

Quality Account 2020/21



 **WeAreEPUT – Putting safety first and always**

Contents

Part 1: Statement on quality 4

Part 2: Our Quality Priorities for improvement during 2021/22 and Statements of Assurance from the Board 7

2.1 Key actions to maintain and/or improve the quality of services delivered in 2021/22	7
2.1.1 Priorities for 2021/22	9
2.2 Statements of Assurance from the Board for 2020/21	15
2.2.1 Review of services	15
2.2.2 Participation in clinical audits and national confidential enquiries	15
2.2.3 Clinical Research and Innovation	21
2.2.4 Goals agreed with Commissioners for 2020/21 (CQUINs)	22
2.2.5 Stretching goals for quality improvement - 2021/22 CQUIN programme for the Trust	23
2.2.6 What others say about the Trust	23
2.2.7 Data quality	24
2.2.8 Learning from deaths	25
2.2.9 National mandated indicators of quality	31
2.2.10 Doctors' Rota Gaps	36
2.2.11 Staffing in adult and older adult community health services	39
2.2.12 Whistleblowing	42

Part 3: Review of quality performance 2020/21 44

3.1 Progress against the quality priorities we set for 2020/21	44
3.2 Overview of the quality of care offered in 2020/21 against selected local indicators	48
3.3 Performance against key national priorities (NHS oversight framework)	58
3.4 Listening to our patients/ service users	61

Closing statement from Chief Executive 66

Annexe 1: Comments on the Quality Account 67

Glossary

Part 1: Statement on quality

This is my first Quality Account in my role as Chief Executive of Essex Partnership University NHS Foundation Trust (EPUT), an unforgettable year when the NHS has faced the worst pandemic for a century.

Firstly I want to state how immensely proud I am of my colleagues who have demonstrated their extraordinary resilience, dedication and flexibility to providing high quality care throughout such a hugely challenging time in their work and home lives. A time when we are deeply saddened to have lost patients/ service users, colleagues, loved ones and friends.

This Quality Account recognises the incredible work delivered as well as setting out our commitment to continually improving the safety and quality of our services for our patients/ service users, their families and our community.

My ambition for EPUT is to provide the best and safest care possible for our patients/ service users and in the future to be an exemplar of good practice with an embedded learning culture.

As a result, my unwavering priority continues to be improving patients/ service users' safety. Since EPUT was established, we have been continuously enhancing safety across our wards but we recognise there is much more to be done. This year we launched a three-year inpatient safety strategy *Safety first, Safety Always* to drive our priorities.

We developed the strategy with internal and external stakeholders; it sets out our ambition to place patients/ service users' safety consistently at the heart of everything we do. A quality improvement framework ensuring staff are equipped with the right skills and supported to champion innovation underpins the strategy. It outlines our commitment to learning, including from families and from the best nationally and globally, to continually improve patients/ service users' outcomes.

We have also established a new Executive Safety Oversight Group, embarked on work with an external quality improvement partner, and introduced innovative technology on mental health wards to monitor patients/ service users' safety and wellbeing.

The pandemic has demonstrated more than ever the value of partnership working. Our outstanding Covid-19 response, including the vaccination programme would also not have been possible without our partnership working with other organisations across the health and care systems in which we operate.

My ambition for the future is to build on these strong relationships with our health and care system partners, as well as with the community and higher education.

Each year, we set ourselves different quality priorities to help us to achieve our long-term quality goals. We base these annual priorities on the feedback about our services we have received during the previous year from our service users, carers, staff and stakeholders. We also use

findings from our learning from incidents, complaints and Care Quality Commission (CQC) inspections.

Three quality priorities were set for 2020/21: improvement, transformation and innovation. Building on the changes we made to enhance patients/ service users' care and safety during the pandemic, these will continue for next year.

We have made progress on all priorities but there is still work to do.

This year has highlighted how much we can change and improve how we deliver our services. In response to the pandemic, we consistently adapted and improved our response to meet the needs of our staff and populations with new services, new processes and support systems for all. This included a new 24-hour crisis mental health phone line (NHS 111) offering immediate and specialist support to adults in crisis.

To drive improvements in patients/ service users' safety we continue to embed a culture of continuous improvement. We have embedded the principles of quality improvement in induction and management development programmes, and throughout the pandemic, we have changed to virtual delivery of our quality champion programmes.

Over the last year, we have seen continuous improvement against areas of patients/ service users' safety and work is ongoing to ensure these improvements are sustainable. The Trust continues to learn from incidents, data and feedback received and reviews the quality priorities on a monthly basis. Regular deep dives assure us that we take appropriate actions. We regularly review hotspots and workstreams implemented to drive performance in areas that fall below target. The pandemic had an impact on a range of factors in relation to service delivery and performance targets. As the healthcare environment returns to normal, we will take steps to reinstate business as usual, strengthening areas that fell below expected standards of performance, such as the management of waiting lists and reducing the number of Out of Area Placements.

The Trust is at the forefront of digital innovation; it has an EPUT Lab, a digital clinical innovation forum where clinicians share digital solutions to improve health and social care. This year groundbreaking technology installed on eight mental health wards helps, as part of our programme, continuous improvement in patients/ service users' safety. The Oxevision platform, which monitors patients/ service users' safety and wellbeing, consists of a secure optical sensor, which remotely checks patients/ service users' pulse and breathing rate 24 hours a day and alerts staff if they display activity or behaviour that may present a risk to their safety. Further roll out across our adult and child/ adolescent inpatient and assessment wards will take place in 2020/21.

Throughout the pandemic, we are proud to say that virtually all of our services continued, with the introduction of new technology enabling video consultations for patients/ service users where appropriate. Over the 12 months, five per cent of our patients/ service users/ contacts moved to virtual consultations. This is testimony to the enormous effort of our IT, clinical, and administrative staff who supported the organisation's transition to remote working.

Significant work continues to take place with system partners to transform health and social care

services across Essex and Suffolk.

Among our key transformation programmes is the development of an integrated community health service for mid and South Essex. Over the year, we have been working closely with North East London NHS Foundation Trust (NELFT) and Provide Community Interest Company (CIC), which culminated in the signing of an agreement to solidify the closer working relationship between our three organisations. This provides the foundation for developing a service for Mid and South Essex that combines the strengths of all three organisation and will ensure community services are fit for the future and delivered closer to home. Patients/ service users and staff involvement in the development of what the service will look and feel like is a key priority for the next phase. We are also part an alliance partnership which has been awarded a 10-year contract to deliver integrated community services in North East Essex from July 2021. The contract aims for patients/ service users across Colchester and Tendring to have more person-centred coordinated care and support in the future and will include services such as community nursing and intermediate care, stroke rehabilitation and community beds.

We strive for continuous improvement across the organisation with the aim of improving our CQC rating. At our last full inspection in 2019, we received an overall rating of 'Good'. The Board is committed to improving all our services to be rated as 'Good' overall for safety.

The CQC carried out an inspection in October and November 2020 at an adult mental health inpatient ward. In response to this, we took immediate action to remedy safety concerns raised by the CQC, which included making physical changes to the ward environment, ensuring staff follow procedures correctly, and providing leadership support. The Trust will ensure we embed the learning from the inspection.

The Trust's End of Life Care, and Child and Adolescent Mental Health Services continue to maintain 'Outstanding' ratings and we retain 'Outstanding' for caring overall.

Statement of Accuracy

I confirm that to the best of my knowledge, the information in this document is accurate.



Chief Executive
Essex Partnership University NHS Foundation Trust

Part 2: Our Quality Priorities for improvement during 2021/22 and Statements of Assurance from the Board

What services did the Trust provide in 2020/21?

During 2020/21, we provided hospital and community-based mental health and learning disability services across Essex as well as a small number of specialist mental health and/or learning disability secure services in Essex, Bedfordshire and Luton. We also provided community health services in South East Essex and West Essex as well as some specialist children's services Essex-wide.

How have we prepared this Quality Account?

The Quality Account has been prepared in accordance with the national legislation and guidance relating to the preparation of Quality Accounts in the NHS. The legislation and national guidance on Quality Accounts specifies mandatory information that the Quality Account must report and local information that the Trust can choose to include. In addition, Trusts must follow a process of seeking comments from partner organisations (Clinical Commissioning Groups, Healthwatch organisations, and Local Authority Health Overview and Scrutiny Committees) and the Council of Governors on their draft Quality Account.

2.1 Key actions to maintain and/or improve the quality of services delivered in 2021/22

How have we developed our priorities for the coming year?

As an organisation, we aim to put the safety of those that receive and work in our services first. To do this each year we set annual quality priorities to help us to achieve against our ambitions. We identify them through feedback from patients/ service users, carers, staff and partners, as well as information gained from incidents, data analysis, feedback and learning from Care Quality Commission findings.

Our quality priorities represent the greatest pressures that the Trust is currently facing and undoubtedly, the last year has been the most challenging we have seen in recent times. The Covid-19 pandemic has had a profound impact on the world in relation to how we live, how we work, how we socialise and care for one another and how as an organisation we deliver high quality services. Covid-19 has also brought about things we never thought we could do, or even thought we would do. We have learnt how resilient we can be, how to use new technology and work in new ways, how to work more closely with our partners and to respond flexibly and responsively to population need.

Because of the unprecedented period of Covid-19, there has been changes to the healthcare system on a macro and micro scale that will affect quality priorities moving forward. As a system, we stepped up to the challenge, embedding continuous learning and taking the opportunity to

transform and reform services at pace, continuously building on improvements, innovations and adaptations to protect both our communities and our workforce.

Moving forward through to recovery from the Covid-19 pandemic, the Trust is seeking to use this phase as an opportunity to learn lessons. We will take an 'Adopt, Adapt, Abandon' approach in order to spread learning and facilitate future change and transformation to reform services, learning from the improvements, innovations and adaptations that were introduced at speed. As a mental health and community Trust, we are aware that this pandemic will continue to have an unprecedented impact on our communities moving forward.

We will build on the changes brought about by the pandemic to enhance patients/ service users' care and safety and lock in operational improvements, whilst also identifying the longer-term challenges to protect and improve the wellbeing of our communities. As a result, our strategic quality priorities relating to innovation, improvement and transformation continue to be the best fit for the Trust now. Due to the unprecedented changes required, we acknowledge that the content of our quality priorities will develop through our ability to continuously learn and respond to the needs of our communities and our workforce.

We have provided in-year updates of progress against our quality priorities. Updates have been through a range of forums and engagement events incorporating the Trust Board, governors, service users, carers and staff. We have monitored the progress against the 2020/21 quality priorities and sought views on proposals for driving progress into 2021/22.

Our aim is to ensure consistent high standards of patients/ service users' safety and standards of care.

In line with NHS England/ Improvement guidance, our priorities will embed indicators from each of the three areas of service user quality, safety, effectiveness and experience that align with the Trust corporate objectives.

Delivering high quality and safe care is our Trust's top priority. The quality priorities for 2021/22 agreed by the Board of Directors are all in line with our new inpatient safety strategy 'Safety First, Safety Always'. The strategy, driven by seven themes, will drive delivery against key inpatient safety outcomes.

7 Themes for Improvement						
 Leadership	 Culture	 Continuous Learning	 Wellbeing	 Innovation	 Enhancing Environments	 Governance and Information
Ensuring there is buy-in, ownership and accountability across the Trust for putting <i>Safety First, Safety Always</i> and delivery this through leadership at all levels – from ward to board	Creating a culture of accountability and ownership, where safety, quality and improvement is everyone's responsibility	Establishing an approach to learning and development that is ongoing by sharing lessons, reflecting and empowering staff	Creating a working environment where staff feel safe, happy and empowered to provide the best quality of care	Facilitating and inspiring patient safety initiatives through new ways of working	Ensuring our buildings and estates support the <i>Safety First, Safety Always</i> agenda	Building the foundations for safety through governance, processes and availability of information that put safety first

Our inpatient Safety Strategy sets out how we will continue our journey of improvement and take this to the next level of ambition. Included in this is our plan to provide consistently safe, good quality care that is person-centred and puts patients/ service users and families at the heart of everything we do.

We are committed to learning from feedback on complaints and incidents, and from staff and patients/ service users. We will take learning from the outcomes of national incident enquiries. As an early adopter of the new Patient Safety Incident Response Framework (PSIRF), we intend to use this framework as a means to respond to patients/ service users safety incidents, conduct investigations and absorb and embed the learning. To ensure delivery we are committed to Trust-wide continuous learning and improvement and are working to embed this within our culture.

We will also learn from the best of what happens nationally and globally, whether from exemplar healthcare providers or other innovative and high-risk sectors. We will use this learning to continuously review our actions and improve our outcomes.

Following a range of consultation events, we identified and agreed the themes of our strategy. We have instigated a programme of activity that is taking place to embed these themes throughout the organisation like a golden thread that will ensure we are in prime position to deliver against our patients/ service users' safety priorities.

These themes will support delivery against key outcomes expected of a combined community and mental health Trust. We will deliver through the transformation, improvement and innovation of our services.

2.1.1 Priority 1 – Embed quality improvement as a means to continuously improve patients/ service users safety

Safety First, Safety Always is our ambition. Our belief is that if we can channel our passion and commitment to providing the best possible care for our populations, we can really accelerate big improvements in our services.

We seek to build a learning system that integrates internal and external information inclusive of safety data, best practices and service user and staff feedback. With this learning, we will instigate quality improvement programmes as a key enabler to transform services and bring about changes to deliver person centered care that is better, safer, more effective and efficient. The goal is to standardise best practice, ensuring that the workforce have the skills, resources and capabilities to implement proven and better ways of delivering care. The impact of Covid-19 has seen the introduction of quality improvements across all services, demonstrating our ability to build improvements and solve problems at pace.

During this year, we will evaluate and learn from improvements made during this unprecedented time, leveraging our connectivity to identify new solutions to providing healthcare. We will build on our current approach to improving quality and patients/ service users safety, delivering a mixture of centrally commissioned projects in line with EPUT priorities and service/ individual level initiatives delivered through Directorate Quality Improvement Hubs. We will test, refine and

continue the journey of embedding a quality improvement methodology based on well-established continuous improvement techniques. This will support delivery of sustainable improvements at scale and pace.

To improve our care continuously it is essential we identify priorities based on the needs of our local population and analyse the risks to safety and quality within our services. The following priority areas will build collaboratives of learning and improvement to achieve our ambitions.

Reducing Restrictive Practices

- Continue to implement our chosen strategy ensuring that we continue to reduce the use of prone restraint.
- Reduce physical restraint associated with self-harm by 20%
- Continue a review of any ligature incidents implementing a strategy to reduce risk
- Implement a zero segregation action plan to reduce long term segregation by 20%
- Compile and publish good practice stories for reducing restrictive practice.

Learning from Deaths

- Embed PSIRF to support a systematic and compassionate response to patients/ service users' safety incidents.
- Embed a culture that promotes openness, fairness, accountability to promote learning and development in human factors.
- Capture learning and drive continuous improvements to reduce incidents of harm.
- Develop and implement system improvement plans to sustainably address common interconnected causal factors relating to harm.
- Involve wider stakeholders inclusive of staff and families providing a supportive environment and learning from experiences

Sexual Safety

- Embed systems to ensure the needs of each individual are understood and responded to
- Learn from sexual safety incidents to embed successful approaches in organisational practice
- Implement clear, co-produced, age-appropriate agreements on sexual safety standards across all wards
- Develop clear care packages that follow the principles of individualised trauma informed care
- Introduce sexual safety champions to establish and maintain relationships and work in collaboration with local organisations

Physical Health Pathways

- Implement an organisation wide collaborative to drive improvement
- Ensure full protection of staff and patients/ service users throughout any further waves of the pandemic
- Educate the workforce and build competencies in relation to physical health
- Continue the ongoing improvement in the reduction of falls, pressure ulcers and deteriorating health conditions
- Implement protocols for effective management of cardio metabolic risk.

Continuous Learning

- Embed PSIRF as a tool to promote continuous learning
- Make data count by embedding clear systems from Ward to Board
- Build continuous learning into Directorate QI Hubs in order to set priority areas for improvement on a continuous basis
- Build communication structures inclusive of briefings, intranet, social media and engagement events
- Continue to build workforce competencies inclusive of compassionate leadership and continuous improvement
- Drive a 'Just Culture' inclusive of human factors empowering all staff to take steps to improve safety

2.1.2 Priority 2 – Transformation: Ensure the right services are in the right place at the right time

Significant work continues to take place with system partners to transform health and social care services. The programmes will continue throughout 2021/22 and will be supported by innovations where possible, improving delivery of care, quality and patients/ service users' safety. Successful outcomes will improve access to care along with reduced waiting times, reduced pressure on secondary and primary care and enhanced experience, health, wellbeing and safety of staff, patients/ service users and their families.

The Mental Health and Community Health Services Transformation Programme covers three Integrated Care system (ICS) areas, and within them, seven CCGs, two Local Unitary Authorities and one County Council

Mental Health Transformation Programmes

Urgent and Emergency Care

The Urgent and Emergency Care programme has been undertaken at Integrated Care System level and consists of three separate crisis response services for West Essex, Mid and South Essex, and North East Essex. Three projects went live successfully on or around 1 April 2020 and further service enhancements will take place in 2021/22. This will include at least one crisis house to support admission avoidance and possible enhanced mental health staffing in the 24/7 crisis teams to support ambulance call outs where there is a mental health presentation.

Personality Disorder

This Essex-wide model will transform the way staff across entire systems understand and treat people with a personality disorder. The new model of care delivering Dialectical Behaviour Therapy and Cognitive Analytic Therapy along with other psychotherapeutic approaches is in introduction phase for roll out across the workforce. In 2021/22, further transformation work with local community mental health teams will incorporate personality disorder modeling as part of the complex care transformation described below.

Older People and Dementia

This programme is at Clinical Commissioning Group level. South East Essex and Mid Essex have developed and are implementing transformed community teams to manage patients/service users and carers at home instead of hospital.

In 2021/22, this programme will roll out further with South West Essex, comprising of Thurrock and Basildon and Brentwood CCGs, who are planning a transformation solution across the geographical area based on the South East Essex model. North East Essex older people's transformation will be a phased complex piece of work that incorporates the revision plans of Clacton Hospital. The plan is to implement the same successful Dementia and Frailty Pathway in West Essex. In addition, a Dementia Intensive Support Team is in pilot.

Integrated Primary Community Care

This programme comprises six projects to transform community mental health services to provide mental health expertise at GP surgery level, organised in line with the newly formed Primary Care Networks (PCN). Further transformation work will meet health and social needs at a local level.

Specialist Perinatal Services

Following the successful implementation of 'Wave one' of this service, further work will implement services in line with national guidelines.

Community Health Services Transformation

EPUT provides community health services in two areas of Essex, South East Essex and West Essex. Across the services, we will introduce a range of transformation programmes as outlined below:

South East Essex Community Health Service Transformation Plans

Discharge to Assess

Steps will take place to review work undertaken to ensure continuing support is in place for all people discharged from hospital.

Urgent Community Response Teams (UCRT)

The next phase of this project to strengthen urgent response in the community will see improved dashboard reporting, improved pathways with EEAST and 111 services and introduction of new technology.

Community Beds

Discussions are currently underway to secure agreement on the 'optimum' community bed configuration across the county.

In addition, South East Essex are working as part of a joint venture with NELFT and Provide that provides the foundation for developing an integrated community health service for Mid and South Essex that combines strengths of all three sovereign organisations.

The benefits of working in partnership include:

- Reduced variation for patients/ service users across community services
- Improved patients/ service users outcomes and experience
- Increased collaboration, partnership working and innovation for the clinical workforce
- Increased opportunities for agreeing best practice across the three organisations
- Ensuring community services are fit for the future and delivered closer to home

West Essex Community Health Service Transformation Plans

Out of Hospital Strategy

West Essex are implementing an Out of Hospital strategy/model programme, which comprises four projects:

- PCN Alignment of Community Teams (PACTS)
- Care Coordination Centre (CCC)
- Intermediate Care
- Specialist Teams

PCN Alignment of Community Teams

The aim of this project is to establish an integrated West Essex integrated system partnership approach for Out of Hospital Care for 18+ residents in West Essex. This includes acute, EPUT community and mental health, ECC, hospice, GPs, ambulance and 111 services. Discussions are underway with each of the PCNs to support their agreement for a more focused care delivery model.

Care Coordination Centre

The aim is to implement an integrated (with system partners) Care Coordination Centre to receive, triage and onward refer all system referrals.

Specialist Teams

This is a major transformation project involving a large number of specialist teams. The first phase planned to commence is the patients/ service users' remote monitoring pilot.

Intermediate Care

The focus of the Intermediate Care Project for the Out of Hospital Programme is to:

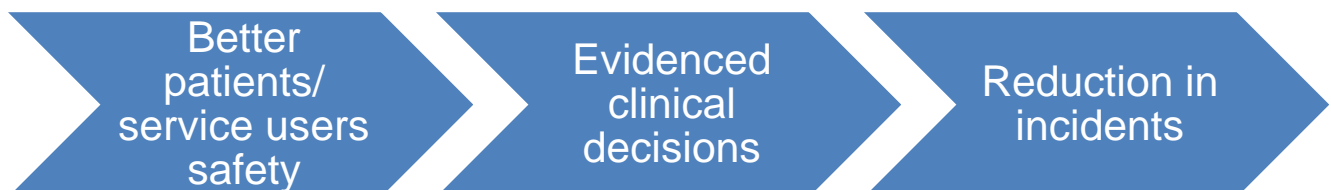
- Review rapid response and implement a 24-hour community response
- Re-designated community beds
- Support at home for patients/ service users as part of the Reablement agenda
- Develop and better interfacing with the Patients/ service users at Home Service and better integration with community teams and expansion of services
- Single system wide therapy team development

2.1.3 Priority 3 – Innovation: Increased use of new technologies, system and processes to improve patients/ service users safety and experience

Innovation is a key element of EPUT's new inpatient safety strategy, Safety First, Safety Always approved by the Trust's Board in January 2021. As part of working towards an ambition for recognition as one of the leading trusts for patients/ service users' safety and delivery of high standards of care a review is in train of policies, systems, technologies and services. Established pathways will ensure delivery against key work streams.

Enhanced patients/ service users' safety will continue across the organisation as the use of groundbreaking technology expands. The pandemic brought the use of technology to the forefront of the organisation in supporting new ways of working and providing care. EPUT Lab is in place to empower clinicians to identify what improves clinical decision-making, supports individuals to manage their own health and frees up clinical time to allow smarter working across services.

EPUT has an ambition to engage with the 'Model Hospital' in order to provide the best patients/ service users care in the most efficient way. EPUT will review, access and implement a range of digital tools that will compare productivity and identify opportunities to make improvements to clinical services. During 2021/22, EPUT Lab will identify a range of innovations for evaluation in respect of the following areas:



2.2 Statements of Assurance from the Board for 2020/21

2.2.1 Review of services

During 2020/21, the Trust provided and/or sub-contracted 154 relevant health services.

The Trust has reviewed all the data available to them on the quality of care in 154 of these relevant health services.

The income generated by the relevant health services reviewed in 2020/21 represents 96% of the total income generated from the provision of relevant health services by the Trust for 2020/21.

The data reviewed aimed to cover the three dimensions of quality – patients/ service users' safety, clinical effectiveness and patients/ service users' experience. During 2020/21, monthly data quality reports show a consistent format across all services. These reports monitored timeliness of data entry and data completeness. There has been excellent clinical engagement with a clear understanding of the importance of good data quality across the clinical areas. Further information about data quality is included in the data quality section 2.2.7.

2.2.2 Participation in clinical audits and national confidential inquiries

Clinical audit is a quality improvement process undertaken by clinicians, doctors, nurses, therapists and support staff that seek to improve patients/ service users' care and outcomes through systematic review of care against explicit criteria and the implementation of change (NICE 2005). Clinical audit is a tool to assist in improving services; robust programmes of national and local clinical audit result in clear actions to improve services are a key method of ensuring high quality. The Trust participates in all relevant National Clinical Audit Patients/ service users Outcome Programme (NCAPOP) audit processes. In addition, the Trust participates in national and locally defined clinical audits identified as being important for the people who use our services

During 2020/21 nine national clinical audits and one national confidential inquiry covered relevant health services that the Trust provides

During that period the Trust participated in 100% national clinical audits and 100% national confidential inquiries, which the trust was eligible to participate in

The national Clinical Audits and national confidential inquiries that the Trust was eligible to participate in during 2020/21 are as follows:

National Sentinel Stroke National Audit Programme Round 7 (SSNAP) 2020/21
National Audit of Cardiac Rehabilitation (NACR)
National Asthma and COPD Audit Programme (NACAP)
National Audit of Inpatient Falls (NAIF) - National Falls and Fragility Audit Programme (FFFAP)
National Diabetes Foot Care Audit Round 6 (NDFA) 2020/21
Prescribing Observatory for Mental Health UK (POMH-UK)
Topic 20a: Prescribing Valproate Topic 18b: The use of Clozapine
National Clinical Audit of Psychosis Early Intervention in Psychosis Audit 2020/21
National Clinical Audit of Psychosis Spotlight Audit 2020/21

National Confidential Inquiries:

Mental Health Clinical Outcome Review Programme – data collection postponed to 2021 due to the pandemic *Note: *two inquiries mentioned in the below table sit under the umbrella of this one*

The national clinical audits and national confidential inquiries that the Trust participated in during 2020/21 are as above.

The national clinical audits and national confidential inquiries that the Trust participated in, and for which data collection completed during 2020/21, are as below alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry:

National Clinical Audits	No. of cases submitted as a % of the number of registered cases required by the terms of the audit/ inquiry
National Sentinel Stroke National Audit Programme Round 7 2020/21	Data collection is on-going and continuous
National Audit of Cardiac Rehabilitation	Data collection is on-going and continuous
National Asthma and COPD Audit Programme	Data collection is on-going and continuous
National Audit of Inpatient Falls - National Falls and Fragility Audit Programme	100% of required cases had information provided to national organisers
National Diabetes Foot Care Audit Round 6 2020/21	Data collection is on-going and continuous
POMH-UK Topic 20a : Prescribing valproate	100% of required cases had information provided to national organisers
POMH-UK Topic 18b : The use of Clozapine	100% of required cases had information provided to national organisers
National Clinical Audit of Psychosis Early Intervention in Psychosis audit 2020/21	100% of required cases had information provided to national organisers
National Clinical Audit of Psychosis Spotlight Audit 2020/21	100% of required cases had information provided to national organisers
National Confidential Inquiries: NCISH in Suicide and Safety in Mental Health*	Data collection is on-going and continuous
National Confidential Inquiries: NCISH Homicides*	Data collection is on-going and continuous

The reports of nine national clinical audits were reviewed by the Trust in 2020/21 and we intend to take the following actions to improve the quality of healthcare provided (examples only are listed)

National Audit of Cardiac Rehabilitation 2018-19

- Cardiac Rehab team recording patients/ service users information in more detail on the system to enable easy data retrieval for the audit
- The Cardiac Rehab Team to work with Business Analysis and Performance team to improve the recording and retrieval of information to support data submissions to the national programme
- Change the local reporting schedule from annually to quarterly to provide clinical leads with the opportunity to investigate issues earlier

National Asthma and COPD Audit Programme 2018-19

- Offer patients/ service users telephone/video assessment with a clinician to promote the service and reduce waiting times
- The Business Analysis and Performance Team help to capture and report on previously unrecorded Pulmonary Rehabilitation sessions to provide a more accurate picture of service delivery

National Asthma and COPD Audit Programme 2019-20

- Enroll volunteers, previous patients/ service users and carers, to provide feedback to shape service planning and development

National Audit of Inpatient Falls

- Flat lifting equipment procured to ensure safe moving of patients/ service users following falls
- There is now work to provide the appropriate training for all mental health inpatient services
- Trust to provide walking aids to all newly admitted patients/ service users who require one, with appropriate assessment being made available 7 days a week

National Clinical Audit of Anxiety and Depression

- Clinicians to ensure collection of information about employment and accommodation for all service users admitted to hospital with anxiety and depression
- Junior doctors to carry out screening, history taking, interventions and documentation for all inpatient with anxiety and depressive disorders
- Education sessions will take place in Medical Teaching Meetings
- Clinical supervisor to emphasise the importance of history taking in clinical supervision
- Junior Doctors to update Inpatient assessment forms with all relevant information
- No admission assessment form sign off without all required information
- Patient/ service user to receive verbal and/or written information about their medication prior to discharge
- Clinicians to record medication information given to the patient/ service user at discharge in review meeting notes
- Patients/ service users discharged from an inpatient setting will receive a documented follow up by the Inpatient team within 48 hours of discharge

- Patients/ service users need to have crisis plan agreed and in place prior to discharge from an inpatient service
- Ward staff are to provide 24 hours' notice of discharge to patients/ service users and carers and document it in the patients/ service users notes

Psychological Therapies Spotlight Audit

- Clinicians to collect information about employment and accommodation for all patients/ service users referred to or started on psychological therapies
- Review the availability of psychological therapies with reference to relevant NICE guidance and develop plans to address any gaps in provision and to highlight psychological therapy services resource issues to CCGs
- All patients/ service users to have outcome measurement both on admission and on discharge
- Junior doctors to be formally trained on therapies by psychologists

National Sentinel Stroke National Audit Programme Round 6

- The Stroke team will review therapy input to key areas to identify approaches to increase therapeutic support

UK Parkinson's Audit

- Parkinson's nurses completed on-line training via Parkinson's UK in order to improve the review of bone health of Parkinson's patients/ service users

POMH-UK Topic 17b Use of Depot/Long Acting Injectable (LAI) Antipsychotic Medication for Relapse Prevention

- Task and finish group to be set up to review the range and availability of side effect monitoring tools and agree a standardised set to be built into the electronic records systems to enable clinicians to complete as part of their patients/ service users' reviews

POMH-UK Topic 9d antipsychotic prescribing in people with a learning disability (LD) under the care of mental health services

- Service to review of the availability of psychological interventions for LD patients/ service users with behavioural challenges and highlight resource issues to CCGs
- Service to support the review of effectiveness (therapeutic response and side effects) of antipsychotic medication
- A booking system for '6 week clinical review' to be set up to ensure a review takes place
- To re-audit 6 week clinical reviews for patients/ service users started on antipsychotic medication
- Patient information system to include reminder to inform when six monthly clinical review due for LD patients/ service users on medium to long-term treatment
- The aforementioned review to address effectiveness and whether it warrants continued medication
- Blood pressure monitoring needs to be documented at least annually in the patients/ service users notes
- Consider the views of the patients/ service users and/or family members and/or carers about antipsychotic medication and provision of information relating to the potential side effects

NCAP Early Intervention in Psychosis (EIP) Audit (19010)

- Revised action plans in place to support Level 3 compliance for each EIP team and locally agreed supporting action plans in place following review of the 2019/20 report findings
- Trend analysis undertaken to derive an understanding of rationale for the poor uptake of carer-focused education and support programmes - carer evaluations were collected from two carer focused support sessions

NHS Benchmarking for Community Services 2020

- Senior managers and teams to review the findings of the NHS benchmarking for community health services in South East Essex and West Essex

(Note: All national clinical audit reports form presentations to relevant Quality and Safety Groups at a local level for consideration of local action in response to the national findings)

The reports of 25 corporate clinical audits were reviewed by the Trust in 2020/21, and the Trust intends to take the following actions to improve the quality of healthcare provided (examples only are listed)

End of Life

- Introduce new end of life care templates and make these accessible to all services across integrated teams
- Ensure staff record what information given to patients/ service users and provide them with written leaflets including bereavement booklet information
- Work with the chaplaincy service to ensure stronger links with the community to support spiritual and cultural care, supplemented through training and staff development
- Evaluation of services and measuring patients/ service users, loved ones and system partners' satisfaction of services
- Further education and training on PEACE document in older adult mental health wards to support mental health teams to care for dying patients/ service users
- Continue to build stronger links between specialist palliative care teams and older adult mental health wards across Essex
- End of life template on all electronic systems for Paris and Mobius
- Ensure adequate education and training for implementation so staff are competent to use
- Greater links with faith services within mental health units
- Evaluation of services and measuring patients/ service users, loved ones and system partners' satisfaction
- Evaluation of 'services of EOL care form' should continue from service managers to ensure that there is a voice and lived experiences of those bereaved
- All end of life templates record DNACPR status
- Continue to ensure DNACPR is included in End of life training so staff feel confident to have conversations and understanding of MCA and best interest decisions surround this document
- Develop guidance and competency framework for senior clinical nurse specialists so that they are able to authorise DNACPR and reduce delays in awaiting a GP signature
- Ensure review of DNACPR for all patients/ service users admitted to community/mental health beds for both step down and step up beds. To include as part of admission checklist/care plan

Restrictive Practices

- Review the audit findings within the working group in relation to addressing the wider restrictive practices in place when using Rapid Tranquilisation.
- Clinician's ensure physical health monitoring undertaken for each patients/ service users where rapid Tranquilisation administered
- Restrictive Practice Group to identify any lessons learnt from practice during the peak pandemic period
- Lessons learnt will address relevant actions to take forward for future preparedness

Engagement and Supportive Observation

- Observation charts in use on all wards and units must be current approved ones from the policy and only adapted for the service i.e. the key codes are relevant for the ward/unit
- Wards and units to review revised General Level 1 observation forms and adapt as necessary
- Wards and units to remove all old versions of General Level 1 observation forms that have been adapted and ensure revised adapted version is available
- Communication regarding the General Level 1 observation forms and enhanced observation charts have been sent out as reminder for use
- Ensure the patient information systems have the correct template for observations available for staff
- Re audit in six months' time to ensure the charts used are consistent with current policy and procedure.

Physical Health

- Review ward managers checklist to include compliance with weekly checks specifically: Is equipment present? Is maintenance up-to-date? Are consumables in date?

Record Keeping

- All staff to ensure all relevant records has been completed and updated as required by the Records Management policy and procedures
- LD unit to address physical health, consent and involvement questions with staff completing the record keeping audits.
- Some CAMHS wards to address lack of submission for record keeping audits.
- Some secure wards to address 'Carers' and 'physical health' theme questions with staff completing the record keeping audits.

Falls

- Nurses need to document when paramedics called and when they arrive on the ward. There is a need to regularly audit waiting times for ambulances and escalate if needed to EEAST
- Nursing staff require further training on the Trust's post-fall protocol and neuro-observations and reminding that only a registered nurse or a signed off competent support worker should be doing neuro-observations
- CHS wards (Plane and Poplar) need to use the Trust wide neurological observation chart with the specified protocol

Suicide Prevention

- Family Liaison Officer (FLO) Leads to supervise and support all FLOs identifying issues and concerns much quicker to enable proactive response and avoid situation of concerns not being picked up or responded to
- Review of Guidance to Support Active Engagement including Did Not Attend (DNA) Guidelines (Disengagement Guideline) including patients/ service users who do not attend appointments to ensure there are processes in place to re-engage with patients/ service users and reduce the risk of suicide
- Further work to review discharge processes across services, which will need to look at the key areas such as record keeping, risk assessment, sharing of information and involvement of family and family views
- Ward managers to make sure to record all patients/ service users safety incidents on the patients/ service users notes and as well as on the incident reporting system

2.2.3 Clinical Research and Innovation

We offer opportunities for patients/ service users and staff to take part in research studies relevant to them, enabling us to support the NHS to improve the current and future health of the population together with providing an evidence base for ongoing better healthcare. The Trust is committed to being a research active organisation providing a balanced portfolio of interventional, observational, large-scale surveys, commercial and non-commercial studies across Essex.

The total number of patients/ service users receiving and staff delivering relevant health services provided or sub-contracted by the Trust in 2020/21 recruited during that period to participate in research approved by a Research Ethics Committee and the Health Research Authority (HRA) was 579. This number of recruits was from participation in 11 research studies opened to participation at the Trust in 2020/21.

The Covid-19 pandemic has brought into sharp focus the strength and importance of the UK's research base. The Trust's alignment with the National Institute for Health Research (NIHR) Clinical Research Network (CRN) North Thames (NT) enabled us to provide regional support to clinical teams across the acute sector in rapid delivery of several platform clinical trials, which has reaffirmed the UK position as a global leader in clinical research, and ultimately provided our lifeline back to normality. This focus and collaborative working of many researchers and research organisations throughout the pandemic to answer critical research questions had led to a significant pause in all other research areas.

The pandemic has taught us that embedding clinical research within the NHS is achievable and delivers both for patients/ service users as well as for the NHS. In recognising The Government has set out a bold vision for the future of clinical research delivery with the launch of Vision for UK Clinical Research Delivery, a UK vision to unleash the full potential of clinical research delivery to tackle health inequalities, bolster economic recovery and to improve the lives of people across the UK. The vision has five key themes, which underpin the improvements to take forward in the coming months and years:

- Clinical research embedded in the NHS
- Patient/ service user centred research
- Streamlined, efficient and innovative research
- Research enabled by data and digital tools
- A sustainable and supported research workforce

To make the vision a reality, several key areas for action have been identified that will unleash the true potential of the UK's clinical research environment. Work is continuing to recover the UK's diverse portfolio of clinical research and, building on the lessons learned from Covid-19, to create a research delivery environment, which is patient/ service user centred, pro-innovation and digitally enabled.

Innovation in research design, set-up and delivery, supported by use of new technology, will enable delivery of research to be more efficient, freeing up researchers to work on the research that really needs their involvement. NIHR has already demonstrated how using innovatively designed virtual trials and digital technology can lead to rapid recruitment.

Similarly, digitisation and better use of data will also help to reduce the pressure on researchers and healthcare staff. By transforming delivery of research through digital innovation, the result is saving time and money, whilst empowering researchers to work together effectively.

Crucially, making access and participation in research as easy as possible for everyone across the UK, including rural, diverse and under-served populations will result in more patients/ service users-centred research. We will continue to work with the NIHR, other partner organisations and the devolved administrations on delivery plans. These include factoring improvements into immediate plans to recover the UK's research portfolio as the pressures of Covid-19 ease, and longer-term work to strengthen the UK's research system as a whole.

In 2020/21, we won an award grant from NIHR Research for Patients/ service users Benefit (RfPB) as follows:

Meeting the needs of Women veterans in mental health services: Co designing guidelines for Healthcare Professionals

This project aims to identify the mental health support needs of women veterans, and to provide guidance and recommendations for mental healthcare professionals (MCHPs) to enhance NHS veteran-specific mental health support for women.

2.2.4 Goals agreed with Commissioners for 2020/21 (CQUINs)

During 2020/21 Commissioners stood down CQUIN schemes as part of the response to Covid-19. The Trust received the value of the CQUIN schemes in full.

2.2.5 Stretching goals for quality improvement – 2021/22 CQUIN programme for the Trust

The current position is that CQUINs will remain stood down in 2021/22 until Q3.

2.2.6 What others say about the Trust

Care Quality Commission

Essex Partnership University NHS Foundation Trust (EPUT) is required to register with the Care Quality Commission and its current registration status is 'registered with conditions'. EPUT has the following conditions on registration in relation to Clifton Lodge and Rawreth Court (Nursing Homes):

- A requirement to have Registered Managers
- A limitation on the number of beds provided by the services

The Care Quality Commission issued EPUT with a Section 29A Warning Notice on the 27 November 2020. The Trust met the deadline of 27 January 2021 for completion of the Warning Notice actions by the Trust.

Essex Partnership University NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2020/2021.

In March 2020, the Care Quality Commission (CQC) confirmed immediate cessation of all routine inspections, limiting any visits to mainly focused inspections where they identify risks.

The CQC completed one unannounced inspection during 2020/2021 to a ward within our Adult Acute Mental Health Services at The Linden Centre on 29 October 2020. The visit focused on the Safe domain following a series of incidents that took place on 23 October 2020.

Following the inspection the CQC issued EPUT with a Warning Notice served under Section 29A of the Health and Social Care Act 2008 (issued on 27 November 2020) identifying six key areas where the Trust needed to take action. The themes from these six key areas related to the following:

- Record Keeping
- Management and recording of observation levels
- Quality of handovers
- Experience of staff on shifts

The CQC acknowledged that the Trust responded quickly to concerns raised during the feedback of the inspection and that the Trust had provided assurance on how we planned to address issues.

The Trust took immediate action on the six key areas, through a detailed action plan in response to the warning notice, and sent a report to the CQC by 27 January 2021 confirming it had addressed all the actions.

An assurance visit took place by Trust Commissioners on 12 February 2021 to check implementation of the Action Plan and further confirmed embedding of the actions.

The CQC's published report confirmed that inspectors found a number of examples of positive

practice across EPUT:

- Patients/ service users gave positive feedback about the ward staff and the environment
- Managers ensured they planned shifts with enough staff to meet the needs of the patients/ service users
- The Trust ensured there was support available to patients/ service users and staff following incidents, this included access to senior leaders and psychologists
- The Trust responded quickly to concerns raised during feedback from the inspection and provided assurance on how they intended to address issues. The trust took immediate actions to address some concerns, including removal of garden shelters and increasing security measures.

EPUT currently has no open action plans with the CQC

The report confirmed that the inspection and subsequent Warning Notice did not affect the ratings for the trust (as detailed below) or our overall rating of 'Good'.

Ratings for the whole trust					
Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Outstanding ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019

2.2.7 Data quality

Our ability to have timely and effective monitoring reports, using complete data, is a fundamental requirement in order for us to deliver safe, high quality care. The Board of Directors strongly believes that all decisions, whether clinical, managerial or financial, emanate from information that is accurate, timely, complete and consistent. A high level of data quality also allows us to undertake meaningful planning and enables service alerts to any deviation from expected trends.

No internal or external audits took place in 2020/21.

EPUT achieved an average Data Quality Maturity Index score of 96.2% for Q1, 96.1% for Q2, 96% for Q3 compared to the NHSI Oversight Framework target of 95%. At the time of publication Q4 was not available.

EPUT's Information Governance Data Security and Protection Toolkit (DSPT) overall score for 2020/21 was Standards Not Fully Met - Plan Agreed.

This was due to the following mandatory assertion not being achieved:

- Have at least 95% of all staff, completed their annual Data Security awareness training in the period 1 April 2019 to 30 September 2020?

Essex Partnership University NHS Foundation Trust submitted records to the Secondary Uses Service during 2020/21 for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data, which included the patient/ service user valid NHS number, was:

- 99.8% for admitted patients/ service users care (Apr 20 - Dec 20)
- 100% for outpatients/ service users care (Apr 20 – Dec 20)
- N/A for Accident and Emergency care

The percentage of records in published data, which included the patient/ service user valid General Medical Practice Code, was:

- 95.6% for admitted patients/ service users care (Apr 20 – Dec 20)
- 100% for outpatients/ service users care (Apr 20 – Dec 20)
- N/A for Accident and Emergency care

We will be taking the following actions to improve data quality:

- Awareness raising throughout the Trust of importance and impacts of data quality
- Continued development of self-serve monitoring dashboards
- Continued distribution of reports on data quality validation

2.2.8 Learning from deaths

Background and context

The effective review of mortality is an important element of our approach to learning and ensuring the quality of our services continually improves. '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' was published by the NHS National Quality Board in March 2017 and set out extensive guidance for Trusts in terms of approaches to reviewing mortality, learning from deaths and reporting information. Its aim was to help initiate a standardised approach that would evolve as national and local learning in respect of mortality review approaches increases.

During 2020/21, we continued to strengthen our approaches to mortality review in line with

national guidance. We take every death of a person in our care very seriously. We expect our staff to be compassionate and caring at all times. The aim of reviewing the care provided to people who have died is to help improve care for all our patients/ service users by identifying whether there were any problems, understanding how and why these occurred and taking meaningful action to implement any learning. The reporting of mortality data is part of this review process. The review of mortality and reporting of data has continued to evolve to become more meaningful as we learn from our own experiences and those of other NHS Trusts. Monitoring of deaths within the Trust has continued throughout the Covid-19 pandemic in order to ensure timely identification of any possible problems in care. The progression of long-term learning from mortality review was limited at times through the year due to capacity focus on essential activity during the pandemic response. However, developmental learning and action taken forward as capacity allowed.

As Trusts have been able to determine local approaches to undertaking mortality reviews and defining deaths that should be in scope for review, mortality data is not comparable between Trusts. As such, we use data locally to monitor the review of mortality and to assist in the ultimate aim of learning from deaths and improving the quality of services. 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 have continued to strengthen our processes to support those people.

Explanatory notes

** Please note, all figures stated in the section below relate to deaths 'in scope' for mortality review.*

The Trust's Mortality Review Policy defines deaths 'in scope' as all deaths:

- That have occurred within our inpatient services (this includes mental health, community health and learning disability inpatient facilities and within the prison)
- In a community setting of patients/ service users with recorded learning disabilities
- Meeting the criteria for a serious incident, either within our inpatient services or in a community setting
- Any other deaths of patients/ service users in receipt of our services not covered by the above that meet the Grade 2 case note review criteria. These are identified on a case-by-case basis and include:
 - Any patients/ service users deaths in a community setting which have been the subject of a formal complaint and/or claim by bereaved families and carers
 - Any patients/ service users deaths in a community setting for which staff have raised a significant concern about the quality of care provision
 - Any deaths of patients/ service users deemed to have a severe mental illness in a community setting. For the purposes of this policy, this is any patients/ service users with a psychotic diagnosis (schizophrenia or delusional disorder) recorded on electronic clinical record systems that are recorded as having been under the care of the Trust for over two years
 - Any deaths identified for thematic review by the Mortality Review Sub-Committee.

Figures reflect Q1 – Q3 of 2020/21. Information in relation to Q4 reports to the Board of Directors in June 2021. Q4 2020/21 information will report in the Trust's Quality Account for 2021/22. The

reporting schedule was the same last year; and, therefore, information relating to Q4 2019/20 is in this Quality Account.

At the time of preparing this Quality Account, the thematic reviews and expected death review for 2020/21 are in the process of definition and commissioning and figures are therefore not included within the data below. Information in relation to thematic reviews of 2020/21 deaths will therefore be reported in the Trust's Quality Account for 2021/22. Information relating to the thematic reviews of 2019/20 deaths (which have been undertaken during 2020/21) is included in this Quality Account.

The figures contained in this section of the Quality Account are consistent with the agreed approach for reporting quarterly information to the Board of Directors as at 20 March 2021.

National Guidance Ref 27.1 - Number of deaths in scope for mortality review

2019/20 Q4: The number of deaths within scope for mortality review in Q4 2019/20 was 62.

2020/21 Q1 – Q3: During 2020/21 (Q1 – Q3*), 191 Trust patients/ service users died. This comprised the following number of deaths occurring in each quarter of that reporting period:

Q1	96	Q2	35	Q3	60
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National Guidance Ref 27.2 - Number of these deaths subjected to case record review/investigation

2019/20 Q4:

By 20 March 2021, 1 Grade 2 case note review and 10 Grade 4 Serious Incident investigations had taken place in relation to 11 of the Q4 2019/20 deaths. Note: In addition, three case note reviews and zero Serious Incident investigations are in progress.

For the full year 2019/20, by 20 March 2021, 5 Grade 2 case note reviews and 64 Grade 4 Serious Incident investigations reflect 69 of the 228 2019/20 deaths. Note: In addition, 11 Grade 2 case note reviews and 1 Grade 4 Serious Incident investigation are in progress.

2020/21 Q1 – Q3:

By 20 March 2021, zero Grade 2 case record reviews and 30 Grade 4 Serious Incident investigations reflect 30 of the Q1 – Q3 2020/21 deaths included above.

Note: in addition to the above, three Grade two case note reviews and 21 Grade 4 Serious Incident investigations are in progress.

The number of deaths in each quarter 2020/21 with a case note review or an investigation (including those in progress) was:

Q1	20	Q2	16	Q3	18
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The grade of review for 20 of the 191 deaths is under determination.

Explanatory note:

- 117 closed reviews at Grade 1 (do not fall within the category of case note reviews/ investigations)
 - 30 closed reviews at Grade 2 - 4 (case note review/investigation)
 - 24 reviews in progress at Grade 2 - 4 (case note review/investigation)
 - 20 final grade of review still under determination
- Total = 191 deaths

National Guidance Ref 27.3 - Deaths judged more likely than not to have been due to problems in care

2019/20 Q4:

- Zero, representing 0%, of the patients/ service users deaths during Q4 2019/20 are judged more likely than not to have been due to problems in the care provided to the patients/ service users.
- Please note six reviews are still in progress / awaiting judgement in terms of problems in care at the date of preparing this information.
- For the full year 2019/20, by 20th March 2021, 4 (representing 2%) of the patients/ service users deaths during the reporting period are judged more likely than not to have been due to problems in the care provided to the patients/ service users.

Please note, for the full year 2019/20, 20 reviews are still in progress / awaiting judgement in terms of problems in care at the date of preparing this information.

2020/21 Q1 – Q3:

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

In relation to each quarter, this consisted of:

- zero - representing 0% for the first quarter
- zero - representing 0% for the second quarter
- zero - representing 0% for the third quarter

Please note 72 reviews are still in progress / awaiting judgement in terms of problems in care at the date of preparing this information.

The above judgements use a tool designed locally by the Trust, based initially on the Royal College of Physicians Structured Judgement Review tool/methodology and revised to take account of the tool/methodology published by the Royal College of Psychiatrists in November 2018.

National Guidance Ref 27.4 - Examples of learning derived from the review/investigation of deaths judged more likely than not to have been due to problems in care

The following are examples of learning derived from the investigation of deaths judged more likely than not to have been due to problems in care provided to the patients/ service users:

Not applicable - no deaths in 2020/21 judged more likely than not to have been due to problems in care

National Guidance ref 27.5 - action taken in consequence of the learning above

Not applicable – no deaths in 2020/21 judged more likely than not to have been due to problems in care

National Guidance Ref 27.6 – Impact of the actions described above:

The impact of the example actions described above is as follows:

Not applicable – no deaths in 2020/21 judged more likely than not to have been due to problems in care

Learning from other deaths subjected to mortality review/investigation

We identify any appropriate learning from all mortality reviews undertaken and agree actions irrespective of whether the death is more likely than not to have been due to problems in care provided to the patients/ service users. Examples of such learning include the following issues:

- Risk assessment and care plans
- Administration
- Recording information
- Transfers of care
- Disengagement
- Integrated working
- Communication with primary care
- Discharge planning from inpatient services
- Engagement with families and carers
- Access to services
- Referral to drug and alcohol services
- Crisis response services

In addition to the individual mortality reviews outlined in the sections above, during 2019/20 we also addressed learning from the following thematic reviews of deaths occurring in 2018/19 and 2019/20:

- Follow up medicines management review of nursing homes deaths 2018/19
- A sample of deaths of patients/ service users diagnosed with a Severe Mental Illness and not classified as serious incidents occurring in 2018/19
- Review of nursing homes deaths January – May 2020
- High level data analysis of Serious Incident deaths 2019/20

The above reviews have resulted in 60 deaths subject to overarching thematic review. We have also undertaken an audit of a random sample of nine deaths closed at Grade 1 review (desktop review).

A review of a sample of Serious Incident inpatient deaths in 2019/20 was also underway at the time of writing this report.

We have shared the learning from these reviews with teams and our Mortality Review Sub-Committee is overseeing its implementation. Examples of learning and actions as a result include:

- Focus on client physical as well as mental health needs and a need for closer integration with primary care health services for those diagnosed with Severe Mental Illness.
- Outcomes of the above review taken into account in the development of outpatient clinical guidance.
- Outcomes of the above review shared with clinicians as part of the 'Closing the Gap' work in the Trust and with the Physical Health Sub-Committee to include in action planning.
- Need to apply MEWS processes consistently.
- Importance of continuing to practice stringent testing and infection control processes in the event of a future pandemic.
- Maintaining a central record of communications with e.g. regulatory bodies / Public Health England.
- Widening internal situation reporting to include internal information as well as the necessary national situation reporting information.
- All patients/ service users known to the Trust services should have a recent risk assessment available within their care record that all staff can access.
- All patients/ service users, known to community services, who have passed away without recent contact with the Trust services, should have clinical records updated to document circumstances relating to their death.
- Increase the number of clinical staff across the Trust with access to, and trained in, navigating the Health Information Exchange (HIE) system to assist obtaining a full picture of a patients/ service users' physical health using electronic records in an emergency medical situation.

National Guidance ref 27.7 – 27.9 - Mandated information that will be reported in 2020/21 Quality Account

We are unable to report on the following mandated information in the Quality Account 2020/21. We will report on this in the Quality Account 2021/22:

- The number of case note reviews or investigations finished in 2021/22 which related to deaths during 2020/21 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 we 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)

2.2.9 National mandated indicators of quality

Since 2012/13 NHS Foundation Trusts have been required to report performance against a set of core indicators, using data made available to the Trust by NHS Digital. This section outlines how we have performed as a Trust against these indicators along with data for the highest and lowest performing Trusts and the National average, where available.

The information extracts are from nationally specified datasets and as a result are Trust-wide level.

Patients/ service users on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay

Data source: NHSD Strategic Data Collection Service (SDCS) – MHPrvCom via NHS Digital

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.

Due to Covid-19 and subsequent need to release capacity across the NHS, collection and publication ceased. This remains the case.

Admissions to acute wards gate kept by Crisis Resolution Home Treatment Team

Data source: NHSD Strategic Data Collection Service (SDCS) – MHPrvCom via NHS Digital

This indicator measures the percentage of adult admissions, which are gate kept by a crisis resolution and home treatment team.

Due to Covid-19 and subsequent need to release capacity across the NHS, collection and publication ceased. This remains the case.

Readmissions

Data Source: EPUT systems (Mobius and Paris)

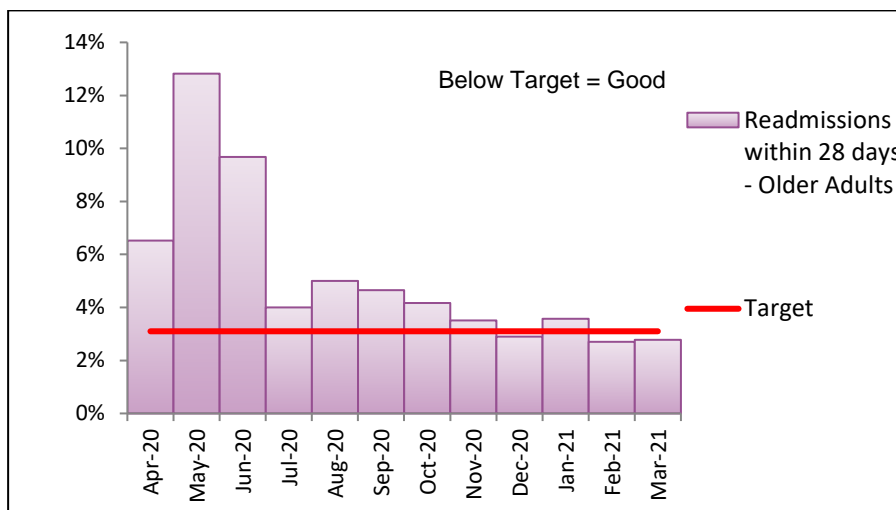
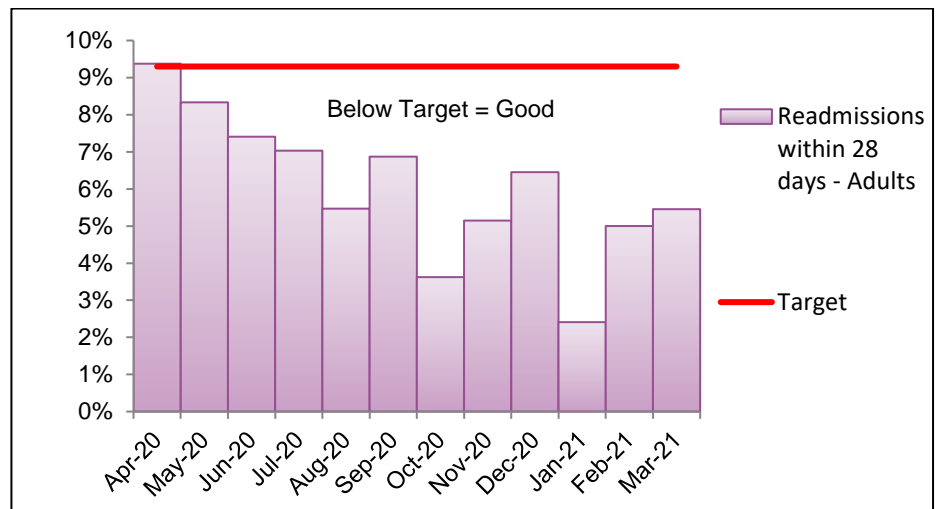
National Definition applied: Yes

This indicator measures the percentage of adults and older adults readmitted to the Trust within 28 days. There is no set national target for readmission rates; therefore, the MH benchmarking average sets the appropriate Trust targets.

In 2020/21 EPUT has met the national target of 9.3% for Adults with the exception of one month in April 2020. Since April 2020, performance has represented a trend of improvement. Since a surge in Older Adult readmissions at the beginning of the year, EPUT has witnessed an improvement in performance against the national target of 3.1%. Older Adult readmission rates are subject to continuous monitoring and a high proportion of discharges and readmissions relate to acute hospital care.

In the graphs below, illustration of good performance is by levels of activity below the target line.

The percentage of adults readmitted within 28 days has performed within the target of less than 9.3% for all months with the exception of April 2020



Whilst the percentage of older adults readmitted within 28 days has breached the target of less than 3.1% for most months, there is an improving trend since July 2020 and current performance is within target

Routine monitoring and reporting of this indicator takes place through Quality and Performance reporting.

Staff recommended score of the Trust as a place to receive treatment

Data source: Staff Friends and Family Test (FFT) survey

The Friends and Family Test details what percentage of staff would recommend the Trust as a place to receive treatment.

Trusts have suspended the Staff FFT during Covid-19. There have been no data submissions or publication of results since March 2020 and until further notice.

Patients/ service users experience of community mental health services

Data source: CQC Community Mental Health Services Survey

National Definition Applied: Yes

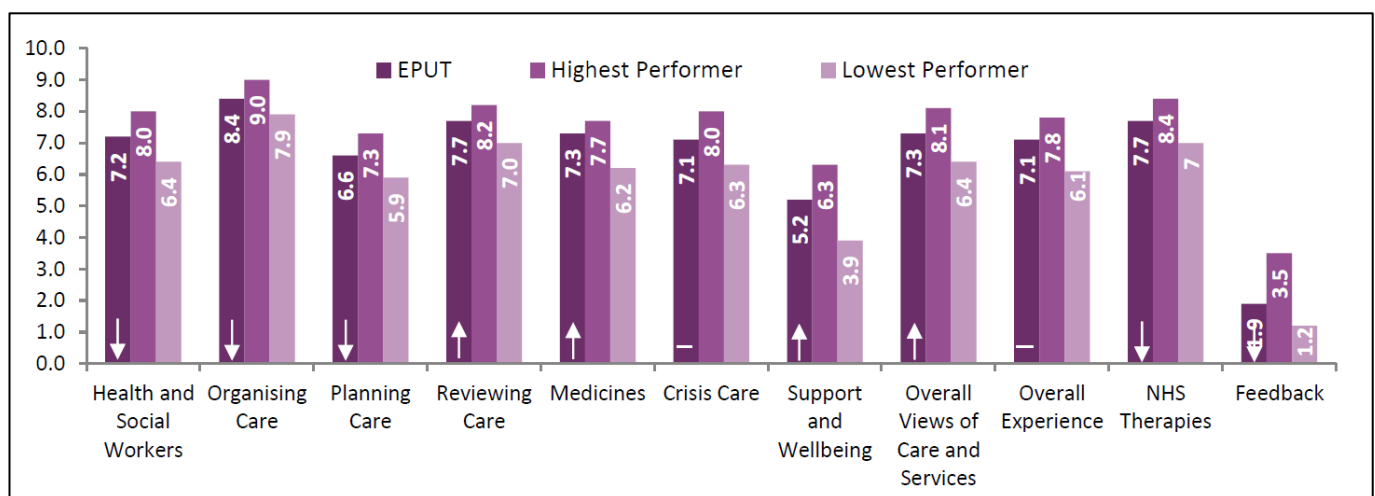
The Care Quality Commission (CQC) conduct an annual survey for clients who have received care from community mental health services in England. In this section, you will find the results of the 2020 Trust survey.

The Trust is continuously working to improve our service and client feedback drives a large part of that work, so that we can understand what clients think about their care and treatment.

The survey commissioned by the CQC received responses from 17,601 people, a response rate of 26%.

Our 2020 report shows scoring for each evaluative question in the survey, compared with the lowest and highest scoring Trusts. Scores are on a scale of 0 to 10.

The questions are in different domains and a summary of results is in the graph below:



Arrows in the above graph highlight which domains improved or declined from the 2019 survey results.

A full action plan is in place to make improvements in all areas below national average and all areas where a decline is noted.

Patients/ service users safety incidents and the percentage that resulted in severe harm or death

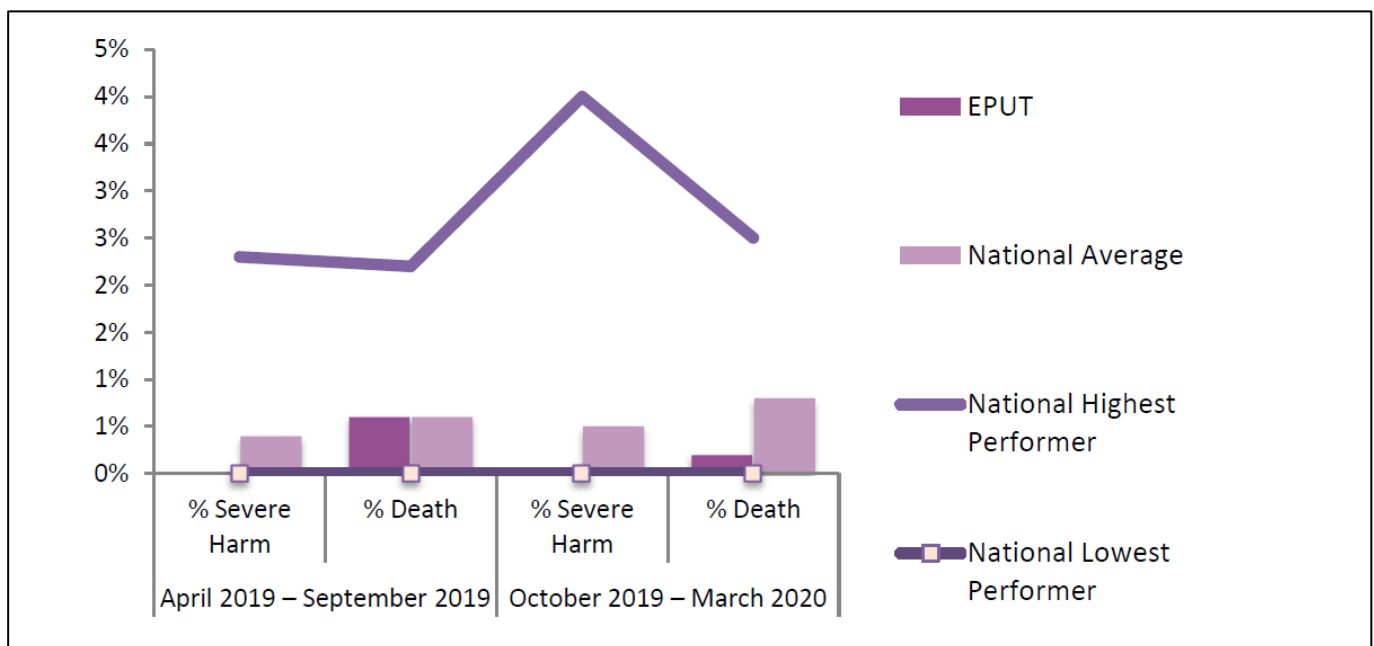
Data source: NRLS NPSA Submissions

National definition applied: Yes

This indicator measures the number of incidents to occur in the Trust and the percentage of those that result in severe harm or death. Publication is now annually and the latest information covers the period of October 2019 to March 2020.

Reporting Dates	April 2019 - September 2019 (Published March 2020)			October 2019 - March 2020 (Published September 2020)		
	All incidents	Severe harm	Deaths	All incidents	Severe harm	Deaths
EPUT	8,170	3	48	8,047	4	20

The graph below shows the percentage of all incidents we reported to the NRLS that resulted in severe harm and those which resulted in death, along with Mental Health Trust National comparisons.



2020/21	April 2019 – September 2019			October 2019 – March 2020		
	Incident Rate	% Severe	% Death	Incident Rate	% Severe	% Death
EPUT	64.2	0.0%	0.6%	60.8	0.0%	0.2%
National Average	62.9	0.4%	0.6%	62.8	0.5%	0.8%
National Highest Performer	130.8	2.3%	2.2%	145.5	4.0%	2.5%
National Lowest Performer	17.2	0%	0%	18.1	0%	0%

The above graph and table outlines that the Trust has consistently performed below, and in line with, the National average for patient/ service user harm resulting in severe harm or death. The Trust has also performed below the National average in overall incident rates per 1,000 bed days.

There are robust governance processes within the Trust to ensure accurate severity/degree of harm recording, including benchmarking ourselves against national averages and other Trusts within our cluster group.

We are taking the following actions to improve our incident reporting rates by:

- Training Matrons and Service Managers to extract incident data from Datix for their areas of responsibility using the Dashboard module to enable the earlier identification of trends/patterns locally.
- Routine reporting of incident rates and patient/ service user harm through a number of Trust internal reports. These reports are subject to a review to simplify the way data presentation assisting management and staff understand the areas of risk associated with their services.
- Undertaking six monthly auditing of incident reporting to ensure all Patients/ service users Safety incidents recorded as such on the incident recording system.
- A group comprising Service Directors and the Risk Analysis and Systems Manager has been set up to review how incidents in which lessons are learned are cascaded in an effort to prevent recurrences.
- Training for staff reporting incidents and investigating managers is ongoing and available from the Risk Management Team on request, currently via MS Teams due to the Covid 19 pandemic.

Quality Priorities for the coming year have been set to improve patient/ service user safety.

2.2.10 Doctors' Rota Gaps

Annual Report on Safe Working of Junior Doctors 2020/2021

This section provides assurance that doctors in training are safely rostered and that their working hours are compliant with the terms and conditions of their contract.

Doctors in Training Data:

Number of doctors in training (total inclusive of GP and Foundation)	126
Number of doctors in psychiatry training on 2016 Terms and Conditions (average)	48
Total number of vacancies (average over reporting period)	29
Total vacancies covered by LAS and MTI (average over reporting period)	20

Annual data summary:

Trainees within the Trust

Specialty	Grade	Q1	Q2	Q3	Q4	Total gaps (average WTE)
Psychiatry	CT1-3	29	24	25	25	9.5
Psychiatry	ST4-6	18	23	23	25	14.5
Total		47	47	48	50	24

Trainees outside the Trust overseen by the LET guardian

Specialty	Grade	Q1	Q2	Q3	Q4	Total gaps (average WTE)
GP trainees	ST1	16	18	18	19	0.25
Foundation	FY1	2	11	12	12	2.75
Foundation	FY2	12	13	13	13	2.25

Agency Usage:

The Trust does not use agency workers and relies on the medical workforce to cover the out of hours i.e. 5pm to 8:30am at internal locum rates. There are varied reasons for covering out of hours ranging from sickness, the additional out of hours that less-than full time trainees are unable to contractually cover and vacant posts. One of the main factors for an increase in shifts requiring cover was due to COVID absence.

The total number of shifts covered in reporting period:

Locum bookings (internal bank) by reason					
Reason	No. of shifts requested	No. of shifts worked	No. of agency shifts	No. of hours requested	No. of hours worked
Vacancies/ Maternity Leave/ Sickness/ LTFT cover/ Covid	568	568	0	6445.5	6445.5
Total	568	568	0	6445.5	6445.5

Exception Reports:

Trainees via the Allocate reporting system from April 2020 to March 2021 raised 10 exception reports.

Issues Arising

- Internal doctors paid an internal locum rate fill the gaps at CT level. The gaps at ST level are unfilled; the Trust does not use agency locums.
- There are no particular reasons or patterns observed in these gaps. National recruitment seems to be the issue, which has improved in the last quarter. One of the main factors for an increase in shifts requiring cover was due to COVID related absence.
- Junior doctors expressed concerns on lack of facilities in on call rooms at The Linden Centre and Derwent Centre; some refurbishment work is required in the Basildon Doctors' room. Trainees raised a health and safety hazard concern on the Doctors' room at The Linden Centre.
- Junior Doctors expressed concerns on lack of supervision and training opportunities on certain inpatient units, where there is lack of substantive Consultant Post.
- Requests for Junior Doctors to transport blood samples to the laboratory during their on call period.
- Health Education England granted £30,000 to our Junior Doctors; money was spent (based on Junior Doctors' choice) on purchasing items for Junior Doctors Room and on call rooms. Some money is for team building events, which are on hold due to Covid-19 pandemic.
- A Trainee at The Linden Centre raised an immediate safety concern; there were no on call doctors available between 9-5pm, this led to lack of medical cover on HBPOS. Clinical Tutors, DME have discussed and escalated to Executive Medical Director for a decision on a change in rota system to suit training and service needs.

Actions taken to resolve issues

- Rolling Adverts on NHS jobs are in place, the Trust has recruited a number of MTI and LAS doctors who are covering the gaps in the rota.
- GPs and FY2s given an opportunity to express an interest to join the bank to do on-calls when they leave the Trust.
- The Director of Estates is working closely with Executive Medical Director and the Medical staff to address the issues in Doctors' room and on call rooms. Some of the work completed successfully. There is still some outstanding work for addressing by Estates.
- There have been some difficulties in recruiting permanent Consultant post at certain sites; Medical Managers are working hard on addressing this matter. Junior Doctors have not raised any further concerns since the recent recruitment of Locum Consultants.
- The issue of doctors transporting bloods escalated to Executive Medical Director. The matter is resolved at most Trust sites.
- The HEE funding amount is for improving facilities at Doctors' and on call rooms. Some money kept for team building events etc. when the lockdown situation eases.
- Lack of medical cover at HBPOS at The Linden Centre addressed. Doctors on call based permanently at The Linden Centre, with their outpatient clinics blocked in advance, so that they do not have to travel out of site when on call.

Key issues from host organisations and actions taken

- There are no specific key issues within the Trust with regard to vacancy rates. There is a National recruitment issue. This has improved in the recent quarter and the number of gaps in the rota is less than last year.
- At the Junior Doctors Forum, Doctors have raised the following issues:
 - Facilities in on call rooms and doctor's room

- Lack of permanent Consultants on certain inpatient units leading to lack of supervision and training opportunities
- Access to laptops to work remotely/socially distanced during pandemic
- Doctors being requested to transport blood samples to the laboratory
- All the above issues addressed:
 - Facilities at on call and doctor's room have improved
 - Some of the work is still outstanding; Estates are aware and working towards meeting the requirements
 - Laptops distributed to the Senior Doctors
 - HEE funding money used appropriately, doctors had the autonomy to make decisions on how this money is spent. A record of this is available on request.
 - Medical Managers are working on recruiting permanent Consultants for the vacant posts in the Trust

Summary

- There are ongoing issues with vacancy rates resulting in rota gaps at ST and CT level across the Trust. There are total gaps of 24 WTE (average in the reporting period). The gaps are less in comparison to 2019/20.
- The rota gaps at CT level filled by existing trainees paid at NHS locum rates. The gaps at ST level are usually unfilled; the Trust has LAS and MTI doctors who have filled in the gaps for rota and service provision. There are Physician Associates who also contribute to service provision.
- The Trust does not use Agency Locums.
- The Board noted that there are no specific issues within the Trust on these vacancy rates and there is a National issue in terms of recruitment. It is important to highlight that the number of recruitments at CT and ST level in our Trust is far better in comparison to last year, resulting in less gaps in the rota.
- Facilities in Doctors' and on call rooms have improved significantly.
- There were 10 Exception Reports raised by the Junior Doctors between April 2020 and March 2021, all addressed:
 - Junior Doctors Forum held bi-monthly, all the issues addressed by the doctors escalated to the relevant managers/supervisors and the issues addressed.
 - Junior Doctors reminded on appropriate use of PPE at all times. Junior Doctors informed on the guidance on carrying over their annual leave where appropriate as per the Trust Policy.
 - Junior Doctors continue to work during the pandemic and covered shifts related to COVID absence when needed.

2.2.11 Staffing in adult and older adult community mental health services

The long-term implementation plan for the NHS 2019/20 to 2023/24 set out a proposal to transform mental health services. A ring-fenced local investment fund worth at least £2.3 billion a year in real terms by 2020/24 aims to ensure the NHS provides high quality, evidence-based mental health services to an additional two million people. For the Trust this translates into four primary strands

- Emergency response and crisis care service
- Personality disorders and complex need
- Older people and dementia
- Community (Primary) Care

Emergency response and crisis care service

This programme at STP level is made of three separate 'crisis response service' projects for West Essex, MSE and NE Essex. All three projects went live successfully on 1 April 2020 in line with our plan and have been operational throughout Covid-19. Commissioners and NHSE commended the Trust achieving this during the first lockdown when other providers put similar plans on hold. This service has provided a much-needed MH crisis service at a critical time of high need for the people of Essex.

The model for 24-hour crisis assessment and treatment services links with the current Home Treatment Teams. Crisis Cafés provided by the third sector enable an option to support people in crisis and interface with the Trust services. Crisis Cafés are located in MSE, NEE and West. In MSE, the Crisis Cafés have extended their hours recently and well used by the MSE crisis assessment and treatment service. MSE are considering extending the service to include a separate team that responds just to ambulance calls as a joint response service and conversations between the Trust and Commissioners will scope this. The NE Crisis Café based in Clacton has continued to develop during 2020 as a collaborative between MIND, The Haven and the Trust led by MIND and has opened up to a self-referral model for 2021. West Crisis Café, The Sanctuary, launched in January 2021.

Due to Covid-19, the Crisis Cafés have adapted to support the 111 pathways. Instead of providing drop-ins, they have adapted to provide telephone support. The Trust technologies have been developed to provide for automated real time electronic referrals straight through to the Crisis Cafés. Southend Crisis Café is currently planning to start providing an adapted safe drop-in model shortly.

In light of Covid-19, the resources available to the new U&EC services have focused on telephone triage and support initially with home visits increasing as time has progressed where required. The police and ambulance services have been directly interfacing with the crisis services to reduce A&E attendances.

Due to workforce challenges, the services will develop across 20/21 as the full workforce recruitment is mainly in MSE. Recruitment remains a high priority.

This service is business as usual but there is some additional investment for 2021 as ongoing development.

Personality Disorder

This Essex wide model will transform the way staff across entire systems understand and treat people with a personality disorder. The model comprises training and consultation support across local systems, from GPs and the third sector to specialist mental health staff in secondary care. New models of care, delivering DBT and CAT and other psychotherapeutic approaches will roll out across the workforce. This outcome delivers a range of benefits to include better support for patients/ service users and carers, improved rates of recovery and independence and fewer admissions to hospital.

The Model has separate funding from the three STPs with three different business cases. West Essex were last to approve very recently and will be funding fully from 2021/22. It is therefore the least developed of the programmes.

An Essex wide implementation plan and governance structure is in place and a steering group oversees implementation.

Older People and Dementia

This programme is at CCG level. SE Essex and Mid Essex have developed and are implementing transformed community teams to manage patients/ service users and carers at home instead of hospital. SE Essex data shows very significant falls in inpatient use to the point that admission is now an unusual event. SE Essex is now in its second phase of development that seeks to implement the dementia wrap-around model developed in conjunction with the South East Essex CCG, ECC and SBC.

SW Essex comprising Thurrock and BB CCGs are planning to work together to implement a common transformation solution across the geographical area based on the SE Essex model. Project teams are being set up to oversee this work and may require further investment through Business Cases depending on the detail of the chosen model and use of existing resources.

NEE older people's transformation is going to be a phased complex piece of work that incorporates the revision plans of Clacton Hospital. A local system steering group has been set up to oversee this work and its relationship with other clinical services as part of the North East Essex Health and Wellbeing Alliance. The plan is to implement the same Dementia and Frailty pathway as in West with positive outcomes for older adults.

West Essex is in advance on the delivery of dementia services, which links closely with community health services. Sharing of learning takes place with other localities to help frame their pathways.

Community (Primary Care)

This programme at CCG level comprises six projects (Southend and CPR CCGs are working together) to transform community mental health services. Mental health community services are transforming to provide Mental Health expertise at GP surgery level aligned with the newly formed PCNs. This will ensure that physical and mental health will integrate with local health, social care and VCS colleagues. GPs and their patients/ service users will have rapid access to mental health expertise at surgery level, supporting the aspirations of the Five Year Forward View and the NHS Long Term Plan.

Southend/CPR CCGs have recruited a clinical manager. MH nurses and physical health care support workers in all seven PCNs are in post and are currently planning to roll out the model across all PCNs through the remainder of 2021/2022.

Thurrock has piloted MH support in one PCN and now recruited a clinical manager, MH nurses and physical health care support workers for its four PCNs. It plans to fully recruit other planned staff and fully implement the model in 2021/22. Thurrock has a well-developed integrated local system with a plan to support the local system with Consultant Psychiatrist sessions instead of the current stand-alone outpatient model. This will require all members of the local system working together to meet psychological and social need who in turn have support from the consultants with released capacity.

The West Essex model is part of a national early implementer pilot. This pilot along with other national pilots will inform, following evaluation, clinical models for the future across England by 2024. The evaluation is substantial and has support from the Service Improvement and Development Team.

NEE has developed an IPC model and good local relationships with stakeholders. It has commenced recruitment and will be recruiting a clinical manager and another three Band 7 nurses to the seven it has already recruited.

BB CCG and Mid Essex CCGs are planning to commence project work Q1 2021 based on the submitted model as part of the IPC funding application. Implementation will be more complex in BB and Mid Essex as provision of mental health nurses working in the PCNs is by other organisations. This will require joint working agreements and a Trusted Assessor model between the Trust as a treatment service and other organisations as assessment/triage services.

The benefits to PCN transformation are far reaching including much improved customer experience for patients/ service users, for example less queuing, faster access along care pathways including testing the new 4 week standard. For local providers system interoperability and shared records are in pilot with the Trust delivering significant innovative solutions that will inform other areas of the UK. It will also have a significant impact on the future configuration of community mental health services as they reform into an IPC structure.

All PCN work is being overseen by a steering group in MSE and transformation Boards in NE and WE.

2.2.12 Whistleblowing

At the Trust, we are creating an environment where our staff are able to speak up and raise concerns about poor practice without fear of victimisation. We want to encourage staff to express any concerns in a constructive way and to put forward suggestions in order to contribute towards the delivery of care and services to patients/ service users, and carers.

A 'standard' integrated policy was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS aimed at improving the experience of whistleblowing. The policy (produced by NHS Improvement and NHS England) to be adopted by all NHS organisations in England as a minimum standard will help to normalise the raising of concerns for the benefit of all patients/ service users. The Trust took this recommendation forward in 2017, and our approach and local process in the Trust's Raising Concerns (Whistleblowing) policy and procedure provides more detail about how we will look into a concern.

The policy and procedure does not replace existing policies and procedures regarding grievance or complaints, or dealing with patients/ service users' events as described in the 'Communicating Patient Safety Incidents Policy'. In addition, it does not replace the normal lines of communication between staff and their managers. Matters of concern should still be dealt with through normal management and/or clinical advisory channels.

If an individual raises a genuine concern under this policy, they will not be at risk of losing their job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern, nor will we tolerate any attempt to bully an individual into not raising any such concern as this behaviour is a breach of our values as an organisation and, if upheld following investigation could result in disciplinary action. Provided an individual is acting honestly, it does not matter if they are mistaken or if there is an innocent explanation for their concerns.

We are committed to the principles of the 'Freedom to Speak up' review and its vision for raising concerns, and will respond in line with them.

We are committed to listening to our staff, learning lessons and improving patient/ service user care. On receipt, we record the concern and the individual will receive an acknowledgement within two working days. We will tell the individual who will be handling the matter, how to contact them, and what further assistance required. If required, we will write summarising the concern and setting out how we propose to handle it and provide a timeframe for feedback.

Individuals can raise concerns about risk, malpractice or wrongdoing in connection with any harm to the service we deliver. Just a few examples of this might include (but are by no means restricted):

- unsafe patient/ service user care
- unsafe working conditions
- inadequate induction or training of staff
- lack of, or poor, response to reported patient/ service user safety incident
- suspicions of fraud (which can also be reported to our local counter fraud team)

- a bullying culture (across a team or organisation rather than individual instances of bullying)

How does the Freedom to Speak Up agenda support staff?

Freedom to Speak Up is a national agenda and an elected Principal Guardian is in place for the Trust. We have a number of mechanisms in place to enable staff to raise issues, for example a designated facility on the intranet and the 'Raising Concerns' policy and procedure. The idea of the 'Freedom to Speak Up' Principal Guardian is that they facilitate discussions between staff and management. Local Guardians are also in place to support the Principal Guardian.

Part 3: Review of quality performance 2020/21

3.1 Progress against the quality priorities we set for 2020/21

We have to start with a tribute.

This has been a year like no other. An extraordinary year where the entire workforce has shown incredible commitment, flexibility and resilience. We are grateful and proud of everyone that has supported the delivery of care over the last 12 months.

Testimony to this is how we have changed in so many ways – from adapting how we provide our services including holding face to face virtual appointments, to developing new skills in respiratory care, relocating teams and working more closely with our system partners.

We are proud of our achievements but importantly we want to acknowledge our sadness at losing patients/ service users, colleagues, family and friends.

This Quality Account aims to recognise the work delivered but recognises that so many people and teams have worked exceptionally hard to deliver the highest standards of patients/ service users care. Whilst we may not recognise individual teams in this account, as a Trust we recognise, appreciate and celebrate them.

Our Learning from Covid-19

Covid-19 has been challenging, but we have adapted, innovated and made brave decisions; always keeping our people at the heart of decisions. We will continue to strive for a new future by changing - for the better - some of the ways we work.



Blended approach to consultations

Blended approach of online and face-to-face consultations.



Better telephone support

Making better use of telephone interventions including general wellbeing check-ups.



Improved inpatient pathway

Inpatients - improved practices: admissions, discharges, ward reviews, zoning, activities, digital communication, uniforms.



Improved community model

Community management model - better support patient pathways through teams and alternatives between planned care and CHRT.



Agile approach to services

Agile approach enables more responsiveness (7-day services, duty etc.)



Enhanced infection prevention

Keep up the enhanced approach to infection prevention and control.



Regular SITREP meetings

Regular SITREP meetings - short focused meetings - everyone on the same page.



Agile approach to how we work

Agile working - enhanced opportunity for productivity and staff experience.



Enhanced focus on staff wellbeing

Enhanced focus on staff wellbeing, experience, inclusion, diversity.



Improved communications

Communications and engagement - getting messages out there.

Our Highlights in Numbers

- We have cared for more than 2,550 patients/ service users with Covid-19 across our inpatient and community services
- Our staff have carried out almost 50,000 rapid Covid-19 tests on themselves as part of our asymptomatic testing to protect ourselves and others
- We have distributed nearly 13 million items of Personal Protective Equipment through more than 5,000 deliveries by our drivers and taken delivery of 2.8 million masks
- By March we had handled in the region of a quarter of a million doses of the Covid-19 vaccine
- We deployed a thousand laptops in the first six weeks of our Covid-19 response as well as printers, shredders, scanners and other office equipment to enable colleagues to work from home
- Our drivers responded to 3,000 requests to collect swabs from our wards and deliver them to labs to be tested. They collected swabs every day including Christmas Day.
- We now carry out around 13,000 video contacts with our patients/ service users each week
- Our Long Covid Service in west Essex has seen approximately 200 patients/ service users since it began operating in December 2020
- We have recruited more than 3,800 new Trust colleagues and 3,000 volunteers to work in our Vaccination Programme

Driving Improvements in Patient Safety

Over the last year, we have reviewed our approach to delivering against our quality priorities. Following consultation with a wide range of stakeholders, we developed a new inpatient safety strategy, '**Safety First, Safety Always**' that encompasses our ambition to be a leading Trust in relation to Patients/ service users Safety. This is a three-year strategy focused through a range of improvement and transformation activities along with the introduction of a range of technical and non-technical innovations.

Quality Priority 1: Improvement

In April 2020 our immediate response to the pandemic was to launch a new 24-hour crisis mental health phone line (NHS 111) offering immediate and specialist support to adults in crisis. In the first six months it received more than 24,000 calls.

As an organisation, a range of support systems were put into place to support staff, patients/ service users and families. The Executive Team held their first 'live' update for staff in April 2020, and due to the success, these have continued on a weekly basis. A wide range of initiatives were developed inclusive of a Facebook support account and hereforyou@nhs.net helpline.

In May 2020 we were bolstered by 100 aspirant nurses and 5 student occupational therapists who chose to join the workforce at an early stage supporting the organisation at our time of need. At a time when delivery of quality services was exceptionally challenging, additional staff supporting the delivery of patients/ service users safety and high standards of care supported us to make a difference.

Staff and patients/ service users at Brockfield House created a huge graffiti angel to brighten up the outdoor space and say thank you to NHS staff across Essex. The artwork went on to be chosen as one of the winning pieces in an annual Royal College of Psychiatrists artwork competition.



We received £120,000 funding following Captain Sir Tom Moore's heroic fundraising events to support patients/ service users and staff throughout Covid-19 and beyond. We used the funding to launch a technology lending library for disadvantaged patients/ service users, to support the Trust's equality networks and improvement to rest and well-being areas for clinical staff. A bicycle club including repairs promotes fitness in local areas across the Trust building self-confidence along with a new set of skills.

In October 2020, as admissions began to rise, we worked with system partners and created additional beds for Covid-19 positive patients/ service users at Poplar Ward in Epping following a request from Princess Alexandra Hospital NHS Trust. This continued with the establishment of a Covid-19 ward on Avocet at Saffron Walden Community Hospital. We commend the teams for everything they did within their power to support families during this difficult time and for their respectful service delivery and end of life care.

In November 2020, the Trust successfully secured the contract as one of the three lead providers for the Covid-19 Vaccination Programme. Over 3,000 staff additional staff supported 14 centres across Essex and Suffolk. The Trust, as a leader in relation to this programme, has suggested a range of amendments to the national guidance that has resulted in a significant reduction to the cost and improved efficiency of the national programme.



Throughout the pandemic, the Trust held a series of virtual events to support staff and members of the public to look after their mental health and wellbeing during this challenging period.

A Staff Recognition Awards Scheme received over 160 nominations. As an organisation, we recognised the perseverance and commitment of our workforce during these difficult times and we are proud of their achievements, but we also recognise those that did not come forward but continue to make a difference.

Driving improvements in patient/ service user safety has continued to be a priority. The Trust has established a number of collaboratives and taken part in national programmes to drive continuous improvement. This has supported a significant reduction in prone restraint and further reductions in falls and pressure ulcers over the last year.

The Trust was an early adopter for the new Patient Safety Incident Response Framework and has been working over the last year to transform its systems and processes. The new system will enhance the Trust's ability to drive safety and improvement enhancing opportunities to promote continuous learning. It will feed into a range of systems that are in place to share learning and enhance care.

Quality priority 2: Innovation

The Trust has been extremely innovative at developing and using technology to improve services. Through the Trust Lab, clinicians have been empowered to identify technology that improves clinical decision-making, supports individuals to manage their own health and free up clinical time to allow smarter working across services. The pandemic has brought the use of technology to the forefront of the organisation supporting new ways of working and providing care.

At the very start of the pandemic, the Trust immediately responded to protect the wellbeing of staff and the public by maximising the use of technology. Equipment supplied to staff included laptops and printers to enable them to work safely from home, with software installed on all items to enable effective communications to take place.

There has been a greater use of video conferencing in running CPA, ward rounds and other patient/ service user focused meetings. In addition, the efficiency of technology has supported higher levels of engagement in ward-based activities supporting increasing therapeutic environments and improvements in wellbeing. Across the Trust, we harnessed the benefits of online learning for both staff and patients/ service users. Enhanced access has supported patients/ service users' progress with their education and employment prospects when discharged from hospital.

Over the last year, the Trust has looked to use innovative solutions to enhance patient/ service

user safety. Oxehealth Oxevision Platform, designed to monitor patient/ service user safety and wellbeing, is being installed across adult and child inpatient and assessment wards. The platform complements the vital role played by clinical staff by continually monitoring vital signs and safety providing clinical insight to frontline staff.

Other digital innovations include e-prescribing, Perfect Ward, Safe Care.

Innovation does not just relate to the use of technology. Over the last year, we have transformed services, changes pathways, adapted systems, introduced new guidelines and updated policies, procedures and practices.

Quality priority 3: Transformation

Covid-19 has brought about the need for a redesigned healthcare system with system partners identifying new solutions at unprecedented speed to address operational challenges. The pandemic has indicated where systems are defective and shown how technological innovation may enable us to move away from institutional based healthcare, and that along with the rapid education and role adaptation within the workforce, has enhanced our ability to provide care in different ways. It is a challenge that requires input from all, co-producing healthcare to meet personal and individual needs within our population, and therefore the Trust will continue to work with system partners to ensure seamless integration of recent and future developments. The current situation has demonstrated the importance of flexibility within our programme plans to align with ongoing national and local priorities.

Currently, the Mental Health and Community Health Services Transformation Programme (STP) covers three Integrated Care system (ICS) areas, and within them, seven CCGs, two Local Unitary Authorities and one County Council.

3.2 Overview of the quality of care offered in 2020/21 against selected local indicators

As well as progress with implementing the quality priorities identified in our Quality Account last year, the Trust is required to provide an overview of the quality of care provided during 2020/21 based on performance against selected quality indicators. The Trust has elected to report against the indicators selected for the 2019/20 report and regular monitoring continues.

There is some degree of consistency of implementation across our range of services. They cover a range of different services and there is a balance between good and under-performance.

Data for two indicators, Readmissions and IAPT Recovery Rates are reported in the National Mandated and Key National Indicator section of this report

Patient Safety

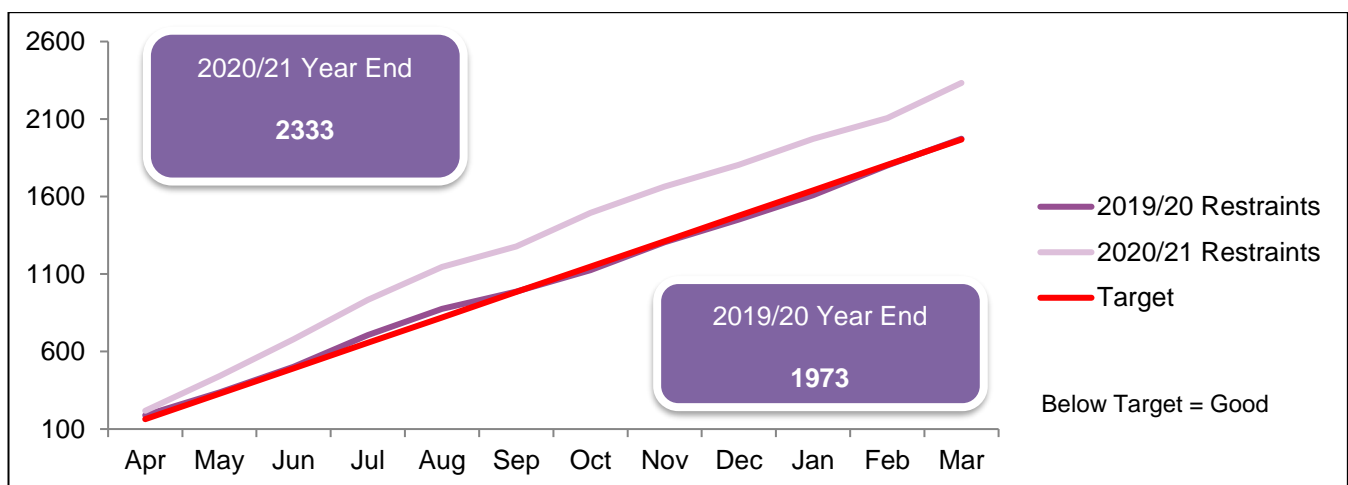
3.2.1 Restraints

The Trust monitors the use of restraints by inpatient ward on a monthly basis, including the reason for restraint and the type of restraint. The most common reasons for restraint are self-harm, physical assault, and anti-social behaviour. The most common types of restraint are patient/ service user standing and in a supine position. Detailed monitoring takes place on the use of prone position restraints.

The total number of restraints in 2020/21 was 2,333; this is an increase on our year-end position for 2019/20, which was 1,973. The Trust's restraints increased significantly from March 2020 at the start of the Coronavirus pandemic however, since July 2020 positive efforts show a reduction in the number of restraints.

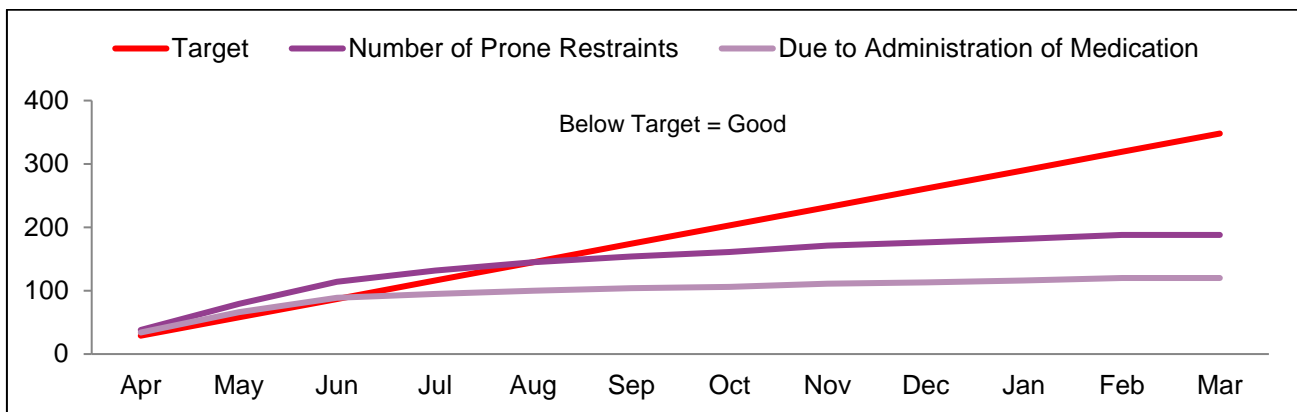
The Trust is also pleased to report that the rate of restraints per 10,000 beds is within the national benchmark and prone restraints have reduced significantly in the year

The graph below demonstrates the reduction target set by the Trust against 2019/20 outturn and the 2020/21 performance against this target.



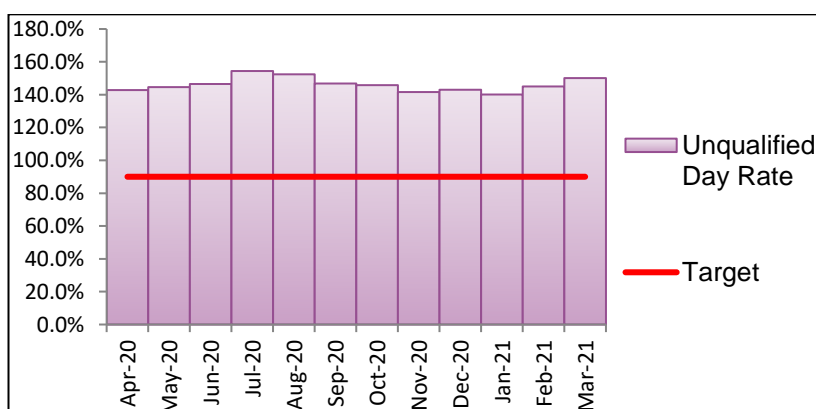
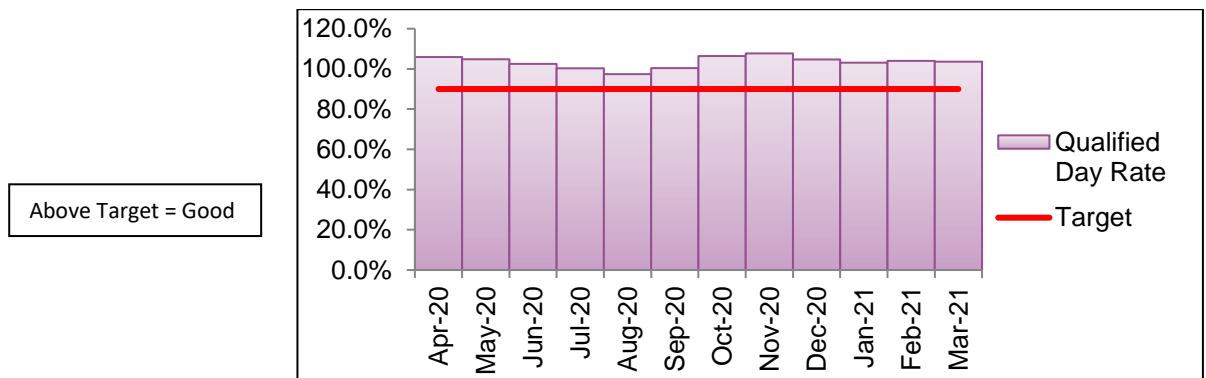
Prone Restraints

In 2020/21, the Trust has achieved a significant reduction (46%) in our number of prone restraints. There were 193 prone restraints in 2020/21 compared to 358 in 2019/20. The largest portion of our prone restraints facilitate the administration of intra-muscular medication. This is presented in the below graph.



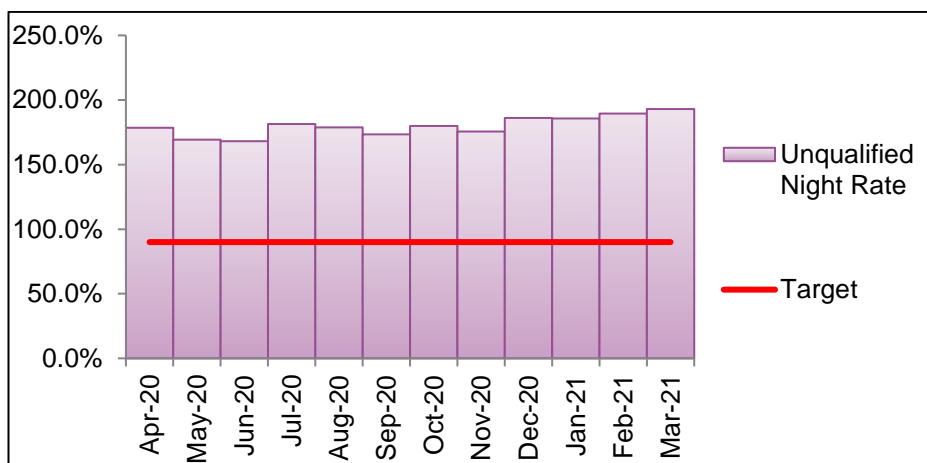
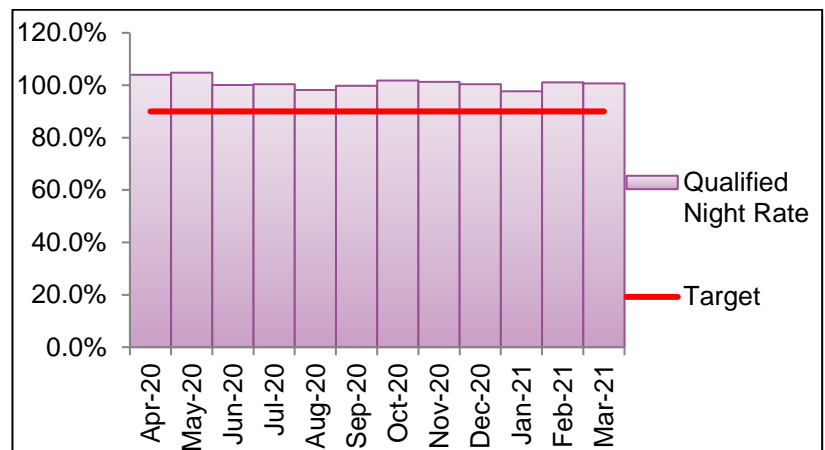
3.2.2 Safer Staffing

PUT has achieved all four of the 90% staffing targets every month in 2020/21. All Trusts are required to publish information on nursing staffing levels in ward based clinical areas, along with the percentage of shifts filled that meet safe staffing guidelines. The Trust monitors the actual levels of staffing compared to the established levels on a shift-by-shift basis.



In 2020/21, the Trust consistently surpassed our 90% target for these four indicators the Trust measures

Daily sit rep calls with all wards to review current staffing levels and risks.



3.2.3 Serious Incidents

Data Source: Datix

National Definition applied: EOE and Midland's definition applied

A key part of the Trust's patient safety systems is the monitoring we undertake on all serious incidents, this includes the lessons we learn and share following each incident and ensuring learning embedded into clinical practice.

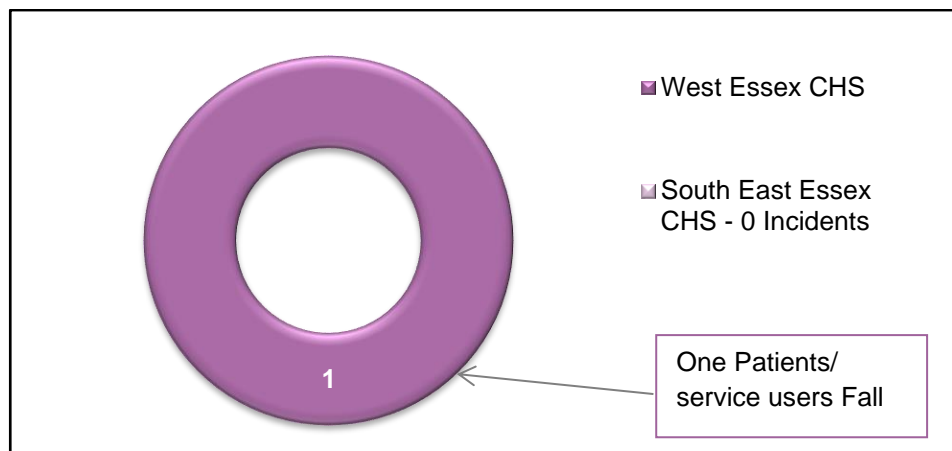
In 2020/21 EPUT reported 99 serious incidents across the Trust. This is small increase on the 94 incidents in 2019/20.

The Trust however is pleased to report there have been no avoidable pressure ulcers and no avoidable patient falls reported in 2020/21.

Community Health Services

The Trust reported one serious incident in Community Health Services in 2020/21, which represents a significant improvement from the six, reported in 2019/20.

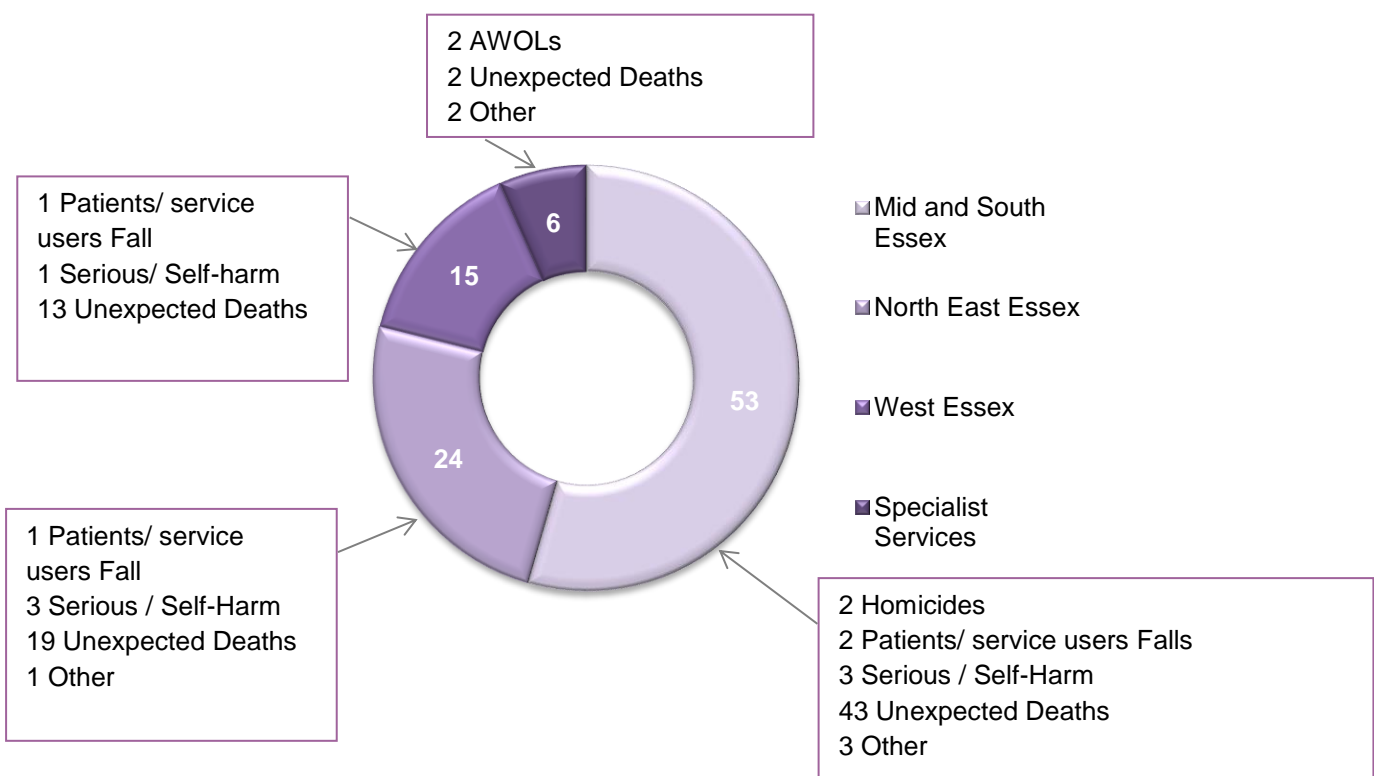
The below diagram details the number of serious incidents by area and the type of incident for Community Health Services.



Mental Health Services

In Mental Health Services, the Trust reported 98 serious incidents (SIs) in 2020/21, which is an increase on the 88 reported in 2019/20.

The below diagram details the number of serious incidents by area and the type of incident for Mental Health Services:



PATIENT EXPERIENCE

3.2.4 Complaints

Data source: Datix

National definition applied: only to K041-A submissions to the Department of Health

Complaints referred to the Parliamentary and Health Service Ombudsman

During 2020/21, of nine complaints referred to the Parliamentary and Health Service Ombudsman (PHSO). This is an improvement on the 19 referred to the PHSO in 2019/20.

Of the nine referrals:

- One case the PHSO decided not to investigate
- One case the PHSO have confirmed they are investigating (still under investigation)
- Seven cases are still awaiting assessment

Closed PHSO cases

Two cases closed during 2020/21, both partly upheld by the PHSO:

- One was a joint case with Essex County Council relating to a delay in carrying out a Care Act assessment. The Trust had a significant role in these events; however, the Council retained statutory responsibility, and paid the financial redress (£750) under instruction.
- The other case the Trust was required to pay £500 in recognition of failings in care: including not completing a care plan on the patient/ service user's departure from the ward, and there was no risk assessment.

Complaints closed within timescales

The percentage of complaints resolved within agreed timescales indicator is a measure of how well the complaints-handling process is operating. The agreement of a timescale for the resolution of a complaint is in the NHS Complaints Regulations; however, these do not stipulate a percentage target. The Trust believes in adherence to commitments to complainants and aims for 100% resolution of all complaints within the agreed timescale with the complainant.

This year the Trust has achieved 92.5% for complaints closed within agreed timescale.

Non-Executive Director Reviews

An important part of the complaints process is the independent review of closed complaints by the Non-Executive Directors (NEDs). There are random selections of complaints each month. The reviewer will take into consideration the content and presentation of the response, whether they feel the Trust has done all it can to resolve the complaint and if they think anything else

could have been done to achieve an appropriate outcome. The reviews are not complete for Q4, but during 2020/21, the NEDs reviewed 18 complaint responses. This represents over 10% of the total complaints closed during Quarters 1-3 (165).

Two-thirds reviewed (12) received a good or very good rating for how the investigation was handled and the quality of the response. The other six had a 'satisfactory' rating.

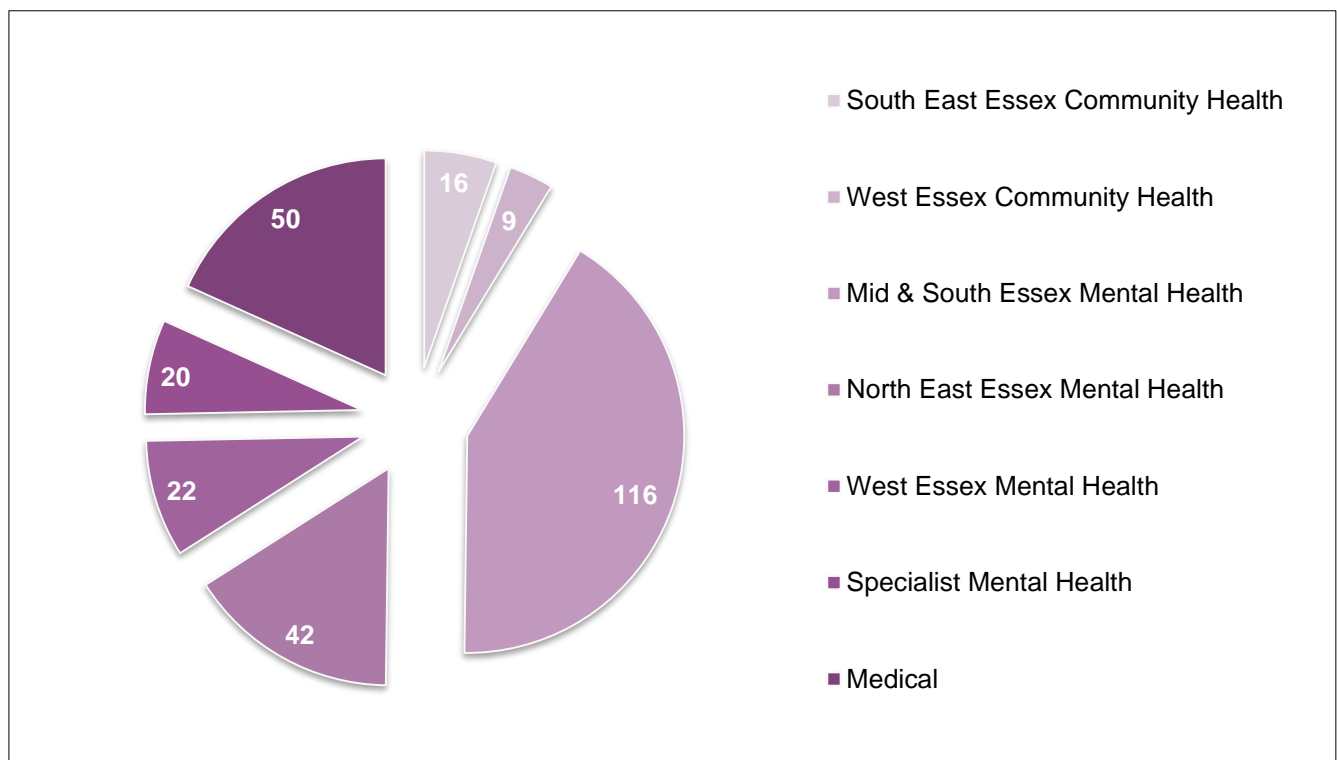
Formal complaints received

Please note: The figures stated in this section of the report (and those reported in the Trust's Annual Complaints Report) do not correspond with the figures submitted by the Trust to the Health and Social Care Information Centre on our national return (K041A). This is because the Trust's internal reporting (and thus the Quality Account and Annual Complaints Report) is based on the complaints closed within the period whereas the figures reported to the Health and Social Care Information Centre for national reporting purposes have to be based on the complaints received within the period

Complaints received by Locality

In the year 2020/21 the Trust received 275 complaints on numerous services across the Trust, six of these were withdrawn. This is an improvement on the 293 complaints received in 2019/20. At year-end, the number of active complaints was 59.

This diagram represents the number of complaints received by the Trust. The complaints below are by locality and service that received the complaint.



Number of complaints upheld/ partially upheld:

Complaints closed during the year totaled 264.

Upheld	Partially Upheld	Not Upheld	Not Investigated	Withdrawn
21	144	52	41	6

Patient Advice and Liaison Service queries and locally resolved concerns:

In addition, the Trust received 2,769 Patients/ service users Advice and Liaison Service queries and 98 locally resolved concerns in 2020/21.

Nature of complaints received:

The top three themes for complaints received for both mental health and community during 2020/2021 were clinical practice, staff attitude, and systems and procedures.

For three themes where the complaint has closed, the table below shows the outcomes:

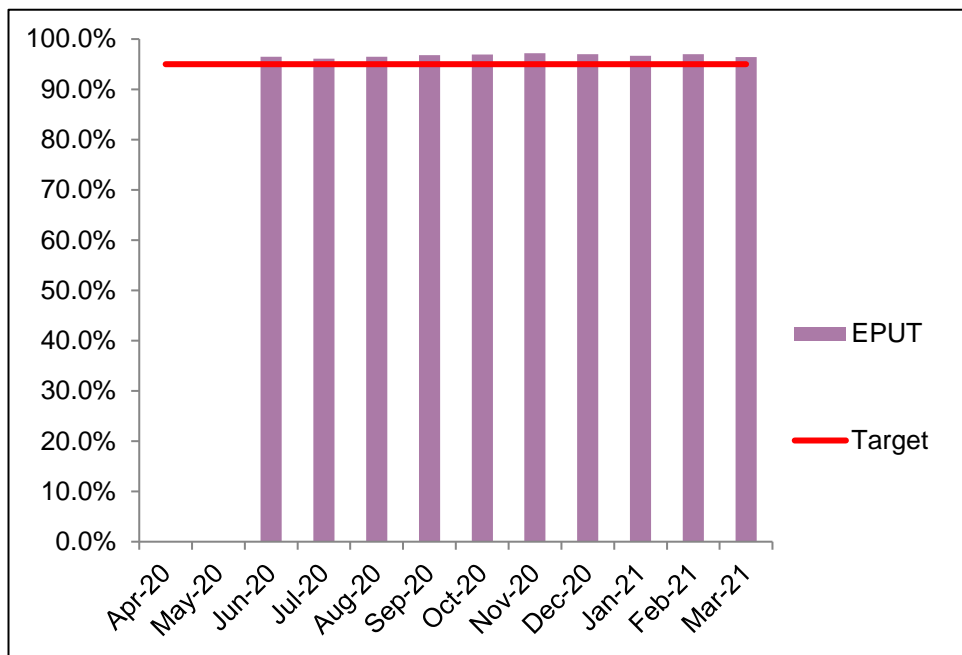
2020/21	Clinical Practice	Staff Attitude	Systems and Procedures
Complaints Closed	128	55	39
Upheld	14	1	5
Partially Upheld	59	36	21
Not Upheld	27	12	8
Not Investigated	27	6	2
Withdrawn	1	0	3

3.2.5 Patient Environment

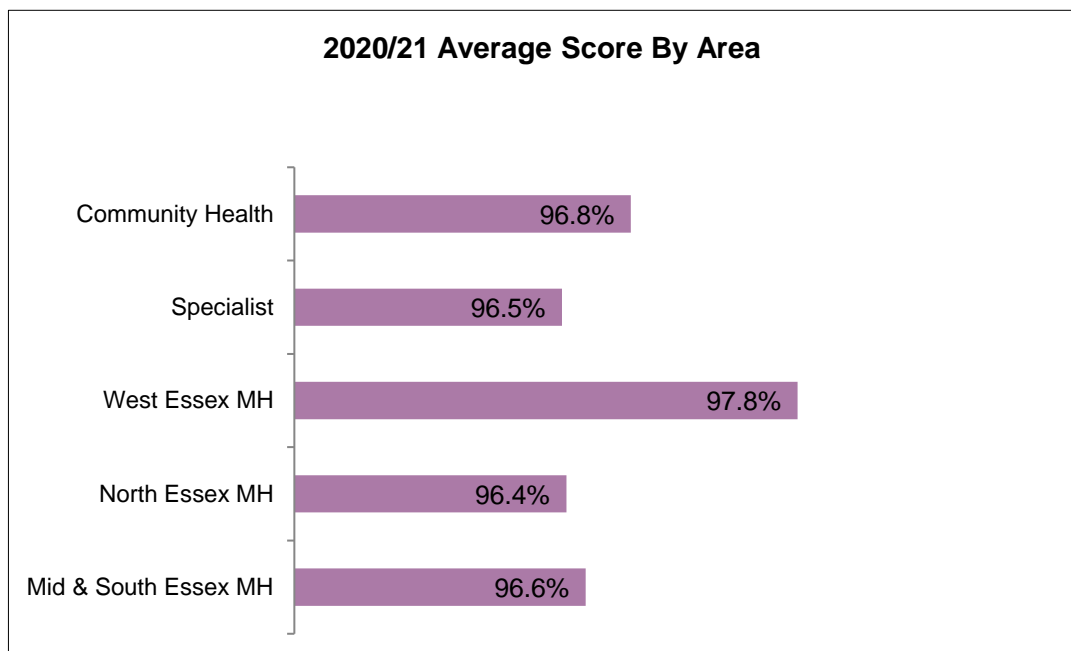
The Trust measures the environment of each inpatient ward throughout the Trust and assigns monthly scores following these audits. In 2020/21 the Trust achieved the target of 95% for each month in the year that an audit took place, as well as this no individual area fell below this target.

The below graphs details the Trust's overall scores throughout the year as well as the average score for each individual area.

Please note that due to the Covid-19 outbreak, audits ceased from March 2020 to May 2020.



Above Target = Good



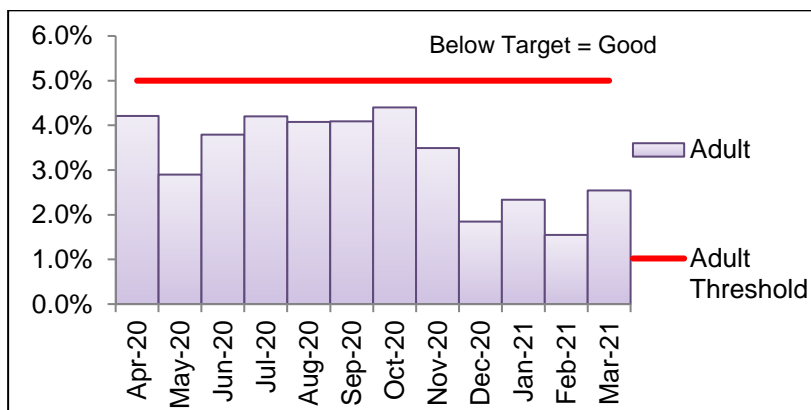
CLINICAL EFFECTIVENESS

3.2.6 Delayed transfers of care

Data Source: the Trust systems (Mobius and Paris)

National Definition applied: Yes

The Trust undertakes monitoring of delayed transfers of care in weekly and monthly reporting as well as in daily sit rep calls. The Trust continues to take measures of improvement to reduce our delay rate.

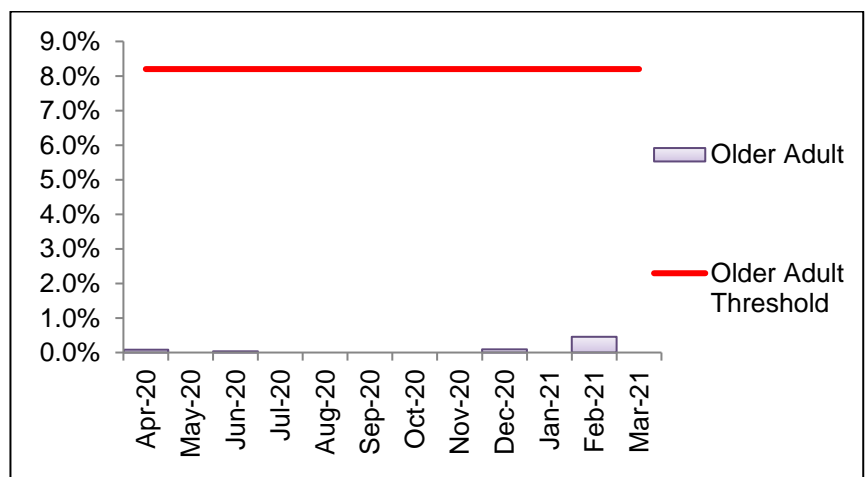


The Trust's adult delayed transfers of care have consistently been within the target of less than 5% and this is a significant improvement on 2019/20 performance.

As seen in this graph, improvement in performance continues.

Below Target = Good

The Trust has also worked to improve older adult delayed transfers of care and we have achieved this consistently with our performance well below the target of less than 10%.



In 2020/21, there were no Specialist Services delayed transfers of care.

EPUT undertakes monitoring of delayed transfers of care in weekly and monthly reporting as well as in daily sit rep calls. The Trust continues to take measures of improvement to reduce our delay rate.

3.3 Performance against key national priorities (NHS oversight framework)

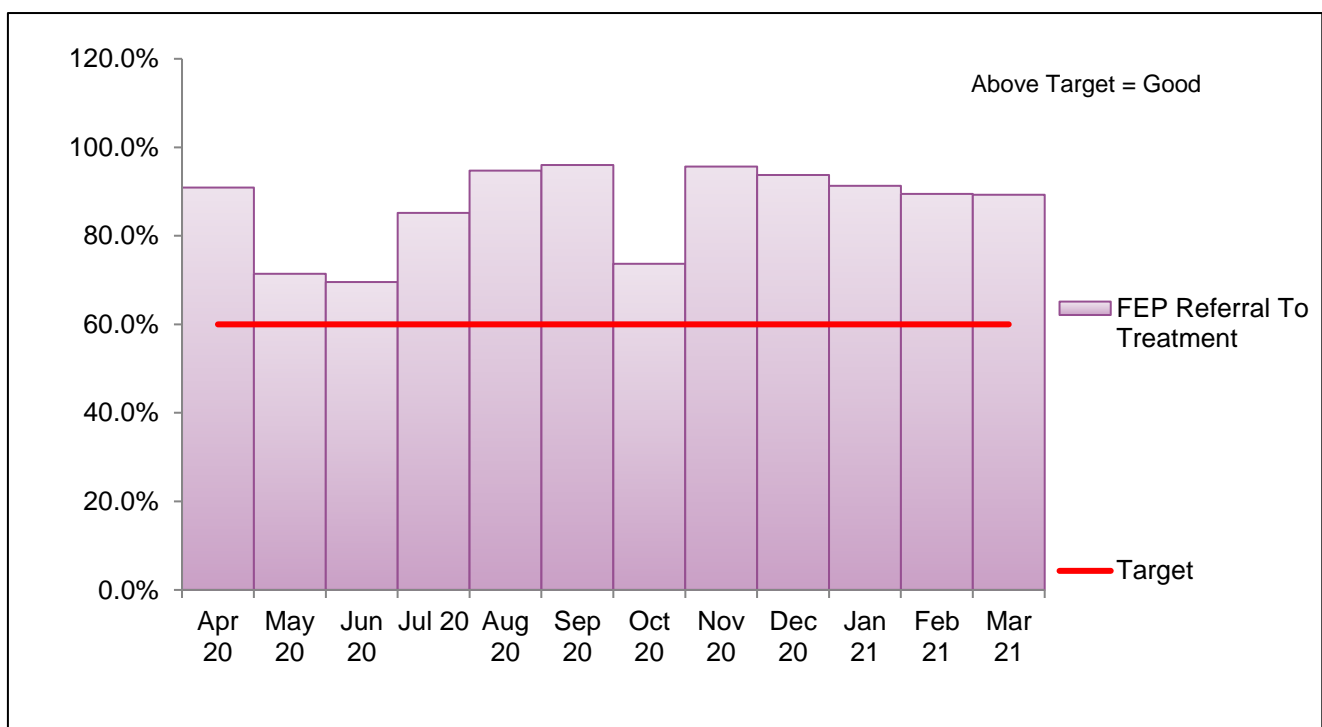
In this section, we have provided an overview of performance in 2020/21 against key national targets relevant to EPUT's services contained in NHS Improvement's (NHSI) Oversight Framework. The Trust has elected to report against the same indicators outlined in the national guidance issued by NHSI for Quality Reports 2019/20.

Data for one indicator, 'Patients/ service users on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay' is in the mandatory indicator section of this report.

3.3.1 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 current target measured against is performance above 60%.

Compliance with this target is consistent for 2020/21 and there is improvement throughout the year.

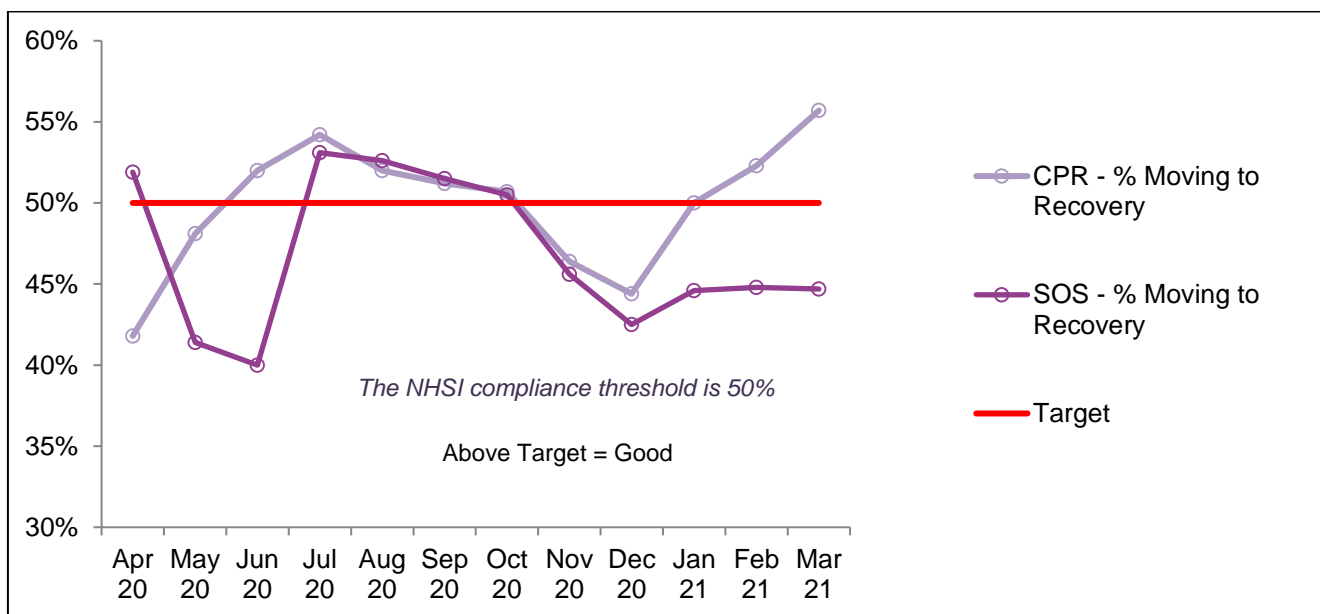


3.3.2 Improving Access to Psychological Therapy Services: Recovery Rates above 50% and Waiting Targets

Recovery Rates:

This indicator measures the percentage of patients/ service users discharged from IAPT services who have moved to recovery. Commissioning of IAPT services is from EPUT by two CCG's, Castle Point and Rochford CCG and Southend on Sea CCG.

Both of these CCG's have witnessed a decline in performance in line with the Coronavirus pandemic waves. As well as this, the service has seen an increase in numbers of patients/ service users dropping out of treatment, and worsening clinical presentations. Despite these challenges, there are recent improvements across both areas with Castle Point and Rochford CCG now surpassing the target.



Waiting to begin treatment:

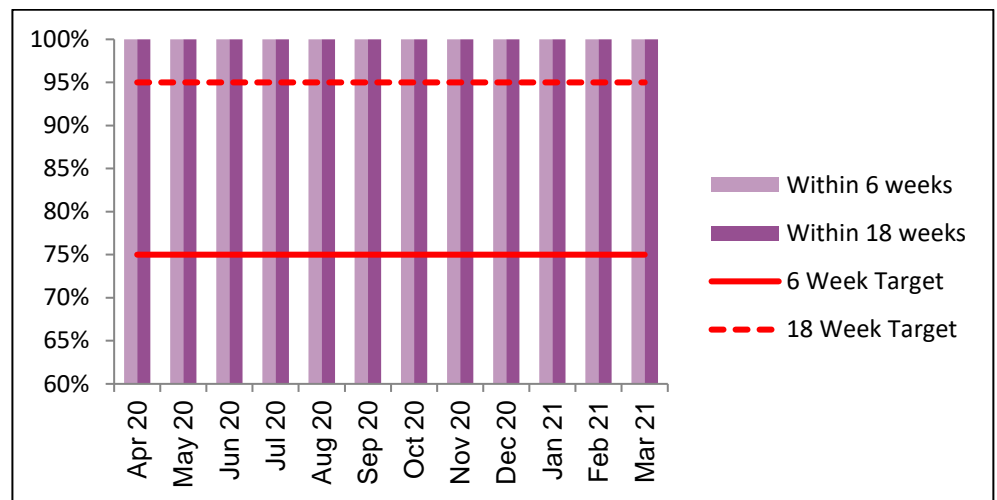
This indicator measures the percentage of referrals to IAPT services where treatment commences within:

- 6 weeks (Target 75%)
- 18 weeks (Target 95%)
-

Compliance with these targets is consistent for 2020/21 with 100% of clients seen within timescale.

EPUT achieved 100% each month in 2020/21 for both of these targets

Above Target = Good

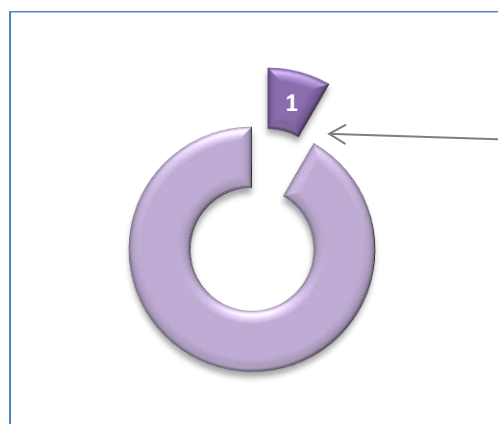


3.3.3 Under 16 Admissions to Adult Wards

This indicator measures the number of admissions to Adult Mental Health Wards where the client is aged less than 16 years old.

In 2020/21 EPUT witnessed one under 16 year old admitted to one of its Adult Wards. This performance represents no change from 2019/20, which also saw one admission.

No further child or adolescent admissions to an adult ward in 2020/21



This admission took place in October 2020 due to unavailability of a bed

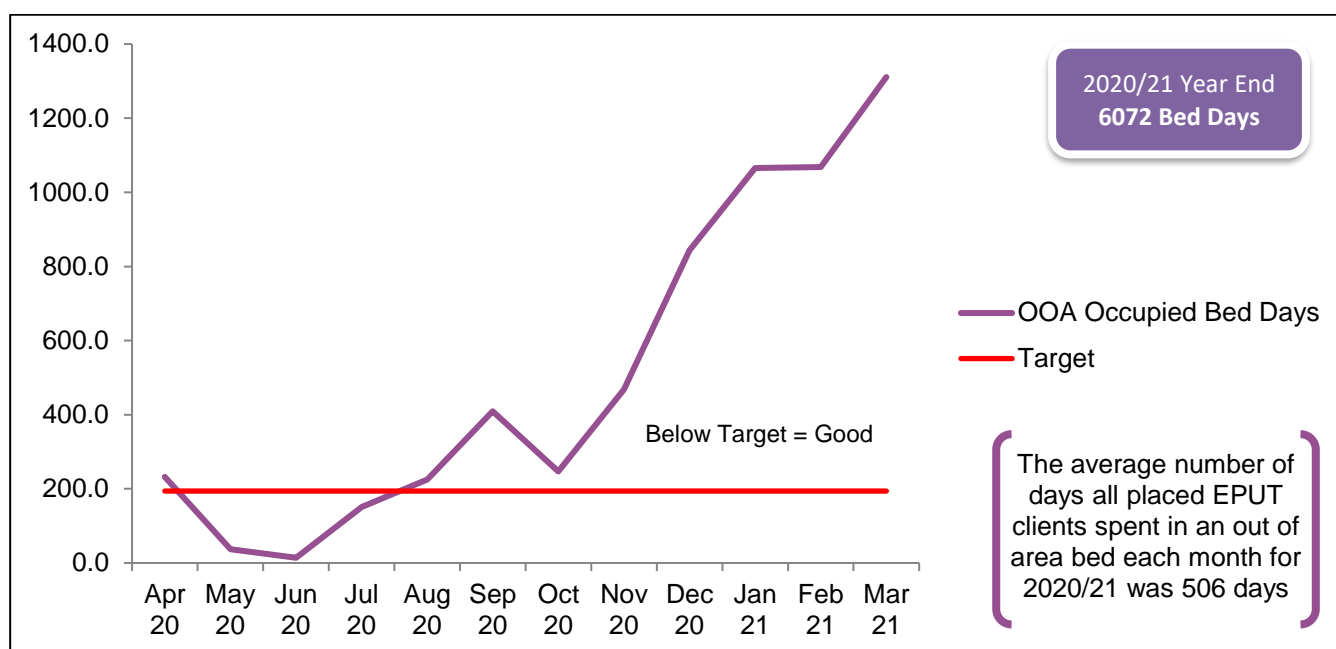
3.4 Out of Area Placements

This indicator has formed part of the NHS Oversight Framework since November 2017.

The indicator measures the number of days that patients/ service users have spent in in-patient facilities that are out of area and therefore not part of our Trust. The target set by the framework is a reduction to achieve zero out of area placements by 2021.

The Trust has seen an increase from our 2019/20 position and an increasing trend month on month in 2020/21 resulting in failure to achieve the target reduction.

The Covid-19 pandemic has had a significant impact on this indicator due to the requirements for social distancing on wards as well as ward closures due to Covid-19 outbreaks.



3.4 Listening to our patients/ service users

We believe that receiving and acting on feedback from our service users is crucial to maintaining the high quality standards we set ourselves and work continues to increase the feedback received. This section of our Quality Account outlines some of the ways in which we capture feedback from people who use our services together with some examples of changes we have made and outcomes resulting from that feedback. Information in terms of the results of the Friends and Family Test (FFT) is included in the local quality indicators (section 3.2) of this report.

Patient/ service user Survey Feedback

The Trust has in place a unified patient/ service user survey. This draws together the national NHS Friends and Family Test (FFT) and a further series of local questions around key areas we identified together with people who use our services. Surveys during and after care to all patients/ service users, including inpatient services, community caseloads and chronic long-term conditions ensure they continue to receive a good service. Carers may complete the survey for those unable to fill it in themselves.

Managers are able to access FFT data on a dashboard using a link, which is close to real time. This allows them to be able to discuss the feedback with their Teams and use it as an opportunity to reflect on practice and where required improvements. Managers are encouraged to use positive feedback to share and reinforce good practice, as well as encourage further participation in the survey. The Patient Experience Team are continuing to improve the dashboard to ensure that services are able to access clear and meaningful FFT data.

From April 2020, a new question replaced the original FFT question about whether people would recommend the service they used to their friends and family. The replacement question invites

feedback on the overall experience of using the service. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient/ service user experience. The results of the answers to the local questions are detailed in the table below (figures denote average score out of 10).

Question	Trust Scores 2020/21
To what extent did you feel you were listened to?	9.4
To what extent did you feel you understood what was said?	9.3
To what extent were staff kind and caring?	9.6
To what extent did you have confidence in staff?	9.5
To what extent were you treated with dignity and respect?	9.6
To what extent did you feel you were given enough information?	9.3
How happy were you with the timing of your appointments?	9.3
How would you rate the food?	7.7
To what extent would you say the ward/clinic was clean and comfortable?	8.9
Did you feel you had timely and easy access to responsive support?	9.6
Do you feel in control of what, how and where you care and support is delivered?	9.8
Do you feel you are supported to retain and regain your independence?	9.8

Due to COVID-19 data submission and publication of the Friends and Family Test was on hold by NHS England in March 2020 and did not restart until December 2020. As a result, 547 responses to the Survey in 2020/21 was a notable decrease compared to 5,447 in 2019/20.

The lowest scoring area with an average of 7.7 was food. The Patient Experience Team attends Open Inpatient Meetings in order to listen to concerns from service users, and an item that does feature in some meetings is food. Whilst Open Inpatient Meetings have been paused during Covid-19, the Patient Experience Team have been requesting ward meeting minutes to identify any concerns. When this occurs, the Team makes contact with the Facilities Department to discuss any issues brought forward. In addition, the Facilities Department undertake their own surveys and audits in relation to food to try to improve the patients/ service users' experience.

Each year the Trust takes part in the Community Mental Health Survey, published by the CQC on their website. The report details a comparison of scores from the current year with the previous year and against other Trusts. For 2020, the Trust improved its results year on year and against benchmarks in a number of areas including:

- Patients/ Service users felt that they made decisions together with the person reviewing their care
- Patients/ Services users felt that the discussion took place as to the purpose of their medicines
- Patients/ Service users felt that the Trust had supported them with their physical health needs
- Overall, patients/ service users felt treated with dignity and respect
- Patients/ Service users agreed that the Trust involved a member of their family or someone else close to them as much as they would have liked
- Overall, patients/ service users had a good experience of Community Mental Health services

The Trust also scored in the top 80% of Trusts in the following areas:

- Patients/ Service users were able to get the help they needed when trying to contact their team or relevant person
- Patients/ Service users felt that the Trust had checked with them about how they were getting on with their medicines
- Patients/ Service users felt that NHS therapies had been explained to them in a way they could understand
- Patients/ Service users agreed that the Trust had given them help or advice with finding support for finding or keeping work
- In other areas, we saw scores remain unchanged or incur slight deterioration. A detailed compiled action plan, including the scores received; support us to increase scores in these areas and the area where we saw the most significant deterioration, which was in relation to the impact changes in care had on patient/ service users' care.

The sample for the survey generates at random on the agreed national protocol from all clients on the CPA and Non-CPA Register seen between 1 September and 30 November 2019. The response rate for the Trust was 27% (327 usable responses from a usable sample of 1,209).

Other Key Patient Experience Engagement Activities

'Your Voice':

The aim of these events is to give patients/ service users, carers, Trust members and Governors as well as the public a chance to speak directly to the Chief Executive about the services provided by the Trust. The events also provide an opportunity to update everyone on the Trust planning process. During 2020/21, the events took place virtually due to Covid-19 restrictions.

Community Mental Health Forums:

These are public forums, their purpose to provide the opportunity for patients/ service users, carers and staff to discuss services in their area and share feedback with the Trust. Forums have a locality lead for the Trust as Chair, supported by operational staff. During 2020/21, the forums took place virtually due to Covid-19 restrictions. Well-received virtual forums by members of the public continue to see attendance grow.

Training:

The Patient Experience corporate induction training is currently on hold due to Covid-19 restrictions. When it returns in 2021/22, the Trust will continue to involve both carers and service users to present, with a member of the Patient Experience Team, their lived experiences. In addition, patients/ service users and carers take part in some clinical staff interview panels. Patients/ service users also share their lived experiences with the Trust Health and Social Care Apprentices in the form of a workshop.

Co-production:

The Patient Experience Team is responsible for driving the Trust's work to support co-produced projects. These include supporting operational services to set up Patient/ Service User Groups and collaborate on projects such as 'Always Events'. Examples include the Patient Experience Framework and implementation of a Trust Recompense Policy and Procedure as outlined below.

Patient Experience Framework:

During 2019/20, the Patient Experience Team undertook a project to engage with people who have lived experience in order to co-produce the organisations new Patient Experience Framework for 2020-2023. Workshops across the Trust's footprint, with people who have lived experience invited, supported by a working group. Following ratification by Quality Committee in October 2020 the framework receives ongoing regular monitoring of the associated action plan.

Valuing people who have lived experience:

During 2019/20, the Trust made a commitment to reach best practice guidelines on valuing the contribution made by people who have lived experience by recompensing them for their time. The Recompense for Lived Experience Policy and Procedure is now in the final draft stages and the Patient Experience Team have set up regular smaller working groups to commence work on implementing the policy. The purpose of the working groups has been to discuss all feedback on the draft policy and procedure and to agree the documents and process involved prior to the policy going through the formal ratification process with a proposed implementation date of April 2021.

Open Inpatient Meetings:

These are in place across all mental health wards and work is ongoing to implement these in our community health wards. These meetings allow managers the opportunity to gather feedback from patients/ service users and relatives to improve services. Recording of good practice is cascaded as learning throughout the Trust. As much as possible we encourage patients/ service users to lead the meetings. Open Inpatient Meetings are currently suspended due to Covid-19, however, the Patient Experience Team are asking for ward meeting minutes which are then reviewed for any concerns or issues which can be addressed.

'Buddy' Scheme:

The scheme seeks to empower both patients/ service users and our future healthcare workers by increasing understanding of mental health through true partnership-based work and education. It gives mental health nursing students an opportunity to engage with an identified patient/ service user who acts as a 'Buddy' in a series of structured meetings and provides an opportunity to learn from carers, gaining insight into their experience. The scheme encourages students to enquire with sensitivity and respect about patient/ service user and carer experiences of living with mental illness within the context of family, work and the wider community.

Targeted Feedback:

During 2020/21, the Patient Experience Team supported a number of targeted feedback surveys to improve patient/ service user experience. This has included online surveys to gather feedback on the use of online appointments during COVID-19 and a specific feedback survey for families and carers of those patients/ service users on End of Life care.

Examples of actions we have taken/ outcomes from patient/ service user feedback received

The table below details some examples of the 'You said we did' feedback gathered by services. These are actions taken and outcomes achieved because of listening to feedback from our patients/ service users and carers over the past year. The Patient Experience Team collects this information on a monthly basis.

You Said	We Did
You asked for more comfortable chairs in the communal area	We have purchased new armchairs and a coffee table for the communal area
You asked for information for children in families to explain the Family Group Conferencing process	We created a new children's leaflet, reviewed and approved by patients/ service users via the Trust's PIPE group
We would like more 60's music! It reminds us of times when we used to go dancing...	The nursing team have accessed and bought a number of '60s' CDs now playing on the ward and we have seen some smooth dance moves...
You wanted more activities during the evening and before going to bed	We added a shift (twilight shift) to allow for a member of staff to provide evening activities. We recruited a member of staff dedicated to provide activities during the evenings, including weekends
You asked if conferences can go ahead despite restrictions coming together due to COVID 19	We developed a hybrid Family Group Conferencing meeting with key people in the room and others via video link. This has been working successfully
We would like to access more activities.	We reinstated the OT group programme to facilitate key activities to support health during lockdown, such as a walking group; relaxation; social games; cognitive stimulation and garden based activities. We are mindful to observe social distancing and limit group size according to space and location
During the Covid-19 pandemic, all patient/ service user visitors ceased. Patients/ service users requested if it was possible to have video calls with their families	Ward IPads purchased and Acrux installed so that patients/ service users could have video calls with their families
We would like more support in navigating the ward safely	We have sourced and put up appropriate signage to help find the correct bedroom, toilets, dining room, day rooms and garden. The signs are set at an appropriate height and in useful colour contrast to help way-finding
We'd like a patient/ service user support group	We created a Facebook patient/ service user support group to allow our patients/ service users to connect during Covid-19
Requested to celebrate Pancake Day	All patients/ service users allowed the opportunity to order a pancake and topping of their choice and have delivered to the ward

Closing statement from Chief Executive

Thank you for taking the time to read EPUT's fourth Quality Account, my first since taking over the reins as Chief Executive in October.

I am proud to be the Chief Executive of a Trust that has achieved so much under the extremely challenging circumstances of the last year. Safety remains our absolute priority and, despite the unprecedented demands of the Covid-19 pandemic, we continue to work to provide the best and safest care possible for our patients/ service users.

EPUT is committed to learning to help us improve patient/ service user outcomes and achieve our ambition of recognition as one of the leading Trust's nationally for safety. You can help by sharing any quality improvement suggestions with us via the Trust Secretary who will take forward as we continually review our practices to drive improvement.

I hope to meet with you soon when we are able to begin engagement events once again but, in the meantime, thank you for supporting EPUT. We would be unable to deliver such vital services to our communities without you.



Paul Scott
Chief Executive
Essex Partnership University NHS Foundation Trust (the Trust)

Please send any questions or comments about this Quality Account to:
Trust Secretary

Email: epunft.trust.secretary@nhs.net
Post: Essex Partnership University NHS Foundation Trust
The Lodge
Lodge Approach
Runwell
Wickford
Essex SS11 7XX

Annexe 1: Comments on the Quality Account

* Notes

All commentaries written prior to EPUT adding in data for March 2021

All commentaries are verbatim

EPUT Council of Governors' Statement on the Quality Account 2020/21

We have been invited to review the draft Quality Account for 2020/21. This has been undertaken by the Lead Governor co-ordinating thoughts and ideas from colleagues. This provides Governors with an opportunity to assure members of our Trust, via the Annual Report to Members, that quality is at the heart of what EPUT does and will not be compromised. We have to ensure that the priorities which were set for 2020/21 have been met and are continuing to be taken forward.

We quote from the Quality Report:

"We have to start with a tribute. This has been a year like no other. An extraordinary year where the entire workforce has shown incredible commitment, flexibility and resilience. We are grateful and proud of everyone that has supported the delivery of care over the last 12 months."

The Council of Governors wish to endorse this point. We have reviewed the Quality Report with this in mind and looked for examples of where the restrictions put in place because of the pandemic may have had a beneficial effect in terms of the quality and level of service provided.

We note that readmission in both Adult and Older Adults has halved during the year and there has been a considerable improvement in Patient Safety Incidents. Overall, the Restraints are up (2,104 compared to 1,973 in 2019/20). However, regular readers of this Council of Governor report will be aware that we have expressed concern in the past about the number of prone restraints. We are aware that new national guidance has been released during the year and we trust that, by persistently raising this issue, we have had some effect in bringing this about. The Board's target of zero for prone restraints is still in place and we are pleased to note that these are down by 43% (188 compared to 358 in 2019/20). We also note that this is significantly below the national target and puts EPUT well along the path of achieving its own stretch target of zero.

We also note that Avoidable Pressure Ulcers have fallen to zero, as have Avoidable Falls. Where it is provided, the IAPT service has achieved its start targets (75% in 6 weeks and 95% in 18 weeks).

Looking through the Report we are concerned about the considerable rise in Out of Area Placements, up from near zero in June 2020 to in excess of 1,000 in February 2021, with an average during the year of 436 bed days. We are aware that the Board is working on reducing

this and we will be monitoring how much this is achieved during the coming year.

We look forward to the other hotspots mentioned being addressed in the coming months, including timeliness of data entry and Care Programme Approach, and these improvements in quality, and particularly in patient safety, being maintained.

We are aware that patients regularly bring up the issue of food quality and that last year steps have been taken to try to address these. We do note that this is still the issue of most concern, with a satisfaction rating of 7.7/10, and we urge the Board to continue to try to address this point as it is clearly of considerable importance to our patients.

The Governors hold the view that the Trust Board engages in the processes relating to quality in the Trust, and treats Quality as a top priority. We have been unable to undertake any Quality or PLACE visits during the year and look forward to these being resurrected soon, so that we can see for ourselves what services are being provided and where possible discussing these with patients/ service users and/or their carers.

We appreciate the good working relationship which exists between the Board (both Executive and Non-Executive Directors) and the Council and the regular attendance and input which we have received from Directors, whose standard of report continues to be generally very high. We are also pleased that the new Chief Executive, Paul Scott, uses the occasion of each of the Council meetings to address the Governors on an issue of interest. His close involvement with the Council is much appreciated.

A basic tenet for any hospital Trust is that a patient/ service user's physical condition should not be worsened by being in its care. For this reason, we have highlighted the above points and are pleased that, in the main, there has been considerable improvement during a year when the pressures on staff have been most acute.

We can give an assurance that the Quality Account is an honest commentary on the last year, which shows a Trust which continues to be high performing, and the Board of EPUT have agreed a set of priorities that will continue to support the essential requirement that safety and quality comes first.

John Jones
Lead Governor
May 2021



Response to Essex Partnership University NHS Foundation Trust (EPUT) Account 2020-21 from Healthwatch Essex

Healthwatch Essex (HWE) 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 Essex Partnership University NHS Foundation Trust. In this case, we have received quality of feedback about services provided by the hospice, and so offer only the following comments on the Essex Partnership University Trust Quality Account.

HWE is assured by the EPUT approach to improvement with the new 24-hour crisis mental health phone line (NHS 111) offering immediate and specialist support to adults in crisis.

HWE recognises the continuous improvement against areas of patient safety priority including reducing the use of restraint particularly prone, reducing falls and pressure ulcers and developments in relation to the management of sexual safety.

HWE is reassured with the new Oxevision platform, which monitors patient safety and wellbeing, consists of a secure optical sensor, which remotely checks a patient's pulse and breathing rate 24 hours a day and alerts staff if they display activity or behaviour that may present a risk to their safety.

HWE recognises that the transformation programme is in development of an integrated community health service for Mid and South Essex. Over the year, we have been working closely with North East London NHS Foundation Trust (NELFT) and Provide Community Interest Company (CIC), which culminated in the signing of an agreement to solidify our closer working relationship between our three organisations. The contract aims for patients across Colchester and Tendring to have greater person-centred coordinated care and support in the future and will include services such as community nursing and intermediate care, stroke rehabilitation and community beds.

HWE are pleased to see that EPUT have made a commitment to reach best practice guidelines on valuing the contribution made by people who have lived experience by recompensing them for their time. The Recompense for Lived Experience Policy and Procedure is now in the final draft stages and the Patient Experience Team have set up regular smaller working groups to commence work on implementing the policy. This is great to see and progress.

HWE are impressed with the new Buddy System. The scheme seeks to empower both patients/ service users and our future healthcare workers by increasing understanding of mental health through true partnership-based work and education. It gives mental health nursing students an opportunity to engage with an identified patient/ service user who acts as a 'Buddy' in a series of structured meetings and provides an opportunity to learn from carers, gaining insight into their experience.

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 and by working hard to evidence that lived experience we hope we can continue to support the encouraging work of Essex Partnership University NHS Foundation Trust.

Samantha Glover
Chief Executive Officer, Healthwatch Essex
2 June 2021

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
COMMUNITY AND MENTAL HEALTH SERVICES**

MID AND SOUTH ESSEX CCGs

**EPUT QUALITY ACCOUNT 2020/21
CCG RESPONSE TO THE MANDATED SUMMARY STATEMENT**

This response statement by the Mid & South Essex Clinical Commissioning Groups (CCGs) who currently use Adult Community Health services in south east Essex and Mental Health services across the Mid & South Essex Clinical Commissioning Groups.

The CCGs are pleased to have the opportunity to review and comment on the Quality Account for Essex Partnership University Trust (EPUT) for 2020/21.

The CCGs fully support **Priority 1** and acknowledge that one of the significant routes toward achieving this is to embed the culture of fairness, openness and learning, by enabling staff to feel confident to speak up and draw attention to where things go wrong, rather than fear blame, which will allow valuable lessons to be shared.

The CCGs are pleased to note **Priority 2** particularly around urgent and emergency care, which traditionally has been an area of challenge. This priority will enable pivotal transformation work to be taken forward.

The CCGs fully endorse **Priority 3** as this will also allow a greater variety of options for service users to engage with services in a way which is more meaningful to them.

The publication of EPUTs three-year safety strategy *Safety First, Safety Always* is welcomed as it defines the priorities that are the foundation stones of patient safety within our contractual alliance. The establishment of a new EPUT Executive Safety Oversight Group aligned with external quality improvement partners emphasises the dedication of the Trust to implement the safety strategy from Ward to Board.

The CCGs are also pleased to acknowledge EPUT as an early adopter for the Patient Safety Incident Response Framework (PSIRF), which will change the way we consider Patient Safety assessment, monitoring and learning.

The CCGs are pleased to note the speedy response to CQC, following two unannounced visits and would wish to extend the invitation for the CCGs Nursing & Quality teams to work with EPUT to continue to develop opportunities for improved and sustainable, personalised patient safety and experiences.

The CCGs acknowledge that EPUT has actively participated in all the National Clinical Audits as well as all the national confidential inquiries appropriate to their organisations. This is also evidenced within the report of the intent to implement the learning to improve the quality of service delivery within the organisation.

Mental Health - Mid & South Essex Clinical Commissioning Groups

The CCGs positively note that within mental health services EPUT has implemented *Oxevision*. This technological innovation has been installed on eight mental health wards as part of the programme of patient safety and continuous improvement. *Oxevision* monitors individual patient safety and wellbeing, 24 hours a day and alerts staff if a patient displays activity or behaviour that may present a risk. The CCGs are optimistic that the Trust wide implementation of the system will evidence enhanced patient safety on inpatient mental health wards.

The continued focus on reducing restrictive practice, learning from deaths, improving sexual safety on inpatient units and enhancing physical health care are rigorously advocated and supported by the CCGs as priority workstreams.

The NHS Oversight Framework indicator for Out of Area placements (Mental Health) and the achievement of the nationally set reduction to zero Out of Area placements by 2021 has presented a challenge for EPUT in the last year. Commissioners recognise the 80% occupancy to support safer working environments and risk reduction as a consequence of the COVID19 pandemic has contributed to the increase in Out of Area placements. Commissioners are committed to purposeful engagement with EPUT to ensure clinically safe repatriation for all patients in Out of Area placements.

EPUT have been working during the pandemic with Mental Health Commissioners to progress implementation of the Long-Term Plan. There are four priority workstreams across the CCGs (Urgent and Emergency Care, Personality Disorder, Integrated Primary Community Care, Older People and Dementia). As narrated in the Quality Account each of the transformation projects has progressed to different stages of implementation and some plans have been impacted upon by the pandemic which has required review and reset.

The launch and implementation of the 24/7 Urgent and Emergency Care Service in April 2020 at the commencement of the COVID19 pandemic was a significant achievement for EPUT. This service offered an alternative route of accessibility to Mental Health Professionals 24/7 for patients, families and professionals and as reported in the Quality Account the telephone calls to this service have been exceptional.

Community Services - South East Essex

The CCGs acknowledge the extraordinary circumstances over the last year and continue to be committed to working with EPUT to support the development of an integrated community health service for the CCGs and would like to acknowledge the good progress to date working closely with North East London NHS Foundation Trust (NELFT) and Provide Community Interest Company (CIC). The signing of an agreement to solidify closer working relationships between the three organisations which will support developing an integrated service that combines the strengths of all three organisations and shares learning will ensure community services are fit for the future and delivered closer to home.

EPUT has achieved well when compared to national statistics for the majority of the national mandated indicators of quality, with the exception of older adult readmissions and patient harm resulting in severe harm or death. The fully integrated Health and Social Care models at PLACE in the CCGs as well as current work to improve destination transfers and outcomes associated with Discharge to Assess in south east Essex will help to address this trajectory.

Going forward EPUTs ambition to continue to improve the nature and delivery of community health services is evidenced within this report, the pandemic has forced a greater degree of collaboration to improve patient outcomes and whole system working, which continue to be foremost with future development as we move into 2021/22.

EPUT has developed its Quality Priorities for 2020/21 in response to the challenges and opportunities of the COVID19 pandemic, these are:

Innovation

Improvement

Transformation

During 2020/21 the work commenced during the pandemic and lessons learned during the initial spike will need to continue to inform the transformation of services; greater emphasis on whole person/holistic care with closer integration of physical and mental health services, as well as rising to the challenge for community services to take the lead with hospital discharge functions. The CCGs fully support the publication of EPUT Quality Accounts and the opportunity to formally response as part of their publication.

Stephen Mayo
Deputy Chief Nurse
June 2021

Statement from West Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group is responsible for the commissioning of community and mental health services from Essex Partnership NHS Foundation Trust (EPUT) for the citizens of west Essex.

EPUT provide services across Essex including community and mental health services. Where possible the information in the Quality Account has been divided by locality and type of care, this has helped us to identify elements of the account that are specific to west Essex patients.

The production of this year's Quality Account has been challenging for all providers, the Department of Health and Social care considered an extension for publication to the deadline of 30.06.21 (a significant extension to the time frame was enabled in 2020), however confirmation was received in May that there would not be an extension this year.

NHS West Essex CCG would like to commend and thank all the staff and volunteers that work for EPUT, in relation to their response to the COVID19 19 pandemic. Staff responded with professionalism, energy and adaptability. Their team work and continued energy has enabled the care of patients and their families to continue during the challenging time of the pandemic.

EPUT have made progress with last year's priorities of improvement, transformation and innovation. There have been some outstanding improvements to care particularly the improvement to the physical health assessment rate for mental health inpatients, the successful implementation of the early warning scoring system and reductions in the use of prone restraint.

The pandemic has led to the transformation of many services and driven innovation. The section in the account outlining the Trusts learning from COVID demonstrates how the changes to service have enabled staff to continue caring for patients during the pandemic and the benefits of these changes; for example better telephone support, improved inpatient pathways and an improved community model.

The Trust has been transparent about the outcomes from CQC visits in year and explained the steps they have taken to address the concerns raised.

EPUT have developed a three strategy for patient safety and patient experience: Safety first, Safety Always – the priorities for the year ahead are intrinsic to this strategy and the improvement of the quality of care. The strategy includes being an early adopter of the new national Patient Safety Investigation Response Framework (PSIRF) which has required a significant amount of preparation and change to governance arrangements.

We would like to congratulate the Trust on the developments that have been made to services for older people and those with dementia and the development of services for people with personality disorder.

The account includes learning that has been gained from the review of deaths. As a result attention has been drawn to changes that maybe needed in relation to; risk assessment, discharge planning and communications with families and carers.

The priorities for 2021/22 are clearly articulated, the CCG is particularly supportive of the work being undertaken to develop out of hospital care in west Essex.

The Trust is continuing to embed quality improvement methodologies across the workforce. The use of quality improvement methodologies to improve patient's safety is one of the main priorities for 21/22. The engagement of service users in this work demonstrates the Trusts clear commitment to the effective use of improvement science and the need to work together with service users to improve the quality of care.

The CCG fully support EPUTs quality priorities for 2021/22, particularly the focus on improving patient safety using all available means.

We are grateful that the Trust has included the governance arrangements for producing the quality account; this makes it clear to patients and families how this complex document has been created.

We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available; it is accurate in relation to the services provided. Where data is not available because of changes to service during the pandemic, this has been clearly stated.

The explanation by the Trust of why certain data sets are as they are has been fully explained.

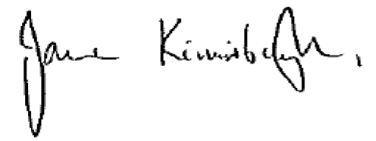
The Quality account is set out clearly and is simple to follow.

We have reviewed the content of the Account; it complies with the prescribed information as set out in legislation.

Whilst the element of care that EPUT deliver for west Essex is only a proportion of their overall care provision, the account demonstrates clearly how care has been delivered by locality for both mental and community health. The account also shows how valuable system collaboration with EPUT continues to be for the west Essex system.

We believe that the Account is a fair, representative and balanced overview of the quality of care at the Trust.

The CCG would like to extend its thanks to all the EPUT staff for their dedication and commitment to the people they care for and how they have provided compassionate, supportive care to people through the pandemic.



Jane Kinniburgh
Director of Nursing and Quality
Hertfordshire and West Essex Integrated Care System
June 2021



Ipswich and East Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group
West Suffolk Clinical Commissioning Group

Essex Partnership Foundation Trust (EPUT) Annual Quality Account

14 June 2021

The North East Essex Clinical Commissioning Group confirm that EPUT have consulted and invited comment regarding the Annual Quality Account for 2020/2021. This has been submitted within the agreed timeframe and the CCGs are satisfied that the Quality Account provides appropriate assurance of the service.

The CCGs 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 12 month period.

The North East Essex Clinical Commissioning Group 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

Ipswich and East Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group
West Suffolk Clinical Commissioning Group

GLOSSARY

A&E	Accident and Emergency
AWOL	Absent Without Leave
BB	Basildon and Brentwood (CCG)
CAMHS	Child and Adolescent Mental Health Services
CAT	Cognitive Analytic Therapy
CCC`	Care Co-ordination Centre
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CHS	Community Health Services
CICC	Cumberlege Intermediate Care Centre
CPA	Care Programme Approach
CPR	Castle Point and Rochford (CCG)
CRN NT	Clinical Research Network – North Thames (NIHR)
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Core Trainee (doctor)
DBT	Dialectical Behavioural Therapy
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DSPT	Data Security and Protection Toolkit
ECC	Essex County Council
EEAST	East of England Ambulance Service Trust
EIP	Early Intervention in Psychosis
EoE	East of England
EOL	End of Life
the Trust	Essex Partnership University NHS Foundation Trust
FEP	First Episode of Psychosis
FFFAP	National Falls and Fragility Audit Programme
FFT	Friends and Family Test
FLO	Family Liaison Officer
FY	Foundation Year (doctor)
GP	General Practitioner
HEE	Health Education England
HRA	Health Research Authority
IAPT	Improving Access to Psychological Therapy
ICS	Integrated Care System
IPC	Integrated Personal Commissioning
LAS	Locum Appointment for Service
LD	Learning Disabilities
LTFT	Less Than Full Time Training
MCA	Mental Capacity Act (2005)
MEWS	Modified Early Warning System
MHCP	Mental Health Care Provider
MH	Mental Health

MSE	Mid & South Essex
MTI	Medical Training Initiative
NACAP	National Asthma and COPD Audit Programme
NACR	National Audit of Cardiac Rehabilitation
NAIF	National Audit of Inpatient Falls
NCAPOP	National Clinical Audit Patient Outcome Programme
NCISH	National Confidential Inquiry into Suicide and Safety in Mental Health
NDFA	National Diabetes Foot Care Audit
NED	Non-Executive Director
NEE	Northeast Essex
NELFT	North-East London NHS Foundation Trust
NHS	National Health Service
NHSD - SDCS	NHS Digital – Strategic Data Collection Service
NHSI	NHS Improvement
NICE	National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
OT	Occupational Therapist
OOA	Out Of Area (placement)
PACTS	PCN Alignment of Community Teams
PCN	Primary Care Network
PEACE	Proactive Elderly Advance Care Plan
PHSO	Parliamentary and Health Service Ombudsman
PLACE	Patient-Led Assessments of the Care Environment
POMH-UK	Prescribing Observatory for Mental Health - UK
PPE	Personal Protective Equipment
PSIRF	Patient Safety Incident Response Framework
PU	Pressure Ulcer
QI	Quality Improvement
RCA	Root Cause Analysis
RfPB	Research for Patient Benefit
RT	Rapid Tranquilisation
SBC	Southend Borough Council
SFFT	Staff Friends and Family Test
SI	Serious Incident
SMI	Severe Mental Illness
SSNAP	National Sentinel Stroke National Audit Programme
ST	Specialty Trainee (doctor)
STP	Sustainability and Transformation Partnerships
UCL	University College London
UEA	University of East Anglia
UofE	University of Essex
VCSE	Voluntary, Community and Social Enterprises
YTD	Year to Date