with the joint appointment of a Clinical Academic based at University of Cambridge over the past year, who will be working alongside the Research team to engage clinical services.

We have continued to build upon our collaboration with Anglia Ruskin University, which started in 2022, with an established working partnership through the Digital Health Innovation Hub (DHIH) holding its second annual conference in September 2023 at Hughes Hall in Cambridge. The partnership aim is to work directly with academics

across the ARU campuses to collaborate on developing new studies in the field of mental health.

One joint study funded through the DHIH running in 2023/24 has been:

'**A scoping review of literature on the use of Vision Based Monitoring Systems (VBMS) in inpatient mental healthcare settings':** This project is being undertaken by Chief Investigator Fiona Nolan, Professor of Mental Health Nursing, Anglia Ruskin University alongside her joint clinical appointment with Essex Partnership University NHS Foundation Trust. The anticipated end date for the study is September 2024. Preliminary findings which have been presented in March 2024 at an international conference, held at Trinity College, Dublin have concluded:

- *There is a dearth of evidence to inform the continued and effective use of VBMS in mental health inpatient care.*

- *Robust, large scale, independent evaluations are urgently needed to explore the impact of this intervention on safety, stakeholder experiences and healthcare costs.*

Our research collaboration with University of Birmingham has strengthened through delivery of the project entitled Family Group Conferencing (FGC) in adult social care and mental health over the past year: exploring how it works and what difference it can make in people's lives. This is in support of an NIHR Health Services and Delivery Research Program. We are one of only three sites within the UK where there is an established FGC service for adults and/or mental health, and to date we are recruiting well to the project. The excellent work being delivered through our service involvement in this novel piece of research has to date been an invaluable resource to the rich data collection. The project will run until August 2025.

Our research partnerships with other local Higher Education Institutions (HEI) have continued to flourish with the ongoing academic training provision especially in our Psychology services provided through BSc, MSc, PhD and Dclinpsych from University of Hertfordshire (UoH), University of Essex (UoE) and University of East Anglia (UEA).

Our London based academic partnerships with University College London (UCL) has been well established through the work of our joint Academic Clinical Research post held with the Professor of Psychiatry of the Elderly.

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of EPUT's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between EPUT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the commissioning for Quality and Innovation Payment Framework.

The monetary total for income in 2023/24 was a fixed payment so was not conditional on achieving quality improvement and innovation (CQUIN) goals.

Registration with the Care Quality Commission (CQC)

Essex Partnership University NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with conditions.

These conditions relate to Clifton Lodge and Rawreth Court (Nursing Homes):

- A requirement to have a registered manager for each site.
- A maximum of 35 beds provision at each site.

The Care Quality Commission has taken enforcement action against Essex Partnership University NHS Foundation Trust during 2023/24, with the issuing of two Section 29A Warning Notices (October 2023) for Rawreth Court Nursing Home, for Regulation 17, (1) (2) Good Governance; and Regulation 12, (1) (2) Safe Care and Treatment. The Trust took action in line with the CQC stated timeline.

EPUT has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust is rated as 'Requires Improvement' with the CQC, with the rating for the caring domain being 'Good' (from the inspection in November 2022).

In the reporting period, the CQC published two reports pertaining to inspection activity carried out in 2022/23:
- ➢ 03 April 2023 –Acute wards for adults of working age and PICU (inspection: October 2022)
- ➢ 12 July 2023 – Core services and Well-Led (inspection: November 2022)

Areas for Improvement:

Governance and Culture of Learning	Clinical Care	Environment and Equipment	Technology and Data	Staffing
Ensuring breaches identified by CQC are addressed in a timely and effective way Ensuring robust governance systems which enable identification of issued affecting quality of care Embedding QI methodologies Incident recording and reporting including Racial abuse	Ensure robust observation and engagement processes including tackling sleeping on duty Reduction of blanket restrictions Ensure patients treated with dignity and respect with comprehensive care plans Ensuring robust assessment and	Ensuring maintenance work is completed Ensuring well maintained, clean and well-furnished including nurse call alarms Ensuring medical equipment is managed in line with policy	Ensuring robust data quality and accuracy of data Plan for implementation of a consistent patient record Ensuring patients are aware of Oxevision and how this is used	Ensuring sufficient numbers of regular staff and reduce vacancy rates Ensuring sufficient numbers of qualified psychology staff Ensuring all staff remain up to date with training, supervision and appraisal Ensuring staff

Ensuring audit processes are effective Ensuring new vision and values are understood by staff	management of patient risks Ensuring effective medicines management Ensuring timely discharge planning from community MH services Ensuring accurate record keeping Monitoring of meaningful activities on wards			have access to specialist LD and autism training Case load management

Areas of Good Practice:

- Changes had taken place to the Board to increase accountability, strengthen clinical leadership and increase capacity
- The Trust Leadership team had a comprehensive knowledge of current priorities and challenges
- Leader's demonstrated commitment and drive to improving the care delivered in underperforming services
- People appointed to positions of senior leadership had the appropriate skills, knowledge and experience to perform their roles
- The Patient Experience team developed multiple ways for people to provide feedback on their experiences by working with local teams to understand what fitted their demographic
- Since the launch of the Strategy (Safety First, Safety Always) the Trust have invested £20 million in their Inpatient services addressing environments and safety
- In 2022, fixed ligature point incidents reduced by 32%
- The Trust recognised the need to continually improve the culture of the organisation

MH Inpatient and Crisis Services:

- The ward staff participated in the provider's Restrictive Interventions Reduction programme
- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic
- Some managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support
- They developed individual care plans, which were reviewed regularly through multidisciplinary discussion and updated as needed
- Managers made sure they had staff with the range of skills needed to provide high quality care

- Staff from different disciplines worked together as a team to benefit patients
- Staff supported patients to make decisions on their care for themselves
- They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition
- Staff informed and involved families and carers appropriately
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities
- Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population
- Staff working for the Mental Health Crisis teams kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care
- Staff working for the Mental Health Crisis teams used recognised rating scales to assess and record severity and outcomes
- Staff treated patients with compassion and kindness
- The Mental Health Crisis service was available 24-hours a day and was easy to access, including through a dedicated crisis telephone line.

Community MH Services:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose
- Managers, staff, and patients told us they had enough staff, who knew the patients and received appropriate training to keep them safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately
- Staff assessed the mental health needs of all patients. They worked with patients, families, and friends to develop individual care plans and updated them as needed
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care
- Staff treated patients with compassion and kindness
- Leaders we spoke with had the skills, knowledge, and experience to perform their roles. All leaders we spoke with said they felt supported to fulfil the role and responsibilities of their leadership role

LD Inpatients and Substance Misuse:

- The ward was safe, clean well-equipped, well-furnished, well-maintained and fit for purpose
- Staff discussed and managed patient risks. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support peoples' recovery
- Staff understood how to protect people from abuse and the service worked well with other agencies to do so

- They worked with people and with families and carers to develop individual care and support plans. Care plans reflected the assessed needs, were personalised and comprehensive
- Staff supported people with their physical health and encouraged them to live healthier lives
- The ward team included or had access to the full range of specialist roles required to meet the needs of people on the ward
- Staff supported people to make decisions on their care for themselves
- Staff treated people with compassion and kindness. They respected people's privacy and dignity. They understood people's individual needs of and supported them to understand and manage their care, treatment or condition

In the reporting period the Care Quality Commission undertook an unannounced focused inspection of Rawreth Court Nursing Home (September 2023), with the report published November 2023. The service remains rated as 'Requires Improvement'.

Areas of good practice:

- Staffing levels and the deployment of staff were suitable.
- Recruitment practices at the service were safe.
- People and their relatives told us they or their family member were treated with care and kindness.
- People were supported or enabled to take part in regular social activities.
- People were protected by the prevention and control of infection.

- Staff had received an induction and formal supervision.
- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when needed.

Areas for improvement:

- Care plans required improvement to ensure people who use the service received person-centred care that met their needs.
- People were not always treated with dignity and respect.
- Suitable arrangements were not in place to gain consent from people using the service or those acting on their behalf or to act in accordance with the requirements of the Mental Capacity Act 2005.
- Improvements were needed to ensure the dining experience was positive and peoples' nutritional and hydration needs were met and monitored.

The full reports for each inspection can be viewed on the CQC website
https://www.cqc.org.uk/provider/R1L/reports

We developed an Improvement Plan in response to all the inspection reports, addressing the areas for improvement which is monitored on a weekly basis. We also have local system support as a critical friend to review our evidence of sustainability of action taken to address the concerns raised.

The CQC also undertook an unannounced focused core service inspection of our Forensic services in March 2024. The Trust is awaiting the final report from the CQC, following this inspection.

Data Quality

Essex Partnership University NHS Foundation Trust recognises that it is essential for an organisation to have good quality information to facilitate effective delivery of patient care, and this is essential if improvements in the quality of care are to be made.

Essex Partnership University NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES), which are included in the latest published data.

The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS number was :	Trust %
Percentage for admitted patient care	100%
Percentage for outpatient care	100%
Percentage for accident and emergency care	N/A

Which included the patient's valid General Medical Practice Code was:	Trust %
Percentage for admitted patient care	94.7%
Percentage for outpatient care	100%
Percentage for accident and emergency care	N/A

Note. SUS Data Quality Dashboard – Based on the April-23 to November-23 data.

Information Governance Data Security and Protection Toolkit attainment levels

Essex Partnership University NHS Foundation Trust's Data Security and Protection Toolkit Report overall score for 2023/24 graded as – submission is 30 June 2024 and audit report has not been provided.

Essex Partnership University NHS Foundation Trust's Data Security and Protection Toolkit report overall score for 2022/23 graded as 'standards met'.

Standards of Clinical Coding

Essex Partnership University NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Note: The clinical coding functions noted above and previously undertaken by the Audit Commission are now under the guidance of NHS England.

Essex Partnership University NHS Foundation Trust will be taking the following actions to improve data quality.

We are committed to improving data quality across all systems, over the coming years, with several initiatives and changes to practices being implemented, these include:

- The launch of a new Data Quality Assurance Framework. Building upon the existing data quality maturity index, the new framework will establish improved intelligence for gaps in data quality providing proactive advice and guidance on the importance of good quality data, how it is used and offer practical advice for making improvements. The framework will introduce a new assurance report to track common issues and their level of maturity over time.

- A new data platform - The Trust has implemented a new data platform that will mature over the course of the next 12 months. This new platform will bring together the source data from our clinical and non-clinical systems as a single source of truth for data intelligence. The new platform will make data quality reporting more insightful and actionable to support the new Data Quality and Assurance Framework.

- Business Intelligence dashboards - Building upon the success from the integrated performance report and safety dashboards, the Trust is committed to surfacing better data insight decision making. Focus for the next period will be on workforce data intelligence, bringing together the data from our people systems to provide our managers and leaders with better insight where previously manual data analysis has proven difficult and issues with data quality difficult to identify.

Learning from deaths

Learning from the deaths of people accessing our services is a fundamental part of strengthening our safety culture and ensuring the quality of our services continually improves.

The aim of reviewing the care provided is to help improve care for all our service users by identifying whether there were any problems, understanding how and why these occurred, and taking meaningful action to implement any learning. Due to the nature of the services we provide, there will be a number of deaths that will be 'expected'. Nevertheless, we are always mindful that even if the person's death was 'expected', their family and friends will feel deeply bereaved by their loss, and we are continuing to strengthen our processes to support those people.

Our process strengthens the focus on learning outcomes, ownership closer to the service and aligns with the Patient Safety Incident Response Framework and the 'National Guidance on Learning from Deaths - A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care' (March 2017).

The process includes:

Learning from deaths process	Review Stage
An initial review of every death reported is undertaken by the local clinical service lead with the aim of identifying any immediate learning and the escalation for a more detailed review	1
A more detailed review by a senior clinician not involved in the care of the service user	2
Criteria is meeting for a Patient Safety Incident Response Framework (PSIRF) review	3

The following section provides further information, examples of learning and improvement actions we have taken.

Note:

Within national guidance, trusts determine local approaches to mortality review and define which deaths should be in scope for review. Therefore, mortality data is not comparable between trusts.

Figures in this report reflect quarters 1-3, 2023/24. Information relating to quarter 4 is not available until June each year. Quarter 4 data from 2022/23 is included for completeness.

During the reporting period (Q4 2022/23 to Q3 2023/24), 209 deaths of our service users were in scope of the Learning from Deaths arrangements.

The number of service user deaths 'in scope for mortality review (Q4 2022/23 to Q3 2023/24) (National Guidance reference 27.1)	
Reporting Period	**Number**
Q4 2022/23	58
Q1 2023/24	59
Q2 2023/24	52
Q3 2023/24	40
Total	**209**

By 15 February 2024, 11 Stage 2 case record reviews (individual or as part of thematic reviews) and 34 Stage 3 PSIRF investigations have been carried out in relation to 45 of the deaths above.

In addition to those completed, 30 Stage 2 case record reviews (individual or as part of thematic reviews) and 31 Stage 3 Patient Safety Incident Response Framework investigations are in progress.

In zero cases, a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

The number of deaths 'in scope' for mortality review subject to case record review / investigation (National Guidance reference 27.2)	
Reporting Period	**Number**
Q4 2022/23	34 (of which 3 in progress)
Q1 2023/24	36 (of which 23 in progress)
Q2 2023/24	24 (of which 23 in progress)
Q3 2023/24	12 (all in progress)

> **Explanatory notes**
>
> *Full year 2022/23 data:*
>
> *For the full year 2022/23 the following reviews had taken place by 15 February 2024: 60 Stage 2 case record reviews (individual or as part of thematic reviews) and 77 Stage 3.*
>
> *PSIRF investigations reflecting 137 of the 236 deaths 'in scope' in 2022/23. In addition, 15 Stage 2 case record reviews (individual or as part of thematic reviews) are in progress and three Stage 3 PSIRF investigations are in progress.*

Zero, representing 0% of the patient deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patients/service users.

The percentage of deaths judged more likely than not to have been due to problems in care **(National Guidance reference 27.3)**	
Reporting Period	**Number and % of deaths in each quarter**
Q4 2022/23	Zero (0%)
Q1 2023/24	Zero (0%)
Q2 2023/24	Zero (0%)
Q3 2023/24	Zero (0%)

> **Explanatory Notes**
>
> *For Q4 2022/23, 27 reviews are still in progress or awaiting judgement in terms of problems in care at the date of preparing this information.*
>
> *For Q1-Q3 2023/24, 227 reviews are still in progress or awaiting judgement in terms of problems in care at the date of preparing this information.*

The judgements on all deaths other that PSIRF deaths (see below) use a tool designed locally by the Trust, based on the structured judgement review tool / methodology published by the Royal College of Psychiatrists in November 2018.

The methodology of the Stage 3 Patient Safety Incident Response Framework (PSIRF) reviews focus on quality learning outcomes and there is no determination in terms of likelihood of problems in care has therefore been assigned for these reviews to date.

Research is being undertaken with relevant national /regional / ICB and neighbouring trust colleagues with a view to agreeing within the Trust an appropriate approach to making a determination for these deaths. Once a definitive local process has been agreed, all closed PSIRF deaths occurring since 1 April 2022 will be assessed.

Examples of learning derived from the review / investigation of deaths judged more likely that not to have been due to problems in case (National Guidance reference 27.4)	
Derived from the review / investigation of deaths judged more likely that not to have been due to problems in case (National Guidance reference 27.4)	N/A
Action taken in consequence of the learning above (National Guidance reference 27.5)	N/A
Impact of the actions described above (National Guidance reference 27.6)	N/A

Note. N/A, as there were zero deaths judged more likely than not to have been due to problems in care during the reporting period.

The 2024/25 Quality Account, in line with national guidance reference 27.7 to 27.9, will report on the following mandated information:

- The number of case note reviews or investigations finished in 2024/25, which related to deaths during 2023/24 but were not included in the Quality Account for that previous reporting period (Q4 information).

- An estimate of the number of deaths included above which EPUT judge as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patients/ service users, with an explanation of the methods used to assess this (Q4 information).

- A revised estimate of the number of deaths during the previous reporting period taking account of the deaths referred to in the point above (Q4 information).

We seek to identify learning from all reviews undertaken under the learning from deaths arrangements and agree improvement actions, irrespective of whether the death is more likely than not to have been due to problems in care provided to our service users.

Examples of learning identified and actions taken in response to learning from deaths during 2023/24 include the following:

Communication

- Notification of cause of death - work has commenced to strengthen data flows to the Trust on confirmed causes of death. This includes liaison with the Regional Medical Examiners' Office, locality Medical Examiners Offices and systems leads for the development of shared care records and the unified electronic patient record system.

- Between Trust teams – a handover template developed which includes key care plan and risk assessment information.

- End of life care Out of Hours services information about contact points and hours of availability of core integrated services to ensure timely response to symptom management for end of life patients.

- Improved process for patients transitioning between the Crisis and Community Mental Health services are in the process of being developed and implemented across the Trust.

- A Transition Clinician role established to assess and manage clients following transfer from another service. In addition, a joint assessment and care planning by the Home Treatment Team (HTT) and First Response Team (FRT) is being undertaken prior to discharge from these services.

- With partner agencies (e.g. with acute hospital trust) - a review is underway of Mental Health Liaison team protocols to explore the facilitation of improved communication between the acute hospital trusts and mental health services.

Physical Health Care and Treatment

- Improving the identification and managing deteriorating physical health of patients on our inpatient units.

- Clinical procedures for appropriate action in terms of patient refusals to eat and drink.

- Supporting compliance with physical health medication regimes.

- Improving knowledge of DNACPR status and ensuring Venous thromboembolism (VTE) assessments is a routine part of admission protocols to inpatient unit.

- Strengthening monitoring of physical health of patients in community and supporting access to physical health care.

Record Keeping

- The timely documentation of MDT discussions and risk assessments. Local service reminders were made to a team based on learning to ensure that all patients

referred to the service had a discharge letter completed on discharge, and high standard of triaging clinician's documentation identified on review is being used as an example of good practice to existing and new members of the team. Development is on-going of a system care plan template whereby all aspects of care (e.g. physical health, mental health etc.) will be recorded on one care plan.

Learning is taken forward through Trust-wide mechanisms such as the Trust's learning from Deaths Oversight Group that meets monthly and produces Lessons Learned Bulletin with five Key messages which includes:

- Using thematic learning to inform the Trust's Safety Improvement Plans (detailed separately within this Quality Account).

The Trust reviews that quality of care that is provided to our patients who are approaching the end of life through our End of Life Care services. Actions taken from learning from these reviews include:

- Improving end of life care pathways.
- Ensuring all staff working in the identified service have undertaken validation of death training.
- Ensuring staff know to check with care homes what symbol they use to denote residents being at end of life to ensure family are not disturbed whilst sitting with dying loved ones.

In 2023/24, the Trust set up a Dual Diagnosis Learning Implementation Group to consider specific learning emerging from the review of deaths of dual diagnosis clients and to jointly agree actions to be taken across EPUT and Essex Drug and Alcohol Partnership services (EDAP). Actions taken or pursued includes:

- Continuing to strengthen collaborative and joint working arrangements between EPUT mental health and EDAP services.
- Implementing enhanced processes to actively support clients in referrals to Drug and Alcohol services.
- Supporting the development of a locality Dual Diagnosis Network with multi-agency membership.
- Putting in place improved transfer processes between Essex Young Peoples Drug and Alcohol service (EYDAS) and Child and Adolescent Mental Health services (CAMHS) in a locality area.
- Involving EDAP partners in transformation work underway in ICB areas.

The Trust's Physical Health Nurse Consultant has undertaken thematic reviews during 2023/24 of a number of non-patient safety incident related deaths of patients with Severe Mental Illness (SMI) and the key learning was identified as follows:

- Physical health monitoring and cardio-metabolic screening is crucial

- Integration with primary care will enable seamless care

- Communication with acute care partners, especially relating to antipsychotic use, will help identify concerns

- The Electronic Patient Record will reflect intensity of interventions to physical health promotion

- Involvement of agencies that support healthy lifestyles will be facilitated – e.g. Equally Well

- Facilitate access to lifestyle services.

This was then presented at the Trust's Physical Healthcare Conference in January 2024 to present the findings of their thematic reviews of non-patient safety incident deaths of clients with Severe Mental Illness (SMI). The Integrated Care Boards have also been involved in considering the learning emerging from these thematic reviews and have facilitated attendance at their system wide meetings to enable feedback of learning to other system partners including acute trusts, GPs etc.

The Trust has also considered the national and Southend, Essex and Thurrock (SET) Annual Reports 2023 of the National Learning Disability and Autism Mortality Review Programme (LeDeR). Learning and resulting actions are overseen by the SET LeDeR Steering Group with quarterly updates on progress being presented to the Trust's Learning from Deaths Oversight Group.

Prevention of Future Death Reports (Paragraph 7 of Schedule 5, Coroners and Justice Act 2009)

In 2023/24, HM Coroner issued the Trust with nine Prevention of Future Death (PFD) reports, drawing attention to areas where action should be taken to prevent harm to future service users. The Trust provides a response to HM Coroner on the actions it will take.

Our Learning Collaborative Partnership (LCP) receive details of the learning to facilitate Trust-wide learning, to triangulation with other key work streams such as patient safety learning events, complaints and claims.

Individual actions are monitored at care unit Quality & Safety meetings with oversight for impact presented at the care unit Accountability Framework meetings.

The themes identified:

- Delay in prescribing medication
- Formal handover of responsibility and care coordination
- Therapeutic engagement and observation
- Record keeping

Core quality indicators

The data given within the core quality indicators is taken from the Health and Social Care Information Centre indicator portal (HSCIC), unless otherwise indicated.

Indicator: Percentage of patients followed up in 7 days		
This indicator measures the percentage of patients/service users followed up either face to face or by telephone within seven days of their discharge from a psychiatric inpatient unit.		
The national collection of this measure was retired in April 2021. This performance continues to be monitored internally.	**Reporting period**	**EPUT Year End Score**
The percentage of patients who were followed-up within 7 days after discharge from psychiatric inpatient care during the reporting period.	**April 21 - March 22**	93.5%
	April 22 - March 23	99.2%
	April 23 - March 24	91.3%

EPUT considers that this data is as described for the following reason:
The Performance team holds this information but also keeps a record once validated by the Trust Operational Productivity team. Once validation is complete, the compliance figures are generally much higher than initially produced, primarily due to system interoperability issues and specific agreed exclusion reasons.

EPUT is taking the following actions to improve this score, and so the quality of its services, by:
The Performance team is continuously working with operational colleagues to improve this score and ensure accurate reporting. Operational leads maintain regular oversight of this performance and take forward any actions needed to address potential falls in compliance. A new hourly refreshed post inpatient discharge follow-up dashboard is available for operational productivity to more actively monitor performance.

Data currently undergoes some manual validation to ensure data capture across multiple systems, as well as noting deaths within 72 hours of discharge, the legal removal of a patient from the country, and those patients transferred or discharged to another mental health facility.

Indicator: Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team acted as a gatekeeper during the reporting period

This indicator measures the percentage of adult admissions, which are gate-kept by Crisis Resolution Home Treatment team.

The national collection of this measure was retired in April 2021. This performance continues to be monitored internally.	Reporting period	EPUT Year End Score
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team acted as a gatekeeper during the reporting period.	April 21 - March 22	100%
	April 22 - March 23	100%
	April 23 - March 24	100%

EPUT considers that this data is as described for the following reason:
Operational services continue to assess all clients requiring admission. 100% of necessary cases were gate-kept in 2023-24.

EPUT is taking the following actions to improve this score, and so the quality of its services, by:
Operational staff are able to routinely monitor their compliance through self-serve published reports and raise any concerns through various escalation opportunity meetings.

Indicator: Readmission rates

This indicator measures the percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

The data made available to the Trust by the HSCIC with regard to:	Reporting period	EPUT score	National average	Highest score	Lowest score
% of patients aged 0-15 years readmitted within 28 days	2021/22	0	12.5	49.1	3.4
	2022/23	0	12.8	302.9	3.7
Indicator score	2023/24				
% of patients aged 16 years or over readmitted within 28 days	2021/22	3.1	14.6	110.2	2.1
	2022/23	6.5	14.4	46.8	2.5
Indicator score	2023/24				

EPUT considers that this data is as described for the following reason:
2023/24 data is yet to be published. The national publication of this performance expected in Autumn 2024.

EPUT is taking the following actions to improve this score, and so the quality of its services, by:
2023/24 data is yet to be published. The national publication of this performance expected in Autumn 2024.

Indicator: Patient recommendation

The data made available to the Trust by the HSCIC with regard to:	Reporting period	EPUT score	National average	Highest score (best)	Lowest score (worst)
The Trust's 'patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	2021/22	6.8	6.8	7.5	5.9
	2022/23	6.6	6.9	TBC	TBC
	2023/24				

EPUT considers that this data is as described for the following reason:
2023/24 data is yet published.

EPUT is taking the following actions to improve this score, and so the quality of its services, by:
2023/24 data is yet published.

Indicator: Patient safety incident rate

The data made available to the Trust by the HSCIC with regard to:	Reporting period	EPUT Score		National average		Highest score		Lowest score	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
The number and rate of patient safety incidents reported within the Trust during the reporting period.	April 20-March 21	16,624	95.4	8,500	64.1	20,749	66.4	2,008	59.7
	April 21-March 22	18,256	90.9	8,999	72.9	21,097	73.3	862	7.0
	April 22-March 23								
	April 23-March 24								

The number and percentage of such patient safety incidents that resulted in severe harm or death during the reporting period.	Reporting period	EPUT Score		National average		Highest score		Lowest score	
		Number	%	Number	%	Number	%	Number	%
	April 20-March 21	97	0.5%	44.5	0.7%	438	58.8%	0	0%
	April 21-March 22	132	0.7%	91.1	2.0%	587	2.8%	0	0%
	April 22-March 23								
	April 23-March 24								

EPUT considers that this data is as described for the following reason:
Learning from Patient Safety Events (LFPSE) is currently being introduced across the NHS as organisations switch to recording patient safety events onto the new LFPSE service, rather than the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) it is replacing.

NHSE have stated that reporting rates will not be available via LFPSE, meaning that EPUT is currently unable to give a position update for 2022/23 and 2023/24.

EPUT is taking the following actions to improve this score, and so the quality of its services, by:
EPUT will investigate alternative ways of monitoring performance.

Part 3

Review of Quality Performance

Performance against Key National Priorities 2023/24

In this section, we have provided an overview of performance in 2023/24 against key national targets relevant to Trust services contained in the NHS Oversight Framework.

First episode psychosis: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral

This indicator measures the percentage of referrals for people with a first episode of psychosis treated within two weeks. The performance indicator is set at 60%. Compliance with this target has been achieved consistently in 2023/24.

Our performance over the last year: First episode psychosis
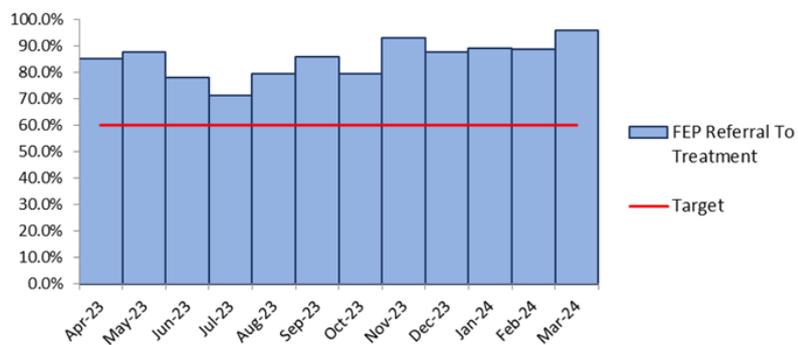
Improving access to Psychological Therapy services: recovery rates above 50% and waiting targets

Recovery Rates

This indicator measures the percentage of patients discharged from Improving Access to Psychological Therapies (IAPT) services who have moved to recovery.

A recovery focussed audit of 8000 patients, was undertaken in October – November 2023, to better understand how patients make recovery and why they do not. In order to facilitate this work a process of delayed discharges was implemented. This activity led to a large number of non-recovered patients being discharged during the audit, which reduced our reported recovery rate for that period.

From this audit, we have now developed a near-miss model to better capture those patients who are not achieving recovery. Which is in support of the national monitoring of Reliable Improvement, which commenced in April 2024.

Our performance over the last year: Recovery rates
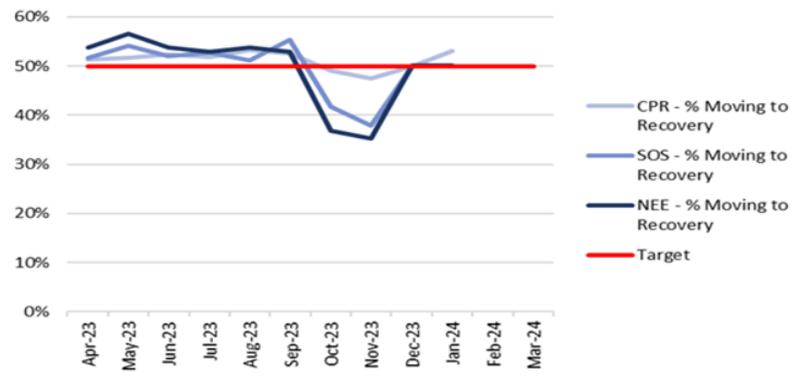
Waiting to begin treatment

This indicator measures the percentage of referrals to IAPT services whose treatment commences within 6 weeks (target of 75%) and 18 weeks (target of 95%).

Compliance with both targets has been consistently achieved throughout 2023/24, with 100% of service users being seen within the 18-week target.

Our performance over the last year: Waiting to begin treatment
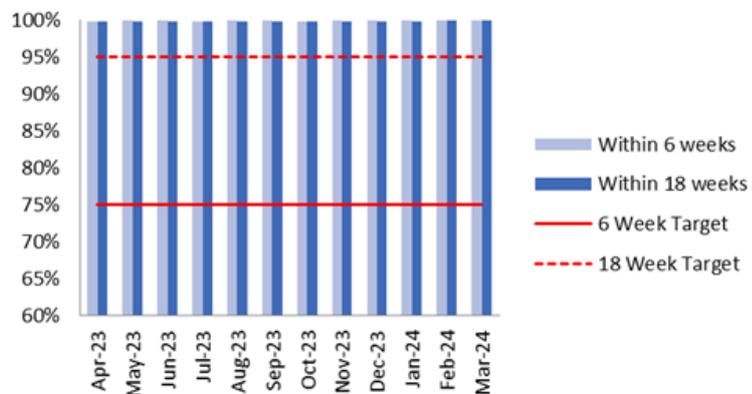
Under 16 admissions to adult wards

This indicator measures the number of admissions to adult mental health wards where the client is less than 16 years old.
In 2023/24, there were no under 16 year olds admitted to adult wards within the Trust.

Out of area placements

Out of area placements are measured by the number of days that patients have spent in inpatient facilities that are outside of the Trust's inpatient beds and are delivered by external providers. These exclude out of area placements that are deemed as appropriate.

Our performance over the last year: Out of area placements
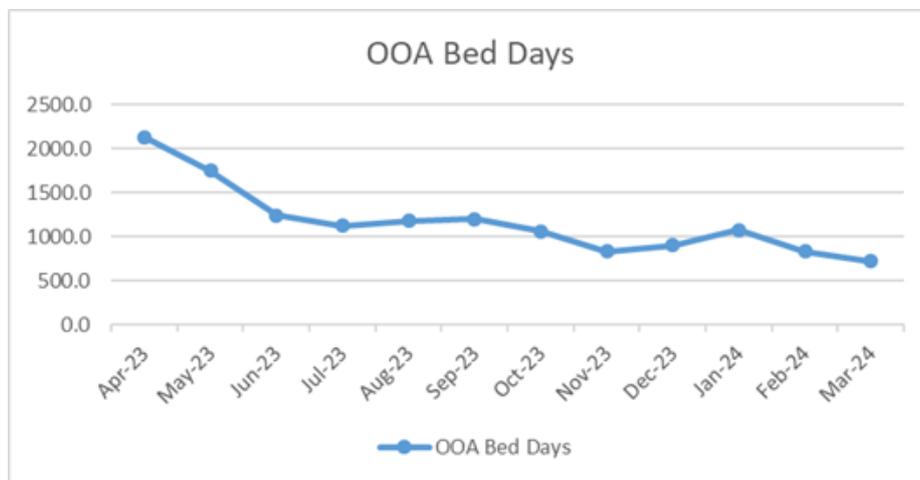
The chart above show the average number of days that patients have spent in an out of area bed each month for 2023/24. The total number for all patients at the end of 2023/24 was 12,486 Bed Days.

23/24	Admissions	Discharges and repatriations	Total and month end
April	34	28	81
May	5	40	44
June	12	19	35
July	17	21	33
Aug	21	12	39
Sept	21	27	31
Oct	18	20	27
Nov	15	23	22
Dec	27	21	31
Jan	19	25	27
Feb	14	17	24
March	23	21	25

The table above shows the monthly number of patients who have been placed in out of area beds for 2023/24.

Infection Prevention and Control (IPC)

The Director of Infection Prevention and Control (DIPC) and Infection Prevention and Control (IPC) team have continued to provide specialist advice to all levels of the organisation and to the Mid and South Essex Community Collaborative. Assurance on policy provided through regular self-assessment reporting against the Infection Prevention and Control Board Assurance Framework through our Quality Committee.

The team have continued to provide training for staff as part of the induction programme and ongoing mandatory training and provision of the national IPC training e-learning programme.

Overall compliance with IPC Board Assurance Framework (March 2024)
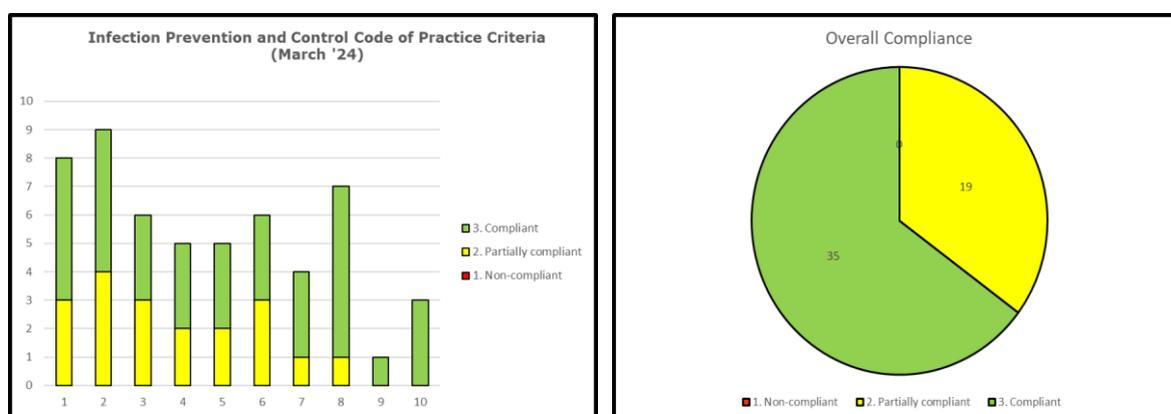
The Trust has an overall compliance of 35 out of 44 key lines of enquiry. Gaps in assurance against the criteria of the Infection Prevention and Control Code of Practice:

- **Criteria 1**: **Systems to manage and monitor the prevention and control of infection and KLOE 8: Provide secure and adequate access to laboratory / diagnostic support as appropriate**
  The does not have a formal IPC surveillance system – this is mitigated by our collaborative arrangements with all acute hospital services pathology laboratories in our locality and clinical teams having in place alert protocols to the IPC team of individual cases. Our system of audit for monitoring of infection prevention and control underwent reviewed with a new overarching IPC audit tool launched within the inpatient settings from June 2023. In quarter 4, the new audit tool for community-based settings piloted in preparation for roll-out.

- **Criteria 2**: **Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections**
  The ventilation system in some parts of our estate require an upgrade – this is mitigated through patient flow management to facilitate air changes. In 2023, the ECT suite (Basildon) was refurbished which included an upgrade of the ventilation system.

- **Criteria 3**: **Ensure appropriate antimicrobial stewardship**
  The Clinical/ Pharmacy team in 2023/24 operated in varying levels of business continuity, with the team prioritising review of antimicrobial prescribing within the inpatient wards for individual patients. However, these were not formally reported on. From January 2024, the audit programme restarted. A business case for the recruitment of an Antimicrobial Pharmacist is being progressed.

- **Criteria 4: Provide suitable and accurate information on infection to patients/service users, visitors/carers and any person concerned with providing further support**
  Through service user support and co-production, the patient information leaflets (including roles and responsibilities) have undergone review.

- **Criteria 5: Ensure early identification of individuals who have or are at risk of developing infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others**. **And Criteria 7: Provide and secure adequate isolation precautions and facilities**
  Admission risk assessments are in place, with further development to be inclusive of a patient's full vaccination status in response to a national alert relating to measles.

- **Criteria 6: Systems are in place to ensure all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection**
  Sustaining fit testing (the fitting and testing of respiratory protective equipment (masks) to individual staff members) post the Covid Pandemic is being reviewed and the IPC team continue to work with our services to provide fit testing availability, and also align testing slots to staff training sessions.

- **Criteria 9: Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections. And, Criteria 10: Have a system in place to manage occupational health needs and obligations of staff in relation to infection:**

  Self-assessed as being fully compliant.

Infection Control Cases

Clostridium difficile: Clostridium difficile incidence is assessed as cases detected after 3 days of admission (these are considered to be attributable to an infection acquired in a healthcare setting). The system of reviewing cases determines whether cases were associated with or without breaches of local protocols, the latter being deemed unavoidable.	2 cases attributed to the Trust
MRSA bacteraemia: MRSA incidence is assessed as cases detected more than 48 hours after admission, which are considered to be attributable to an infection acquired in hospital, or cases where MRSA is considered to be a contaminant.	Achieved target to have zero cases of MRSA bacteraemia
Gram-negative blood stream infections: E.coli bloodstream infections represented 55% of all gram-negative blood stream infections. Approximately three-quarters of these cases occur before patients are admitted to hospital, and the Trust continues to contribute to a system wide plan to support improvements across the health economy.	Zero cases reported
Hand hygiene monitoring: We monitor compliance with best practice for hand hygiene through monthly audits by our clinical Inpatient teams.	Overall compliance 99%
Covid-19 outbreaks: The Trust has been committed to following the guidance issued by Public Health England (PHE). All staff have had the opportunity to undertake a risk assessment ensuring their health and safety within the workplace. Staff have access and training regarding the use of personal protective equipment (PPE).	There have been 119 outbreaks of nosocomial infection in EPUT (2022/23: 70)

Performance against local strategic priorities

Because we deliver a wide range of services commissioned by different ICS's and specialist commissioners, we have a great number and wide variety of mandated, contractual and locally identified key performance indicators (KPIs) which are used to monitor the performance and quality of services delivered.

In this section we have provided a summary of 2023/24 performance against the key operational metrics, quality of care metrics and organisational health metrics that NHS England previously set out in the NHS Oversight Framework.

We have included information of performance against a range of targets throughout this Quality Account to provide an overview of the performance of the Trust. We have also included some examples of quality innovations which have taken place throughout 2023/24 in the sections below.

Full details of performance against all KPIs were provided to the Finance and Performance Committee each month during 2023/24 and any areas of significant under-achievement were advised to the Board of Directors as 'inadequate indicators' at each meeting.

Quality of Care and Outcomes	NHS Oversight Framework target	Year End (Mar) Position
CQC rating of Good or above	Good or above	Overall 'Requires Improvement'
Written complaint rate per 100 WTE	No target set	3.1
National Quarterly Pulse Survey	No target set	Above national averages on engagement scores, improvements in 3 of 9 questions, worsening scores in 3 questions, scores remained the same as previous quarter for 3 questions
Never Events	0	0
There will be 0 Safety Alerts Breaches	0	0
CQC Community Mental Health Patient Survey	No target set	Achieved 'about the same' in 27 questions in the 2023 survey. Four questions scored "somewhat worse than expected". Two scored "worse than expected"
iWantGreatCare	No target set	94.1% positive score in March
People on Care Programme Approach (CPA) are followed up within 7 days of discharge from hospital	95%	93.4%
Clients in settled accommodation	No target set	75.1% (LA target 70%)
Clients in employment	No target set	38.8% (LA target 7%)
Potential under-reporting of patient safety incidents	No target set	73.9 (MH benchmark >44.3)
Admissions to adult facilities of patients under 16 years old	No target set	0

Operational metrics	NHS Oversight Framework target	Year End Position
People with a first episode of psychosis (FEP) begin treatment with a NICE - recommended care package within two weeks of referral	60%	95.8%
Data Quality Maturity Index (DQMI) - MHSDS dataset	95%	95.6%
Improving Access to Psychological Therapies (IAPT)/Talking therapies a) 50% of people completing treatment who move to recovery	50%	51.1%
Improving Access to Psychological Therapies (IAPT)/Talking therapies b) waiting time to begin treatment: i) 75% within 6 weeks ii) 95% within 18 weeks	75% 95%	6 weeks 100% 18 weeks 100%
Continued reduction in inappropriate Out of Area Bed days to 0	Reduction	719 out of area bed days

Leadership and Workforce		
Staff Sickness Rates	No target set	5.7% (MH benchmark of <6%)
Staff Turnover	No target set	9.1% (Local target based on national benchmarking <12%)
Proportion of Temporary Staff (Agency)	No target set	3.1%
Staff Survey	No target set	Results have improved in comparison with the 2021/22 NHS Staff Survey, with People Promises Scores: 2 above average 6 average 0 worse than average

Patient Safety

Patient Safety Incident Response Framework (PSIRF) implementation

The Trust was early adopter of PSIRF (May 2021) and contributed through the early adopter implementation phase to the final PSIRF guidance from the National Patient Safety Incident Team (August 2022).

From the early adopter phase, significant changes and improvements were made to the PSIRF process and we have and continue to transform our processes to ensure that the required improvements are incorporated. To provide leadership to this programme of work, we established a PSIRF Oversight Project Board and local PSIRF Oversight groups for each of our care units.

Within the national guidance, there are a number of review techniques and tools, depending on the aim of the specific review and the required outcome. We set out in our Patient Safety Incident Response Plan (PSIRP) the techniques and tools we are using – these are predominantly:

Patient safety incident reviews commissioned 2023/24

Type of Review	Description	Number Commissioned 2023/24
After Action Review		33
Swarm Huddle		18
Multidisciplinary Team Review		7
Patient Safety Incident Investigation		14
Clinical Review	(Phased out in 2023)	3
Structured Judgement Review	(Phased out in 2023)	3
Total		78

Note. *NHS England provided guidance on the type of learning responses used under PSIRF (August 2022). As a result, Clinical Reviews and Structured Judgement Reviews phased out.*

Learning from Patient Safety Events

From completed learning responses, we have identified emerging themes that are taken forward in our Safety Improvement Plan (SIP) work. Many of the themes will inform improvement work, with the following learning themes identified in 2023/24:

- Multidisciplinary meetings
- Risk assessments and evaluation of care in patient records
- Joint working for patients with multiple referrals to different agencies
- Deteriorating patients
- Physical health monitoring of mental health patients
- Medication reviews

The safety actions identified for learning themes developed in collaboration with our clinical teams, with our Patient Safety Incident Management (PSIM) team working closely ensure actions are completed and improvements implemented.

Patient Safety Incident Response Plan (PSIRP)

The PSIRP identifies local priorities for investigation and includes the following:

- Suicide / suspected suicide within 72 hours of discharge from a mental health inpatient ward
- Suspected / confirmed suicide of patient with mental health problems alongside Autism
- Suspected / confirmed suicide of a patient under the care of the Eating Disorder service
- Mental health inpatient - attempted suicide of patient on leave (detained and informal)
- Absent without leave / abscond whilst detained under the Mental Health Act
- Life-threatening accident / injury to an inpatient where life-saving treatment is required
- Deliberate self-harm resulting in life threatening / or life-saving treatment required
- Near miss ligature incident on mental health inpatient wards involving fixed ligature point
- Infection Prevention Control incident i.e. Covid outbreak or hospital acquired infections with potential for severe consequence
- Physical health monitoring and surveillance where either NEWS2 application and / or high-risk medications are a factor
- Delay in patient care / treatment resulting in moderate harm or above

You can read more about our Patient Safety Incident Response Plan (PSIRP) on the EPUT Website.

Embedding Learning

We use the following methods to share learning and the findings from patient safety incident investigations and other learning response reviews conducted:

- **Sharing the report and learning with the patient/family:** The patient / family offered a copy of the approved report and the option of a meeting to discuss the report.
- **Push and Pull Communications:** These are 'At a Glance', Safety Alerts and Team Briefings.
- **Five Key Messages and Lessons Identified Newsletter:** Key learning is shared in this format and published on the Trust Intranet page for reference.
- **Lessons Identified Newsletter:** Shared at Quality & Safety meetings and stored on the Intranet for reference, and copies are made available in the Culture of Learning folders in our services areas (these are a hard copy available to staff and patients to read and reflect).
- **Attendance and representation at meeting:** Care unit attendance at Learning Collaborative Partnership and Learning Oversight Sub-Committee meetings to share learning.
- **Themed Learning Event:** Introduction of quarterly Care Unit Leadership Learning Events.
- **Live Learning Sessions:** Introduction of the Learning Matters Monthly Insights delivered monthly and recording is accessible via the Trust Intranet.
- **Safety Alert Learning Call (SALC):** SALC calls stood up when there is significant opportunity for learning. There is a process in place for monitoring compliance for internal Safety Alerts issued through the Trust.
- **System-wide Learning:** The development of learning forums is a keen focus for the PSIM team. This would be with the view to sharing learning across the systems. The patient Safety Specialist Forum presents a good opportunity for shared learning as well as the Integrated Care Board monthly assurance meeting.

Safeguarding Children and Adults

The Safeguarding service provides specialist advice, support and training to the organisation on adults and children's safeguarding, Mental Capacity Act & Deprivation of Liberty Standards, Domestic Abuse, MARAC, MAPPA, Prevent and Children Looked After.

The service operates a duty system providing a reflective space to discuss and clarify adult or children safeguarding concerns. Activity through safeguarding remains high with the number of duty telephone consultations reported as 1686 in 2023. In total, 3175 safeguarding adult concerns were raised with a reported conversion rate to enquiry of 57%.

EPUT		2023												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Safeguarding Concerns	*No. Concerns Raised Internally*	72	90	79	89	80	71	99	68	48	86	79	49	910
	No. Int. Progressed to Enquiry	60	75	69	78	70	57	89	56	41	76	65	36	772
	% Int. Progressed to Enquiry	83%	83%	87%	88%	88%	80%	90%	82%	85%	88%	82%	73%	85%
	No. Concerns Raised Externally	145	154	196	151	220	178	212	229	145	218	208	209	2265
	No. Ext. Progressed to Enquiry	50	56	92	65	80	70	87	124	75	106	112	122	1039
	% Ext. Progressed to Enquiry	34%	36%	47%	43%	36%	39%	41%	54%	52%	49%	54%	58%	46%
	Total No. Safeguarding Concerns	217	244	275	240	300	249	311	297	193	304	287	258	3175
	Total No. Progressed to Enquiry	110	131	161	143	150	127	176	180	116	182	177	158	1811
	% Progressed to Enquiry	51%	54%	59%	60%	50%	51%	57%	61%	60%	60%	62%	61%	57%

Type of Abuse 2023/24 (Adults)
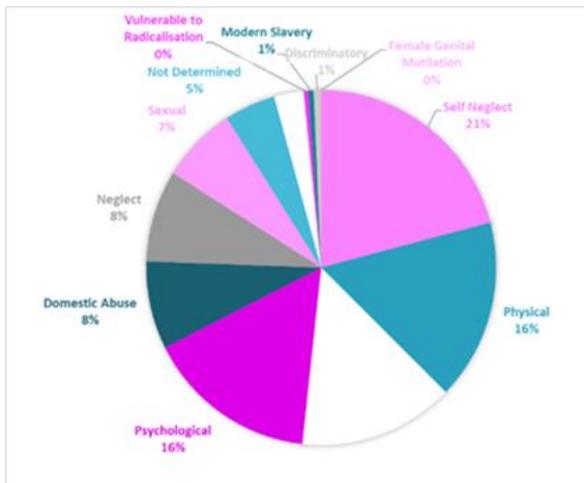
Source of Abuse 2023/24 (Adults)
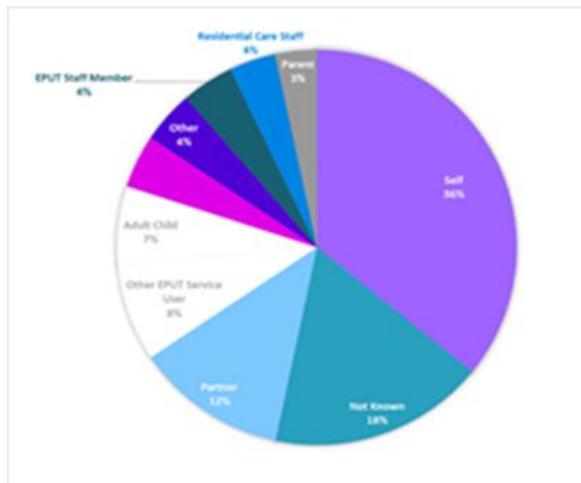
Safeguarding specialists continue to provide advice to operational teams in cases where the safeguarding threshold has not been met, with guidance on forward actions to manage emerging risks.

In comparison, the number of safeguarding children/young people referrals made by the organisation is reported as 150. This number is reported as lower than should be expected and practitioners, through training and communications, are being encouraged to adopt a "Think Family" integrated approach, with practitioners identifying wider family needs which extend beyond the individual they are supporting in regards to risk assessment and identification.

Children Referrals 2023/24
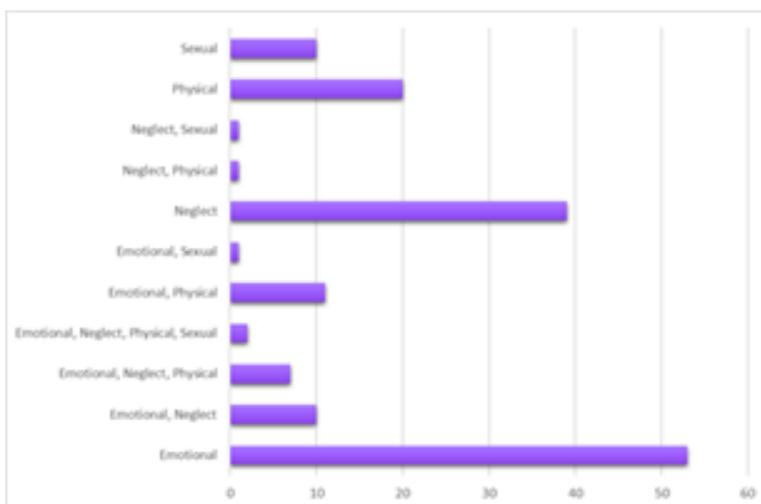
Children Categories of Abuse 2023/24 (Adults)
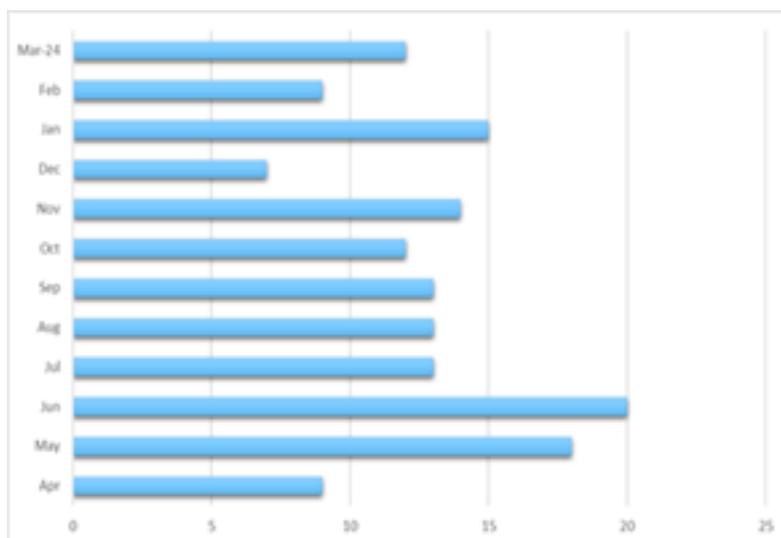
Key themes from duty are identified as:

- Escalation in cases where staff are concerned at the outcome of a referral or cases closed where the level of risk posed to child/adult remains high, requiring specialist advice and support to challenge.
- Increased contact from staff who are experiencing domestic abuse.
- Increase in the complexity of safeguarding cases.

Safeguarding Reviews

Safeguarding reviews are a statutory requirement for Local Safeguarding Partnerships. The organisation is currently involved in 57 cases that have been commissioned for review identified as either a Child Safeguarding Practice Review (CSPR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) or a Multiagency Review.

DHR cases in scoping	DHR's	EPUT providing mental health advice to panel
3	11	1

CSPR in scoping	CSPRs	MARS
0	8	5

SAR cases in scoping	SARs	Joint DHR/SAR	MAR	EPUT providing mental health advice to panel	MAR
3	18	4	1	2	1

Learning from reviews is embedded into the organisation via the following methods:

- Safeguarding Training
- Five Key Messages
- Lessons Identified Newsletter
- Safeguarding Champions Events
- Safeguarding Newsletter
- All Staff Lunchtime Learning
- Safeguarding Supervision

Key themes from reviews are:

- The complexities of abusive relationships where there is violence by both parties with an addiction to alcohol.
- The importance of efficient record keeping ensuring effective decision-making and appropriate action.
- The importance of routine enquiry and professional curiosity.
- Greater awareness of the signs of domestic abuse and a holistic approach to risk identification where it is unclear who is the perpetrator and who is the victim.

Safeguarding Training

Safeguarding training is in line with Southend, Essex and Thurrock guidance and intercollegiate guidance for both adults and children. Assurance that training has been undertaken is provided via the online training tracker, which prompts staff to undertake refresher training.

The mandated periods for completion of safeguarding training reverted to pre-pandemic level in August 2023, from four to three-yearly intervals. To support compliance to the training framework, the safeguarding clinical specialists have delivered additional courses to support practitioner access as identified below.

Safeguarding Training (March 2024)

	Overall Competence		
	Total Target (Required)	Trained	
		Compliant	%
Safeguarding Adults and Children Level 1	1859	1754	94%
Safeguarding Adults and Children Level 2 inc MCA/Dols & Prevent	3020	2870	95%
Safeguarding Children Level 3 inc LAC & Prevent	2299	2129	93%
Safeguarding Adults Level 3 Inc MCA/Dols & Prevent	2916	2788	93%

Patient Experience

Listening to our patients / service users

Volunteers

With 180 volunteers registered with the Trust it is increasingly important that volunteers are recognised and valued as a workforce in their own right, independent of that of the Lived Experience Ambassadors. Volunteering does not require lived experience to take part and the team have been working with HelpForce to understand how on-boarding volunteers can be made more appealing to staff. The Volunteering team are currently in conversation with partners such as Anglia Ruskin University and University of Essex to encourage students towards the Kinetic website, listing all of the Trust's involvement opportunities.

Improving the experience of care across all services

Having a dedicated iWantGreatCare (iWGC) Training and Reporting Manager has proved effective in encouraging higher rates of feedback and improving staff awareness of the Patient Reported Experience Measures across the organisation. iWGC now has it's own OLM training module and is included in all staff induction, and has regular all staff question and answer sessions faciliated with iWGC.

All services have a bespoke content pack containing information emphasising the importance of patient feedback, posters with QR codes and business cards to encourage all services to display, request and utilise feedback. The iWGC Reporting and Training Manager is currently meeting with each care unit lead to understand the methodologies of feedback best suited to each care unit, and is also due to meet with the Learning and Development team to produce themed reports from reviews that relate to staff behaviour each month. These will be used in the Ward Manager Development

programme to understand best practice, lessons learnt and opportunities to act differently.

IWGC volunteers have been put in place to support patients, families and carers wishing to complete reviews. Whilst there are both digital and paper methodologies to complete a iWGC review, our Feedback Volunteers offer support to patients, their families and carers in accessing review forms and completing them in whichever format they choose. This volunteering role has been piloted in Inpatient services and will be rolled-out across all care units for next year. Having a physical presence on the wards associated with collecting feedback has improved visibility and awareness of this function.

> "It improves experiences of care as patient's thoughts and suggestions are listened to and fed back to people higher up within the organisation. I feel that positive changes have been made with this role as we are able to provide a true insight into individual experiences of care."
>
> **(Survey respondent 2024)**

Developing our relationships and networks with patients and carers whom identify as a minority, or with a protected characteristics

Patient and Carer Race Equality Framework (PCREF): EPUT has been working on adopting the PCREF earlier than the set timeframe of March 2025. PCREF design is to ensure racialized communities have fairer access to services, improved outcomes and better experience of services. The focus for 2023/24 has been on establishing leadership and governance (including the recruitment of our Co-Production Lead, and improving the quality of data to enable key performance indicators by ethnicity). Focus for 2024/25 will be improving cultural awareness, addressing discrimination and identifying / addressing inequalities in access, experience and outcome for our service users and their families who identify as being from an ethnic minority background.

> *"I am so excited to be working on such a monumental project. When I was asked to join this team, it was too good an opportunity to turn down. I have spent almost 20 years in institutions, mainly prison, but I have also been sectioned, briefly. Through participating in various different types of therapy, I have found that it has been largely a case of being misunderstood. I welcome this opportunity to be a part of change"*
>
> **(Co-Production Lead December 2023)**

Work with our Lived Experience Co-Production Lead (alongside our Employee Safety programme, Employee Experience Manager and the Senior Responsible Person for

Inclusion) has enabled the identification of existing work streams that are already working towards identifying and preventing violence, abuse and racism. This has also provided insight to the review of our Leadership Behaviour Framework.

We are also working towards having in place a shadow Board by inviting people from diverse backgrounds to hold us to account for all aspects of the Trust's activities, within the year.

We are putting in place cultural awareness training for all staff and our Executive team have signed up to equality, diversity and inclusion objectives for 2024/25.

Our patient networks have evolved in 2023/24, with our Learning Disability and Autism Network being split into two to correctly acknowledge and give time to our differences.
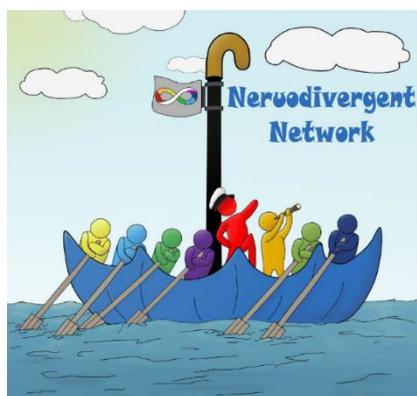
The Neurodiversity Network has a Lived Experience Lead in place. The Network has two meetings: one that is hosted with the Lived Experience Lead and Patient Experience team "ask and listen"; the other is a "doing" group made up of the Patient Experience team, system partners from SEND and SAFE, and the Trust's Deputy Directors of Quality and Safety. There is also frequent input from Essex County Council and North East London NHS Foundation Trust.

(Image created by Mohsin Saeed Coproduction lead for the Neurodiversity network)

Listening to the People we care for, their loved ones and supporters

We continue to listen and work with the people we care for, their loved ones and supporters. So much so that, this year, the team were nominated for the coproduction award at the Great British Care Awards, for our Reward and Recognition Policy. The co-designed policy has led to record numbers of involvement activities and people with lived and living experience of our services participating in both the delivery and improvement of care across the Trust. Held by the four pillars of coproduction (equality, diversity, accessibility and reciprocity), the policy ensures those taking part are rewarded and recognised for their contributions.

Further to this, our Lived Experience Involvement Group (established February '23) worked to create a baseline survey, establishing patients' current perception of care. The questions were co-produced with people with lived experience and the patients being cared for on the wards at that time. This has been integral to many of the work streams within our Time to Care programme including, for example:

- Design and delivery of the Ward Management Development programme
- Safer staffing dashboard

The impact of this work has observed a positive increase in the number of patients who know what to do if they have a concern (aggregated scores of 3.07/5 in February 2023, increasing to 3.85/5 in August 2023). In addition, the number of patients who feel their care plan is tailored to their individual needs (aggregated scores of 2.83/5 in February 2023, increasing to 2.99 in August 2023).

Opportunities to hear the patient, family and carer voice is observed in our Patient and Public Forum. This is a listening event, which invites the public, our patients, their relatives and carers to attend and voice where they feel operational attention needs focus. The number of people attending this forum who identify as a patient, family member or carer has continued to increase.

	% of attendees identified as being service user, relative or carer
2021	18.7%
2023	76.4%

Attendees continue to have the opportunity to submit agenda items ahead of the meeting and ask about topics that matter to them. The link to view the forum schedule can be found on our website Patient Experience forum | Essex Partnership University NHS Trust (eput.nhs.uk)

The Patient Carer Family Collaborative (PCFC) has been renamed the People Participation Committee (PPC) this year following feedback from those in attendance. The purpose of this forum is for the people we serve to have the opportunity to contribute. The forum has two nominated coproduction leads that attend and report into the Experience of Care Group. This amplifies the patient and carers voice to the Executive team and aims to produce tangible, tracked actions that demonstrate the reciprocal value.

Developing our peer support offer across inpatient services.

Eighteen Peer Support Workers have completed specialist training with Implementing Recovery through Organisational Change (ImROC) as part of the Health Education England programme for increasing the use of peer support across mental health services. Operating within Inpatient services, all of the team have lived or living experience of mental health challenges and many have received treatment on a mental health inpatient ward. They have also completed specialist training delivered as part of the programme and are providing one-to-one and group support to patients on Galleywood, Finchingfield and Topaz wards, drawing on their own lived experiences to offer hope through recovery. The project initially launched as a pilot but it already due to be replicated at The Lakes and Rochford wards.

> *"Peer support can have a very positive impact on aiding recovery so I'm really pleased we've be able to launch this project to enhance our mental health services and help us provide the best possible care to patients in their time of need.*
> *Being admitted to an inpatient ward can understandably be a very challenging time - our peer support workers will walk side-by-side with patients through their care, treatment and recovery, offering understanding, empathy, reassurance and hope."*
>
> **(Director of Patient Experience and Participation)**

> *"Peer support workers act as a light for patients who aren't as far along their journey of recovery as you are. As people with lived experience, we are understanding, empathetic and very compassionate about what patients are going through. It can also act as a mirror helping us to continue our recovery – it feels very healing to give back in that way."*
>
> **(Peer Support Worker)**
>
> *"I have been mindful over the years of the much needed and valuable resource peer support offers so I'm grateful for the opportunity to provide peer support, inspiring hope and helping others see the possibilities, so they too can move forward in their lives."*
>
> **(Inpatient Peer Support Team Lead)**

You can listen to three Peer Support Workers speaking about their experiences and journeys to recovery in the ['Lived Experience Matters' podcast](#) produced by the Patient Experience team.

The Care Quality Commission Community Mental Health Survey

The CQC annual Community Mental Health Survey (2023), asks people who use NHS Community Mental Health services in England about their experience of care. The CQC use the survey results to build an understanding of the risk and quality of services. The survey involved 53 providers of NHS Community Mental Health services in England, with responses from 14770 people (a response rate of 20%).

EPUT continues to participate in the survey and in April 2024, we received a benchmark report. We have used the results to identify and make changes to improve the experience of people using our services. This year, the methodology, eligibility, and questions used have been revised and so it is not possible to make comparisons with previous years.

People who took part in the EPUT survey?

1250 invited to take part

219 completed

18% response rate

20% average response rate for all trusts

AGE
- 16-35
- 36-50
- 51-65
- 66+

24%
22%
20%
34%

ETHNICITY

White	87%
Asian / Asian British	4%
Black / Black British	3%
Multiple ethnic groups	4%
Arab / Other ethnic group	0%
Not known	2%

LONG-TERM CONDITIONS

96% of service users have a **physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.**

Number of long-term conditions reported:

1	32%
2+	68%

SEX

At birth were you registered as…

Female	55%
Male	43%
Intersex	0%
Prefer not to say	1%

0% of service users said their **gender is different from the sex they were registered with at birth.**

RELIGION

Christian	56%
No religion	31%
Other	3%
Muslim	3%
Buddhist	0%
Hindu	1%
Jewish	2%
Sikh	0%
I would prefer not to say	4%

Comparison with other trusts (the number of questions where EPUT performed better, worse, or about the same compared with all other trusts)

Much better than expected	
Better than expected	
Somewhat better than expected	
About the same	27
Somewhat worse than expected	4
Worse than expected	2
Much worse than expected	
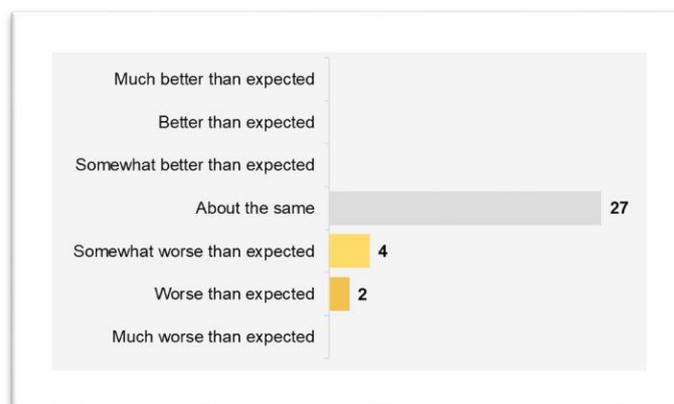
Where our service user experience is best, (top 5 scores relative to national average):

- ✓ **Support while waiting**: service users offered support appropriate for their mental health needs while waiting (Q7)
- ✓ **Support in other areas of your life**: service users being given help or advise with finding support for finding or keeping work (Q32_2)
- ✓ **Planning care**: service users having a care plan (Q 13)
- ✓ **Support in other areas of your life**: service users being given support with physical health needs (Q31)
- ✓ **Support while waiting**: service user offered support with their mental health while waiting, between assessment with the NHS Mental Health team and first appointment for treatment (Q6)

Where our service user experience could improve (bottom 5 scores relative to national average):

➢ **Medication**: what will happen if they stop taking medication being discussed with the service user (Q21_4)
➢ **Medication**: side effects of medication being discussed with the service user (Q21_3)
➢ **Support in accessing care**: NHS Mental Health team asked if service users needed support to access their care and treatment (Q34)
➢ **Talking therapies**: service users having enough privacy to talk comfortably during taking therapies (Q25)
➢ **Support in other areas of your life**: service users being given help or advice with finding support for joining a group or taking part in an activity e.g. art, sport etc. (Q31_1)

View the full report at All Files - NHS Surveys

Listening to Concerns and Complaints, Compliments

The Trust acknowledges the value of feedback from patients and visitors and continues to encourage the sharing of personal experiences. This type of feedback is invaluable in helping us ensure that the service provided meets the expectations and needs of our patients through a constructive review.

Complaints are expressions of dissatisfaction from patients and/or relatives who are unhappy regarding an aspect of their interaction with Trust services. Complaints are invaluable for the identification of trends, which enable us to improve the service where it may be necessary. We are committed to providing a complaints service that is fair, effective and accessible to all.

All complaints are treated confidentially and kept separately from the complainant's medical records. Making a complaint does not harm or prejudice the care provided to the complainant.
In 2023/24, the Trust received 275 formal complaints regarding its services.

	2022/23	2023/24
Formal Complaints	397	275
PALS Concerns	470	537
MP Complaints	71	69
Locally Resolved Complaints	48	60
Compliments	1320	1344

Within the year, there were nine cases referred to the Parliamentary and Health Services Ombudsman (PHSO) where the complainant was dissatisfied with the response received from the Trust, compared to seven in 2022/23. Two cases were closed with no further investigation after assessment by the PHSO; eight referrals are awaiting initial assessment as at the 31 March 2024.

332 formal complaints reviewed and closed in 2023/24, with the following outcomes:

	Number	%
Upheld	61	18%
Partially Upheld	121	36%
Not Upheld	131	39%
Withdrawn	2	1%
Resolved Locally *	6	2%
Not Investigated **	11	3%

Resolved Locally: these are complaints that were logged as formal complaints but were subsequently resolved informally by the Service, and therefore not investigated by the Complaints Team. This is only done in agreement with the person making the complaint and results in a faster more efficient resolution

***Not investigated: these are complaints where it has not been possible/ appropriate to investigate for various reasons e.g. relates to care delivered by another provider (complainant is signposted to the other provider), and where repeated attempts to contact the complainant has failed.*

NHS Complaint Regulations (2009) state that if a trust is not able to provide a response within six months, then it must notify the complainant in writing to explain the reason why, and provide a full response as soon as possible.

We aim to resolve formal complaints within 60 working days (3 months). In 2023/24, we resolved 29% within 60 working days. We recognise that complex cases can take longer than 60 working days to investigate, and if more time is required, we do keep the complainant updated regarding the expected timeframe. We are committed to keeping people updated and we aim to achieve 100% resolution of complaints within the timescale advised. This year the Trust achieved 95% against this target, which is an increase compared to 2022/23 (89%).

In the year 2023/24, 23 closed complaints were reopened. Reasons for reopening cases included where the complainant had additional questions/concerns.

During 2023/24, the main reasons to raise a formal complaint were in relation to:

	%
Clinical Practice	53%
Communication	17%
Staff Attitude	14%
Systems & Procedures	13%
Other	3%

An important part of our complaints process is the independent review of a random selection of closed cases each quarter, carried out by our Non-Executive Directors (NEDs). The reviewer rates the quality of the investigation and the response, and considers whether the Trust has done all it can to resolve the complaint and if appropriate lessons were identified and taken forward. 19 (6%) of closed cases were reviewed in quarters 1-3 2023/24 and of these:

	2022/23	2023/24
Good or excellent for 'how the investigation was handled'	65%	89%
Good or excellent for the 'quality of the response'	74%	100%
Demonstrated effective communication throughout the process	100%	100%

As a result of complaints and concerns raised over the past year, below are examples of initiatives implemented.

- In response to a complaint regarding the transfer of ward within our CAMHS not being discussed with family members, improved communication signal a transfer and to keep families abreast of the stages within the process of transfer.

- In response to a complaint regarding unnecessary assessments for a patient receiving end of life care, in our Dementia and Frailty service. All staff involved were enrolled on our End of Life Care training and administration staff booking assessment now check if patient are on end of life care before making the appointment. The Trust continues to display the butterfly symbol on doors to signify that a patient is receiving end of life care.

- In response to a complaint regarding a letter having been hand delivered not reaching the intended recipient and care being impacted, we have put in place a revised process providing self-addressed envelopes and new guidance provided to patients, their families and carers on where and when patients can hand deliver letters.

In 2023/24, we received 1,344 compliment letter / cards that were shared with staff in newsletters and team meetings providing the opportunity to highlight good practice and share learning. Examples below:

- A service user of the Complex Care Co-ordination team (Southeast Essex Community) complimented an individual member of staff. Their personal efficiency and caring approach improved the service user's confidence and gave them a feeling of being supported. The staff member was described as an ambassador for the team and the Trust by going the extra mile and being so approachable.

- A service user of the Community Mental Health team (North East Essex) complimented an individual member of staff. They had taken their time to respond to each question, and explained everything that the service user did not understand. The service user reported feeling part of the assessment and involved all the way and feeling positive and uplifted.

- A service user's family speaking of the staff at Byron Court. They said that staff were wonderful, which had had a huge impact in the service user's ability to cope and manage how they were feeling. In addition, they said that staff do more than care, they are encouraging and interested in the service user and always making sure they are doing well.

- A service user in Basildon Mental Health Unit spoke of the care they had received during their 3-week stay on Grangewaters Ward, reporting that they had been treated with respect, care and understanding. That the risk assessment was done swiftly and the nurse asked sensitive questions in a respectful manner, making the service user feel less conscious. They rated their care as 100% positive.

Further information is available in the Complaints and Compliments Annual Report 2023/24 is available on our website: Reports and accounts | Essex Partnership University NHS Trust (eput.nhs.uk)

Focus on Staff

Our People and Education Strategy

People are at the heart of all that we do at EPUT. Our staff, partners and volunteers all play a part in providing high quality care to the people who need us, our patients.

We know that having the right staff in the right place is key to providing the best patient care. Our staff care for some of the most vulnerable people in our community in often complex situations, so it's vital that we continue to build a safe, compassionate and fair environment in which they are supported to deliver exceptional care and empowered to develop their careers.

Our staff are our greatest asset. Like all NHS organisations, we face challenges but we are continually struck by their dedication, commitment and innovation, and we are delighted this has been recognised at a national level with award nominations across a range of our Community, Inpatient and Corporate services.

Creating conditions for success is pivotal to us attracting, retaining and developing the very best talent. We know there is more to do and our staff tell us there are improvements to be made across culture and leadership, and work is taking place at pace across the Trust and with our system partners to address that.

We have made great progress in putting more staff into patient-facing roles. This year we have recruited twice as many newly qualified nurses than last, temporary staffing has reduced across our inpatient settings, and we are seeing staff return to EPUT to continue their careers.

We are absolutely committed to helping our people be the best they can be, ensuring they have the tools in place to thrive. This five-year People and Education Strategy provides the foundations from which we will deliver on that commitment.

Find out more about our People and Education Strategy priorities at: [Reports and accounts | Essex Partnership University NHS Trust (eput.nhs.uk)](#)

Staff Survey

The survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale.

The response rate to the 2023 survey among Trust staff was 44% (2022: 42%).

EPUT received **2795** responses, a response rate of **44%**, a 2% increase from the previous year.

The table below demonstrates EPUT's performance in each People Promise element and theme in comparison to the average, best and worst in our benchmark group. EPUT scored:

- **Better than Average** in 2 People Promise Elements (Staff Engagement, Morale)
- **Average** in 6 People Promise Elements (We are compassionate and inclusive, we are recognised and rewarded, we each have a voice that counts, we are always learning, we work flexibly and we are a team)
- **Worse than Average** – no scores performed worse than average

Note:
Results for People Promise 4 is absent due to a data quality issue experienced by our provider, Picker, due to a technical error involving some respondents who completed the survey on an iPhone. Two sub-scores for this People Promise (Healthy and Safety Climate, Negative Experiences) have also been impacted, due to the technical error impacting results for Q13a-d.

This issue has affected all trusts who Picker provide services to, and as such, the Survey Coordination Centre and NHS England are actively investigating. The Trust will be updated on this directly as soon as possible. The Trust has been assured that no other staff completing the survey by other means have been impacted, nor have other questions from the 2023 survey. The Survey Coordination Centre will be implementing a resolution for future surveys to prevent a repeat of this technical issue.

2023 People Promise Results

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.55	6.37	6.98	-	5.96	6.84	7.20	7.17	6.29
Best result	7.93	6.90	7.34	-	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	-	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	-	5.17	6.23	6.90	6.46	5.21
Responses	2792	2787	2770	-	2623	2776	2790	2791	2793

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

As part of the wider cultural piece, we continue to embed and develop our Vision, Values & Behaviours; Just and Restorative Culture; Compassionate & Inclusive Leadership; Psychological Safety; Colleague Experience; and Colleague Engagement.

Quarterly Pulse Survey

The National Quarterly Pulse Survey (NQPS) takes place three times per year and is a consistent and standardised internal and external measure of staff experience. The survey is open for one month in Q1, Q2 and Q4, with Q3 being the NHS Staff Survey. The survey consists of the nine questions, grouped into themes of motivation, advocacy, and involvement.

Survey response rate throughout 2023/24

NQPS Window	Responses
Q1 2024/25 (April)	390
Q2 2023/24 (July)	605
Q4 2023/24 (January)	587

Responses from the survey are communicated across the organisation via all-staff communication channels. Results are also reported into the Executive team, as well as the monthly Engagement Champions Network which comprises of colleagues across the Trust who are committed to increasing engagement. Reports are broken down into directorates to provide insight into the experience of staff who work in different areas of the Trust.

Freedom to Speak Up Guardian

Building on our culture and engagement work, at EPUT we encourage a working environment where we can all speak up and speak out about issues that concern us.

The Freedom to Speak Up (FTSU) movement supports the development of a safe, open culture for people to raise concerns about patient / worker safety or any issues getting in the way of performing ones role.

Colleagues are be able to confidently raise any concerns or issues within the Trust, in the knowledge they will be appreciated for doing so, listened to and appropriate action taken where necessary with lessons learnt and changes made.

The Principle Freedom to Speak Up Guardian leads the Freedom to Speak Up service, which is an additional safety net to other day-to-day reporting routes. The Guardian is supported by an Executive Director, Non-Executive Director and Senior Leaders.

As the message around the importance of Speaking Up, 'everyone has a voice' and 'what we do together matters' becomes embedded, so too has the number of people speaking up through the FTSU service over the last year. Encouragingly, more people are speaking up openly or in confidence than anonymously.

Freedom to Speak Up Activity 2023/24

	People Speaking Up	Patient Safety	Worker Safety / well-being	Spoke Up Openly	Spoke Up In Confidence	Spoke Up Anonymously
Q1	99	13	17	24	66	9*
Q2	36	8	12	18	14	4
Q3	85	14	26	57	13	15
Q4	34	13	14	17	9	8
	254	**48**	**69**	**116 (46%)**	**102 (40%)**	**36 (14%)**

Too late to amend NGO / Model Hospital data but should read 9 (not 15 as previously stated)

As part of the Trust's commitment to FTSU, we are looking at building a support network of Freedom to Speak Up Champions who will play an important role in positively promoting the key messages about speaking up, listening up and following up; and widening the reach of the freedom to speak up agenda.

Guardian of Safe Working (for Junior Doctors)

The Board of Directors via the People Equality & Culture Committee receives quarterly report from the Guardian of Safe Working (GSW) summarising issues, themes, and trends.

The Guardian of Safe Working role is to protect patients and doctors by making sure doctors and dentists are not working unsafe hours. The Guardian reports directly to the Trust Board and is independent of the management structure within the organisation.

In 2023/24, one of our consultant psychiatrists undertook the role for the Trust, with responsibility to provide assurance that doctors in training are safely rostered and that their working hours are compliant with the terms and conditions of their contract.

The Guardian of Safe Working role:

- acts as the champion of safe working hours

- receives exception reports / records and monitors compliance against terms and conditions

- escalates issues to the relevant Executive Director, or equivalent for decision and action

- intervenes to reduce any identified risks to doctors / dentists or to patient safety

- undertakes work schedule reviews where there are regular or persistent breaches in safe working hours

Number of Doctors in training 2023/24

	Number
Number of Doctors in training (total inclusive of GP and FY1 / FY2)	145.5
Number of Doctors in psychiatry training (on 2016 terms and conditions)	89
Total number of vacancies	13
Total vacancies covered by LAS and MTI	8

Note. Figures quoted are an average over the reporting period.

Exception reports

Exception reporting in conjunction with work scheduling is part of the 2016 Junior Doctor Contract that supports a safe working environment in which Junior Doctors can meet their training requirements whilst delivering great care for patients. This works via a negative feedback loop; i.e. if there is no exception reporting then those responsible for writing the work schedule will assume their rota is fit for purpose (even if it is not). Exception reporting has replaced diary monitoring as the contractual process for monitoring working hours.

Our bi-monthly Junior Doctors Forum is well attended by representatives from all sites of the Trust. All matters discussed in this meeting are resolved timely and escalated to Clinical Tutors / DME / Senior Managers where necessary.

Trainees via the Allocate reporting system raised 19 exception reports in 2023/24. All reports were sent to the Educational Supervisor (copied to the GSW), to address concerns within the contractual timeframes. The Trust receive a fined on one occasion where a higher trainee raised an exception report for stepping down during On call.

Industrial Action

During 2023/24, a number of Trade Unions balloted their members on industrial action in relation to the NHS pay award. The British Medical Association [BMA] were the only Trade Union to receive a mandate for industrial action at the Trust - the mandate received was for both Junior Doctors and Consultants.

There were nine periods of industrial action by Junior Doctors during 2023/24. Industrial action at the Trust was pro-actively managed through our emergency preparedness, resilience and response planning process both internally and with system partners and NHSE Eastern Region. There were no matters arising during industrial action, which required regional or national escalation. Junior Doctors have an active mandate for industrial action until 19 September 2024.

Staffing in adult and older adult community and mental health services

Community Mental Health services play a crucial role in delivering mental health care for adults and older adults with severe mental health needs as close to home as possible.

A new community-based offer in EPUT includes access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and co-existing substance use.

This model marks a radical shift away from traditional disjointed pathways of care towards whole-person, whole-population health approaches, geographically aligned with Primary Care Networks (PCNs). Times to first contact continuing to improve from 28 days to 5 days, often with a same day contact in some PCNs. Early intervention (introduced to a care coordinator and a care plan started) for people with a psychotic illness is being achieved within two weeks, and Perinatal services continue to achieve

one of the best access targets within the UK and peer review rated as highly commended.

> ' I feel that I really benefited from the service and they are the best NHS mental health support I have come across' (**Patient**)

Essex Eating Disorder services continue to evolve and expand the FREED model (Rapid Early Intervention and support for 18-25 year olds) across Essex. The transformation of the Community Mental Health teams is progressing as a whole systems approach, incorporating new treatments and services for people with a personality disorder involving Health, Social Care, VCSEs, Housing, Emergency and Probation services.

Annex 1:
Feedback on our 2023/24 Quality Account

healthwatch Essex

Response to EPUT Quality Account 2023-2024 from Healthwatch Essex

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by EPUT. In this case, we have received no additional feedback, and so offer only the following comments on the Quality Account.

- It is positive to see the use of initiatives like the National Reconditioning Games as an innovative way of encouraging patients to keep physically well in a fun and engaging manner. Involving both staff and patients will also develop a stronger rapport. The subsequent development of a timetable of activities is proof that this was an effective method to encourage movement and physical wellbeing.
- It was interesting to see the pilot findings of the Physical Health Care Clinic. There is an obvious awareness by EPUT of potential areas for improvement which is encouraging to see. The record keeping point was especially of interest as this could also raise concern for if there may potentially be errors made when transferring the information from the paper copy to the electronic record.
- Seeing patient voice being listened to and acted upon is very pleasing and the benefits from this are clear to see, for example the positive increase in reviews received.
- It is fantastic to see the large increase in Lived Experience Ambassadors, listening to people with lived experience should be integral to the work that EPUT does. There is a clear passion to recruit more Lived Experience Ambassadors as seen with the target of 500 for the year ahead. For Ambassadors to be fully representative of the local community, it needs to be ensured that more people from ethnically diverse communities are recruited.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care.

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Feedback on the draft Quality Account for Essex Partnership University NHS Foundation Trust (EPUT) 2023/24 from Hertfordshire and West Essex Integrated Care Board	
Section	**Feedback**
General feedback	• The quality account is well presented and makes an easy and understandable read. Good detail and clear explanation are provided in all sections of the report. • The quality priorities are clearly set out and we agree with the priorities and the principles that sit behind them.
Part 1 – Quality Account	• We acknowledge the significant progress made on recruitment, development of wards and establishment of new services to support patient care.
Part 2 – Quality priorities	• It would be useful to include EPUT's plans on improving uptake of falls training - Carefall (Training for Medical Staff) from the current 69% compliance. • We appreciate the efforts towards improving number of physical health checks for patients with mental health illness and acknowledge the barriers to effective operationalisation of the model. • We commend the commitment to include Patient Voice as part of the 'Safety First, Safety Always' Strategy Implementation through improving number of reviews received through *iWantGreatCare* (iWGC), patient experience dashboard for clinical teams and significant expansion of the Lived Experience Ambassador team and patient safety partners. • Efforts to support a culture of safety, including improving reporting and speaking up are evident in the increasing number of FTSU concerns raised. Pleased to see that outcomes from speak up concerns have been used to make changes and inform improvement priorities. We acknowledge the initiatives including the Ward Manager Development Programme and Quality Together forum that has enabled empowered leadership within wards and collaboration with system partners. • It is encouraging to see EPUT harnessing the power of data and technology by using data to inform decision-making, oversight and continuous improvement with initiatives including development of infrastructure, use of safety dashboard and development of managers' insight dashboard. • We commend the 'Working in Partnership with People and Communities Plan', which guides close working with voluntary,

	community and social enterprises, particularly the initiatives around peer support worker roles in Adult Community Psychological Services, Psychosis United (Early Intervention Psychosis (EIP) and At-Risk Mental State (ARMS)). The wide range of initiatives to meet the patients and staff spiritual needs is impressive and encouraged. • Very pleased to read that the redesigned complaints process launched in Q4 2022/23 which was co-produced with patients and included complaints liaison officers for resolving issues has translated to positive results for the process. • Pleased to see focus on reducing the length of stay across inpatient mental health wards through integrated flow team, joint inpatient and community review and discharge planning, and managing transition from adult inpatient psychological services to adult community psychological services. • The quality priorities for 2023/24 clearly outline the approach and success measures. Pleased to see inclusion of priorities around health inequalities, use of restrictive practices, suicide prevention, while continuing focus on physical health. • We are unable to comment on some Core quality indicators where 2023/24 data is yet to be published. We note a reduction in the percentage of patients who were followed-up within 7 days after discharge from psychiatric inpatient care.
Part 3 - Review of quality performance	• EPUT outlines good performance against key national priorities for 2023/24 particularly waiting to begin treatment, with 100% of service users being seen within the 18-week target. • In the section on Infection Prevention and Control (IPC), it would be helpful to include IPC governance arrangements, annual IPC programme and progress against plan, IPC audit plan and results, and IPC metrics including cleaning standards audit scores, staff immunisation uptake rates, inoculation injuries and remedial actions taken, compliance rates with IPC training and arrangements for managing water safety within the Trust. • In the list outlining infection control cases, it would be useful to include learning identified and remedial actions taken. • We note that the Trust continues to remain on CQC rating of 'Requires Improvement' and the enforcement actions implemented in 2023/24. We acknowledge that EPUT actions were taken in line with CQC timelines. Addition of patient feedback provides good insight to experience of service.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Essex Partnership University NHS Foundation Trust for 2023/2024.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Essex Partnership University NHS Foundation Trust (EPUT) Quality Account for 2023/24. The ICB would like to thank EPUT for preparing this Quality Account, developing future quality priorities, and acknowledging the importance of quality at a time when they continue to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff, and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from EPUT. During the year the ICB has been working closely with EPUT in gaining assurance on the quality of care provided to ensure it is safe, effective, and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

When reviewing the progress highlighted against priorities that were set out for 2023/24, clear improvements are evident throughout the Account for patient safety, patient experience, and clinical effectiveness. Notable achievements include the expansion of the lived experience team and the introduction of new services to meet increasing demand. The ICB commend EPUT on their efforts to build system partnerships and working closely with communities, patient safety partners, primary care, Hertfordshire & West Essex, Suffolk & North-East and Mid & South-Essex ICBs, specialist commissioners and other partners to improve safe delivery of care.

The Trust's commitment to fostering a culture of safety, including improvements in reporting and encouraging staff to speak up, is demonstrated by the improved Freedom to Speak Up (FTSU) reporting. The ICB are pleased to see the outcomes from speak up concerns have been used to make changes and inform improvement priorities. We acknowledge the initiatives including the Ward Manager Development Programme and Quality Together forum that has enabled empowered leadership within wards and collaboration with system partners.

The ICB encourages the 'Working in Partnership with People and Communities Plan', which guides close working with voluntary, community and social enterprises, particularly the initiatives around peer support worker roles in Adult Community Psychological Services, Psychosis United (Early Intervention Psychosis (EIP) and At-Risk Mental State (ARMS)). The wide range of initiatives to meet the patients and staff spiritual needs is impressive and encouraged.

The significant improvement in vacancy rates achieved by the Trust with addition of 1700 new staff members, through local hiring supplemented by the international recruitment programme is commendable. The stable workforce will enable improved service, safer care delivery and further support provision of new services. The ICB would like to highlight the improvement noted in the recent NHS staff survey and acknowledge Trust efforts to attract, retain and develop talent and commitment to address staff feedback on improvements around culture and leadership.

The ICB have noted the patient survey outcomes and maintaining oversight of how the Trust use feedback mechanisms to inform further improvements would

be beneficial. We are pleased that the redesigned complaints process launched in Q4 2022/23, co-produced with patients has translated to positive results for the process and improved patient and staff experience. It is encouraging to see EPUT harnessing the power of data and technology to inform decision-making, oversight and continuous improvement with initiatives including development of infrastructure, use of safety dashboard and development of managers' insight dashboard.

The ICB are informed of the challenges for EPUT in reducing number of out of area placements and recognise the collaborative working with local Essex out of area providers to support continuity of care. Focus on reducing the length of stay across inpatient mental health wards through integrated flow team, joint inpatient and community review and discharge planning, and managing transition from adult inpatient psychological services to adult community psychological services further supports reducing the out of areas placements.

The ICB appreciates the compliance with referrals for people with a first episode of psychosis treated within two weeks, and targets for 6-weeks and 18-weeks wait to begin treatment for Improving Access to Psychological Therapies (IAPT) service. The support received by service users while waiting has been identified as one of the top scores in the Care Quality Commission Community Mental Health Survey responses. Further commitment from the Trust to reduce number of patients waiting for a neurodiversity assessment as part of the quality priorities for 2023/24 is encouraging.

The ICB are aware of the reports from the Care Quality Commission (CQC) inspections in 2022/23, published in 2023/24, and maintain oversight of the ensuing improvement plans. The Trust have outlined the steps taken to address the concerns raised and the governance around implementation of the required action plans. The ICB anticipates a similar approach to the outcomes from the unannounced focused core service inspection of Forensic Services in March 2024. The Trust is supporting the Lampard Inquiry, findings from which will further inform improvements.

The ICB would like to recognise EPUT for their readiness and successful implementation of the Patient Safety Incident Response Framework (PSIRF), which sets out a shift in approach for how the NHS responds to patient safety incidents for the purpose of learning, improving patient safety and outcomes for our population. The ICB looks forward to working in partnership with EPUT and across the system as we collectively take forward PSIRF and the National Patient Safety Strategy.

During the year the ICB have been working closely with EPUT gaining regular assurance on the quality and safety of provision to ensure a positive patient experience. Looking forward to 2024/25, the ICB supports EPUT's quality priorities and we look forward to a continued collaborative working relationship, including through building on existing successes and collectively taking forward needed improvements to deliver high-quality services for this year and thereafter.

Toni Coles

Place Director, West Essex Hertfordshire and West Essex ICB

EPUT Quality Account – Draft response SNEE ICB v1.0

Thank you for the invitation to comment on the Essex Partnership University NHS Foundation Trust (EPUT) Quality Account for 2023-24, received 17th May 2024. Suffolk and North East Essex Integrated Care Board (SNEE ICB) acknowledge that 2023-24 has continued to be challenging for all parts of the local health and social care system which EPUT is a part of.

This response statement is reflective of Adult Community Health services in North-East Essex and Mental Health services across the wider mid and South Essex ICB provided by EPUT.

We have noted the continued drive to achieve high uptake of physical health checks for those with Severe Mental illness. It was positive to note that there was a collaborative approach in the Physical Health Care Clinic pilot, while meeting your targets in one focus area, We are encouraged to know that you will carry this forward into the 2024/2025 year to hopefully yield better results.

SNEE ICB would like to acknowledge the work EPUT have completed in supporting patients with dementia and their families and carers. The living well with Dementia Group, has reflected the aspirations of the ICB to for providers to work together with the Voluntary Community and Social Enterprise to further expand and improve health provision. We are excited to see that patient and carer involvement remains a priority for the trust in the coming year.

It is noted that there has been a significant increase in collaborative working between Herts & West, Suffolk & North-East and Mid & South-Essex ICB's, Specialist Commissioners and EPUT, leading to much more open and pragmatic conversations, which is reflected in much of the good progress outlined within this account.

SNEE ICB acknowledges the Chief Executive's statement on quality and the success EPUT has had in the areas or recruitment, co-production, investment in its wards and the new services that have been introduced. SNEE ICB appreciates the level of scrutiny EPUT remains under as the Lampard Inquiry progresses and its commitment to do all it can to support Baroness Lampard to deliver answers for patients, families and carers.

SNEE ICB also notes the progress made in the last year to meet the nine quality priorities that were made in the last quality account. The achievements made against these have been noted and it would like to thank all staff involved across the organisation who worked to improve the care patients received as a result.

SNEE ICB fully support the 'Priorities for Improvement' outlined within the Quality Account for 2023-24.

EPUT Priorities.

- Reducing Restrictive Practice: Ensure any use of Seclusion and Long-Term Segregation are minimised and are in line with the Mental Health Act Code of Practice.
- Infection Prevention and Control: Review of practices in community settings.
- Safeguarding: Responsiveness and quality of Section 42 enquiries.
- Reducing Health Inequalities: Identify cases of Chronic Respiratory Disease.
- Promoting Neurodiversity: To reduce number of patients waiting for assessment.
- End of Life Care: To ensure all those individuals receiving end of life care from EPUT services have fair access to palliative and end of life care irrespective of the care setting, and that all staff are prepared to care for them with a personalised approach.
- Improving Physical Health: Improved recognition of early warning of acute health deterioration.
- Suicide Prevention: Reduction of self-harm by non-fixed ligature in inpatient areas.
- Medicines Optimisation: Pharmacy team members able to spend time counselling patients about their medicines.

SNEE ICB is pleased that Patient Safety remains the cornerstone of all patient-facing service delivery. SNEE ICB fully supports EPUTs initiatives to reduce incidences of harm across service provision and the introduction of systems and processes to ensure any incidents are reviewed and learning is shared.

Research and development are important contributors to ensure that as organisations we remain ahead of the curve in ensuring safe, effective and high-quality care. As an ICB we support the work you have done in contributing to research and development. We would challenge the trust to aspire toward to aligning your Quality Improvement initiatives alongside your research projects, to ensure they bring lasting improvements to the people you look after.

SNEE ICB would like to commend EPUT on the positive feedback from service users and their families, shared within the Quality accounts. Service user feedback and experience are a cornerstone in ensuring the quality of services. We also acknowledge the learning that has been drawn from complaints that led to new initiatives and improvement in services.

SNEE ICB would like to thank EPUT who, as an NHS 'early adopter' of the Patient Safety Incident Response Framework (PSIRF), have provided invaluable insight and support over the last year during the wider introduction of the new framework across the system. SNEE ICB is keen to continue to support the wider system learning as it evolves and sees EPUT as having an integral role with other providers.

SNEE ICB fully support the publication of EPUT Quality Accounts and the opportunity to formally respond as part of their publication.

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirm that EPUT have consulted and invited comment regarding the Annual Quality Account for 2023/2024. This has been submitted within the agreed timeframe and SNEE ICB are satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB have reviewed the Quality Account and the information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous twelve month period.

SNEE ICB look forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of EPUT to provide a high quality service.

Lisa Nobes
Chief Nursing Officer
Suffolk & North East Essex Integrated Care Board

05 June 2024

EPUT Quality Account – Draft response MSE ICB V1.0

Thank you for the invitation to comment on the Essex Partnership University NHS Foundation Trust (EPUT) Quality Account for 2023-24, received 17th May 2024. Mid & South Essex Integrated Care Board (MSE ICB) acknowledge that 2023-24 has continued to be challenging for all parts of the local health and social care system which includes EPUT.

This response statement is reflective of Adult Community Health services in South-East Essex and Mental Health services across the wider MSE ICB provided by EPUT.

It is noted that there has been a significant increase in collaborative working between Herts & West, Suffolk & North-East and Mid & South-Essex ICB's, Specialist Commissioners and EPUT, leading to much more open and pragmatic conversations, which is reflected in much of the good progress outlined within this account.

MSE ICB acknowledges the Chief Executive's statement on quality and the success EPUT has had in the areas or recruitment, co-production, investment in its wards and the new services that have been introduced. MSE ICB appreciates the level of scrutiny EPUT remains under as the Lampard Inquiry progresses and its commitment to do all it can to support Baroness Lampard to deliver answers for patients, families and carers.

MSE ICB also notes the progress made in the last year to meet the nine quality priorities that were made in the last quality account. The achievements made against these have been noted and it would like to thank all staff involved across the organisation who worked to improve the care patients received as a result.

MSE ICB fully support the 'Priorities for Improvement' outlined within the Quality Account for 2023-24.

EPUT Priorities.

- Reducing Restrictive Practice: Ensure any use of Seclusion and Long Term Segregation are minimised and are in line with the Mental Health Act Code of Practice.
- Infection Prevention and Control: Review of practices in community settings.
- Safeguarding: Responsiveness and quality of Section 42 enquiries.
- Reducing Health Inequalities: Identify cases of Chronic Respiratory Disease.
- Promoting Neurodiversity: To reduce number of patients waiting for assessment.
- End of Life Care: To ensure all those individuals receiving end of life care from EPUT services have fair access to palliative and end of life care irrespective of

the care setting, and that all staff are prepared to care for them with a personalised approach.

- Improving Physical Health: Improved recognition of early warning of acute health deterioration.
- Suicide Prevention: Reduction of self-harm by non-fixed ligature in inpatient areas.
- Medicines Optimisation: Pharmacy team members able to spend time counselling patients about their medicines.

MSE ICB is pleased that Patient Safety remains the cornerstone of all patient-facing service delivery. MSE ICB fully supports EPUTs initiatives to reduce incidences of harm across service provision and the introduction of systems and processes to ensure any incidents are reviewed and learning is shared.

MSE ICB would like to thank EPUT who, as an NHS 'early adopter' of the Patient Safety Incident Response Framework (PSIRF), have provided invaluable insight and support over the last year during the wider introduction of the new framework across the system. MSE ICB is keen to continue to support the wider system learning as it evolves and sees EPUT as having an integral role with other providers.

MSE ICB fully support the publication of EPUT Quality Accounts and the opportunity to formally response as part of their publication.

Giles Thorpe
Executive Director Nursing and Quality
Mid and South Essex Integrated Care Board

May 2024

Annex 2:

Statement of Directors responsibilities in respect of the Quality Account

The Board of Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amended Regulations 2011).

In preparing the Quality Account, the Board of Directors are required to take steps to satisfy themselves that:

- The Quality Account presents an open and balanced picture of the Trust's performance over the period covered;

- The performance information reported in the Quality Account is reliable and accurate;

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

- The Quality Account has been prepared in accordance with Department of Health guidance.

The Board of Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By Order of the Board of Directors:

Paul Scott
Chief Executive Officer
Date:

Professor Sheila Salmon
Chair

Glossary

EPUT	Essex Partnership University NHS Foundation Trust
NHS	National Health Service
ECOL	EPUT Culture of Learning
ESLMS	EPUT Safety and Lessons Management System
CPA	Care Planning Assessment
AI	Artificial Intelligence
LEA	Lived Experience Ambassador
TOR	Terms of Reference
GBO	Goal Based Outcomes
GAS Oms	Goal Attained Scale Outcome Measures
PROMs	Patient Reported Outcome Measures
PEQOL	Physical and Environmental Quality of Life
DIALOG+	A full therapeutic intervention, incorporating and utilising the DIALOG scale (DIALOG – a scale of 8 items assessing subjective quality of life (PROM) and 3 items assessing treatment satisfaction (PREM))
POEM	Patient-Related Outcome and Experience Measure
CORE 10	Clinical Outcomes in Routine Evaluation
QOC	Quality of Care
ET	Executive Team
PSIRP	Patient Safety Incident Response Plan
PSIRF	Patient Safety Incident Response Framework
iWGC	I Want Great Care
QAF	Quality Assurance Framework
OD	Organisational Development
SEIPS	Systems Engineering Initiative for Patient Safety
QIA	Quality Impact Assessment
IMPACT	Improving Patient Care Together

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
TRUST HEAD OFFICE
THE LODGE
LODGE APPROACH
RUNWELL
WICKFORD
ESSEX SS11 7XX

TEL: 0300 123 0808

@EPUTNHS