

Quality Account 2021/22



WHAT WE DO **TOGETHER** MATTERS

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Who was involved in the development of our Quality Account?

EPUT consulted with the following in the development of its Quality Account and the content within:

- EPUT Council of Governors;
- Healthwatch;
- our commissioners: Mid & South Essex CCGs, West Essex CCG, and North East Essex CCG;
- Essex Health Overview Policy and Scrutiny Committee; and
- staff, volunteers, carers and members of the public.

Essex Partnership University NHS Foundation Trust would like to thank those who contributed to the development and publication of this Quality Account.

How to provide feedback on this Quality Account

If you would like to provide feedback on this quality account, or would like to make suggestions for content for future accounts, please email epunft.trust.secretary@nhs.net

or write to:
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Part 1 - Statement on quality

Chief Executive's statement on quality

This is our account to you about the quality of services provided by Essex Partnership University NHS Foundation Trust in 2021/22. It looks back at our performance over the last year and gives details of our priorities for improvement in 2022/23.

I am delighted to present our Quality Account for 2021/22. This is our account about the quality of services provided by Essex Partnership University NHS Foundation Trust in 2021/22. It looks back at our performance over the last year and gives details of our priorities for improvement in 2022/23.

Impact of Covid-19

The last 18 months have seen the impact of the pandemic with disruption to services and staffing shortages across all areas of the NHS. I am proud of the way colleagues across EPUT have risen to these challenges, adapting the way they work and focussing on providing the best possible care for the people who rely on us.

Strategy and vision

While it has been a challenging year it's also been one where we have been able to build on the achievements of the last couple of years, which saw investment in our services as well as the development of a three year safety strategy 'Safety First, Safety Always'.

We continue to focus on the recovery of our services post pandemic, as well as looking to the future with the launch of a new vision, purpose and strategic objectives. At the heart of this is our new vision:

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

New Services

Last year also saw the launch of a number of new services across the Trust. We took over the running of the Lighthouse Children's Centre in Southend on behalf of the Mid and South Essex Community Collaborative.

We also opened two new wards - Cherrydown and Kelvedon at Basildon Mental Health Unit, following a three-year renovation project. The 'Therapy for You' service which allows people to self-refer for free counselling and psychological therapy for depression, anxiety, post-traumatic stress disorder and specific phobias was also expanded.

Improvements and progress

So a busy year where we also saw improvements against all three of our quality priorities of:

- Improvement
- Innovation
- Transformation

This was all the more impressive when set against the challenge of the pandemic. Central to our drive on continuous improvement, putting patients at the heart of everything we do, is cementing EPUT as a learning organisation.

These achievements are down to the hard work of our staff and I would like to take this opportunity to thank everyone across EPUT for their sacrifices and dedication over the last year.

The Trust is registered with conditions by the Care Quality Commission (CQC). The CQC inspected the Child and Adolescent Mental Health wards in May and June 2021. The report was published on 15 September 2021. More details on our inspection can be found on pages 25-27.

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



Paul Scott
Chief Executive



Trust Services

Background

Essex Partnership University NHS Foundation Trust (EPUT) was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT).

Since then, EPUT has grown from strength to strength, providing many community health, mental health and learning disability services to support more than 3.2 million people living across Luton and Bedfordshire, Essex and Suffolk.

We are a large employer in the East of England with over 5,400 staff working across more than 200 sites. We also provide services in people's home and community settings.

Our strategic objectives

We have three strategic objectives:

Strategic Objective 1:

To continuously improve service user experience and outcomes through the delivery of high quality, safe, and innovative services.

Strategic Objective 2:

To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts.

Strategic Objective 3:

To be a valued system leader focused on integrated solutions that are shaped by the communities we serve.

Our vision and values

Our vision and values were co-produced with our staff and people with lived experience of our service.

Our vision is working to improve lives.

Our values are: Open, Empowering and Compassionate.

The services we provide

Mental health services

We provide a wide range of treatment and support to young people, adults and older people experiencing mental illness both as inpatients and within the community. This includes treatment in hospitals, care homes, and secure and specialised settings.

Community health services

We provide support and treatment to both adults and children, providing care in community hospitals, health centres and in our patients' homes. We also run Covid-19 vaccination centres across Essex and Suffolk.

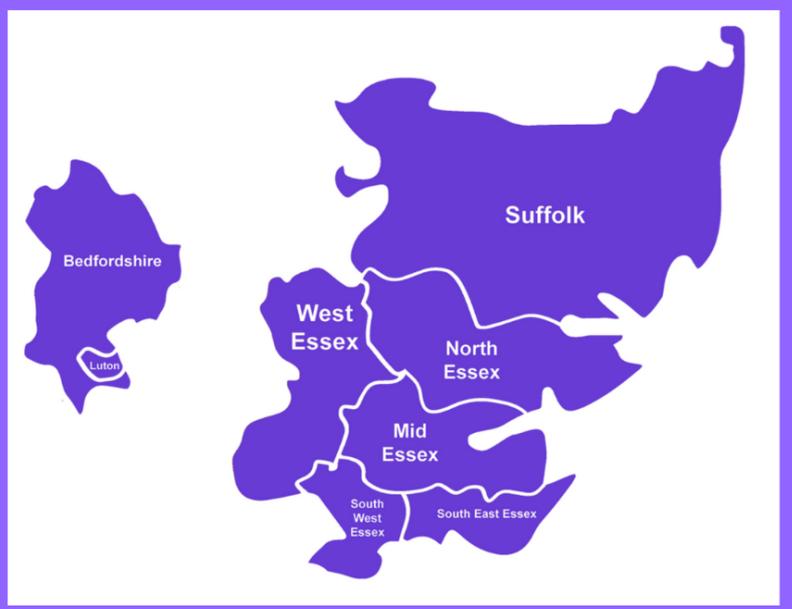
Learning disability services

We provide both crisis support and inpatient services. Our teams work in partnership with local councils to provide assessment and support for adults.

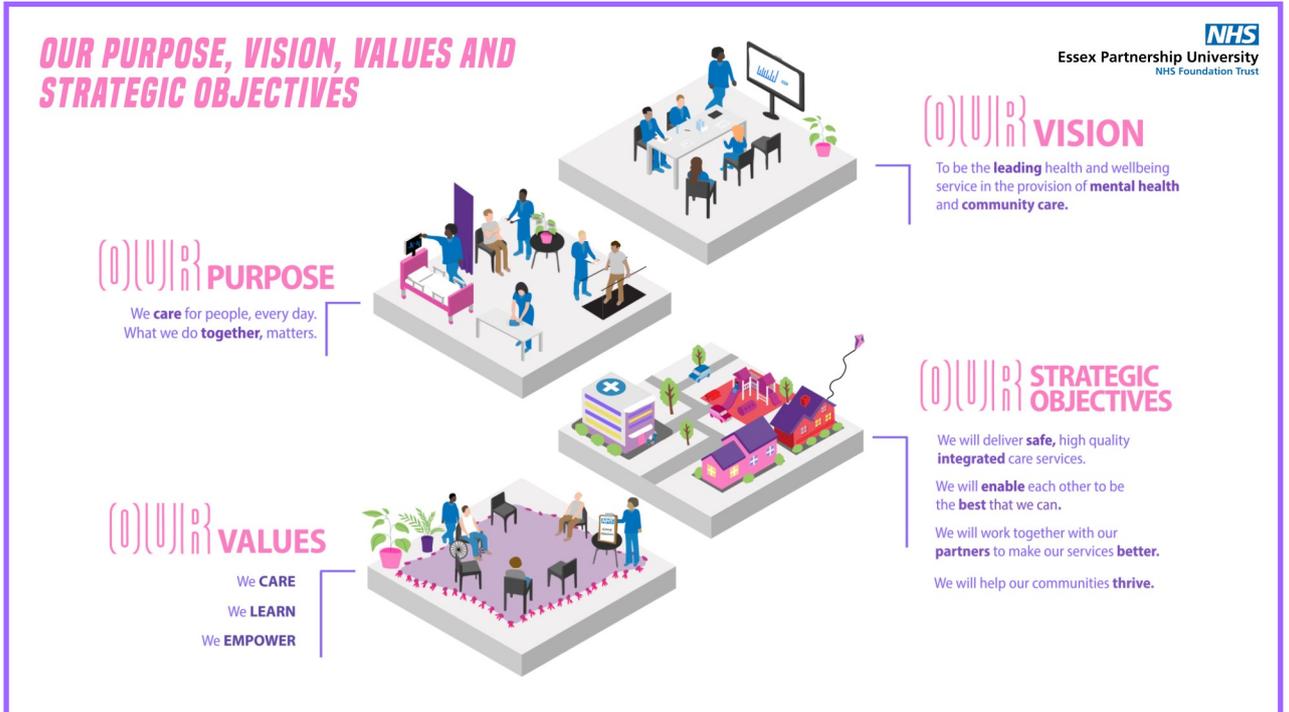
Social care

We provide personalised support to people with a range of needs, including people with learning disabilities or mental illness, supporting people to live independently.

Where EPUT provides services



Trust Services



Part 2 - Priorities for improvement and statements of assurance

2021/22 quality improvement priorities Progress against the priorities agreed

Following the development of the Trust's patient safety strategy 'Safety First, Safety Always' the Trust has continued to implement the quality priorities of improvement, innovation and transformation.

Patient safety priority Improvement: Embed quality improvement as a means to continuously improve patients' / service users' safety

Throughout 2021/22 we continued our comprehensive response to the pandemic. Our 24-hour crisis mental health phone line (NHS 111) offered immediate and specialist support to adults in crisis. We currently have ten vaccine centres alongside a number of outreach and pop up centres, and have delivered over 1.3 million vaccines.

The Infection Prevention and Control (IPC) team has given specialist advice to all levels of the organisation both from a clinical and non-clinical

perspective in order to support Covid-19 safety to service users and staff. Assurance of policy has been provided through regular updating of the Board Assurance Framework and Trust command structure meetings.

Our commitment to closer working with our care partners has seen us have regular discussions and moves towards policy alignment in order to promote a smooth patient journey. EPUT is the lead provider for IPC within our MSE community collaborative which contributes to the collaboration and joint approaches pertaining to key IPC principles.

As an organisation, we have continued to provide a range of support systems in order to support staff, patients/service users and families. The Executive Team held 'live' updates to support staff, Engagement Champions were recruited, and monthly events were held to support engagement and promote learning. Recognition awards were issued to many of our workforce for their valued contribution to care, many of whom were identified by fellow colleagues. Schwartz Rounds

have been introduced successfully, providing an opportunity for staff to reflect on the emotional and social aspects of working within the current healthcare environment. In addition, a wide range of initiatives were put in place including a Facebook support account and Here For You staff resilience hub.

Embedded into our 'Safety First, Safety Always' strategy are seven themes. Significant work has been taken across each of them to ensure the climate within the Trust supports delivery of high quality and safe care.

By undertaking significant work to embed the themes set out in the patient safety strategy, we are taking steps to improve the safety and outcomes of patient care for our population. A significant priority is embedding a culture of learning. Work is being taken across all themes to embed a culture of learning along with a just culture ensuring an open, transparent and safe environment that projects our people and our patients.

 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

2021/22 quality improvement priorities *Progress against the priorities agreed*

What did we do to improve our performance?

During 2021/22 work in relation to key quality outcomes include the following:

- Further work was undertaken to embed progress made as a result of the Restrictive Practice Inpatient Collaborative aimed at reducing levels of restraint and violence and aggression within our inpatient wards. We identified a number of wards that have embarked on a collaborative with UCL Partners to ensure continuous quality improvement. Reducing restrictive practices is a necessity but the reduction of prone restraint has been the priority. The pandemic continues to have an impact and going forward our focus will include a reduction in seclusion and long term segregation.
- Work undertaken by the End of Life team is to be incorporated in NACEL Round 3 Good Compendium as examples of good practice initiatives to support quality improvement actions. This will encourage joint learning across all organisations nationally as a way to identify tangible service improvement opportunities.
- Work continues to ensure staff and all users of our services are sexually safe across all environments. In line with national guidance, a new framework has been developed, with identified leads for each domain and a dashboard to measure successful delivery.

Reducing ligature risks is a priority for the Trust. Intensive support groups have been in place to review environments and care and drive learning from incidents.

Chart 1 - Our performance over the last two years: Trust-wide prone restraint incidents

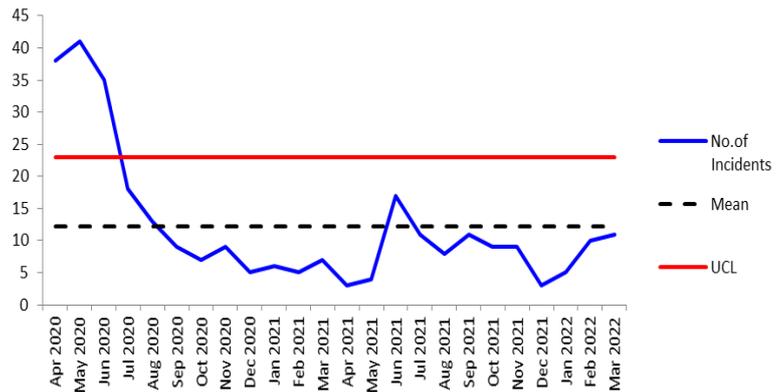


Chart 2 - Our performance over the last two years: Trust-wide inpatient secured ligature incidents

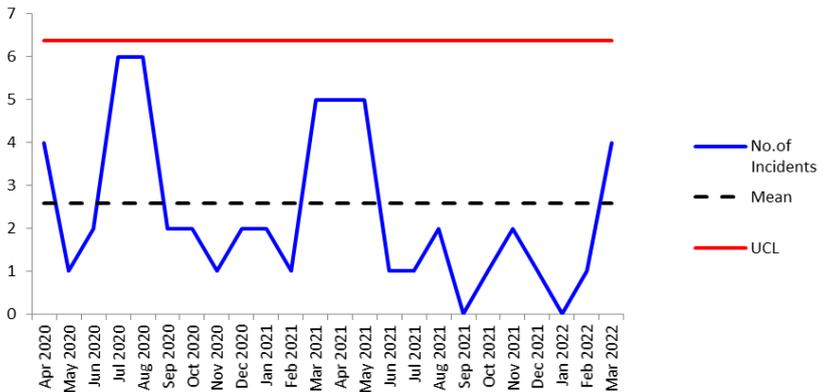
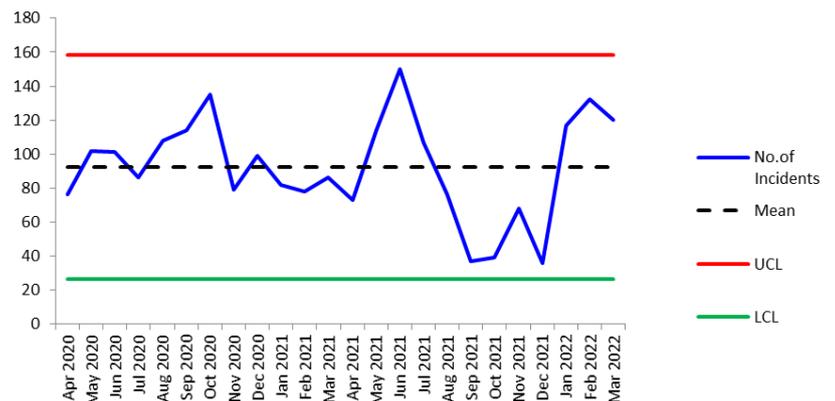


Chart 3 - Our performance over the last two years: Trust-wide unsecured ligature incidents



2021/22 quality improvement priorities

Progress against the priorities agreed

Self harm: STORM suicide prevention training has been introduced with a pool of 16 trainers appointed who are cascading training across the organisation. Through the support of the CCG, a pilot is taking place across a number of wards to research the impact of improved activity on self harm.

People with Learning Disabilities experience frailty much younger than the people in the rest of the population due to their conditions or underlying medical conditions associated with their diagnosis. They are often on a number of medications impacting physical health. In recognition of this, we have worked in partnership with other organisations to develop Learning Disability pathways ensuring clear integrated pathways.

HPFT and EPUT are working together to deliver LD frailty as a priority across Essex Learning Disability Partnership. The aim of the workstream is to identify frailty in people with LD and have clear integrated pathways to prevent health deterioration, recognising that frailty presents differently with people with learning disabilities. A risk tool has been developed that has been piloted with positive effects.

We developed a new Physical Health Framework and identified priorities for further work. Leads are in place across all workstreams to drive progress and improvement continues in many areas.

Chart 4 - Our performance over the last two years: Trust-wide inpatient falls incidents

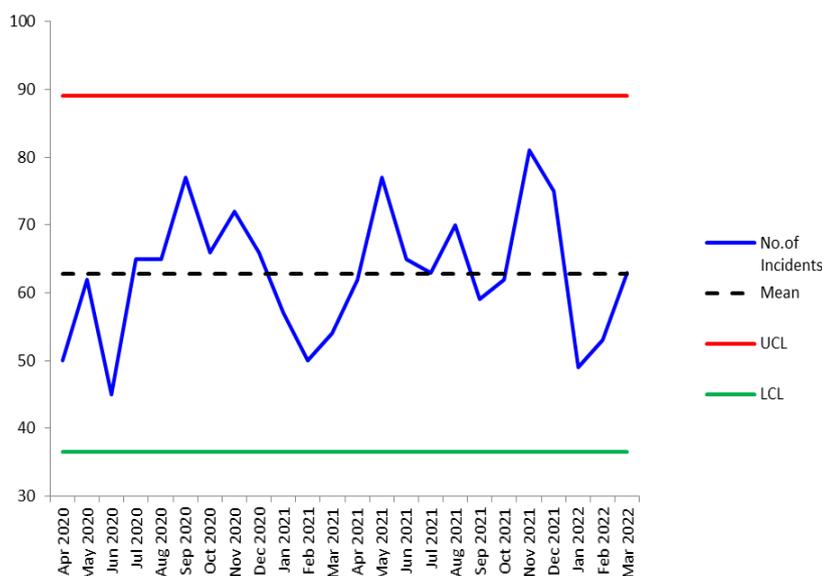
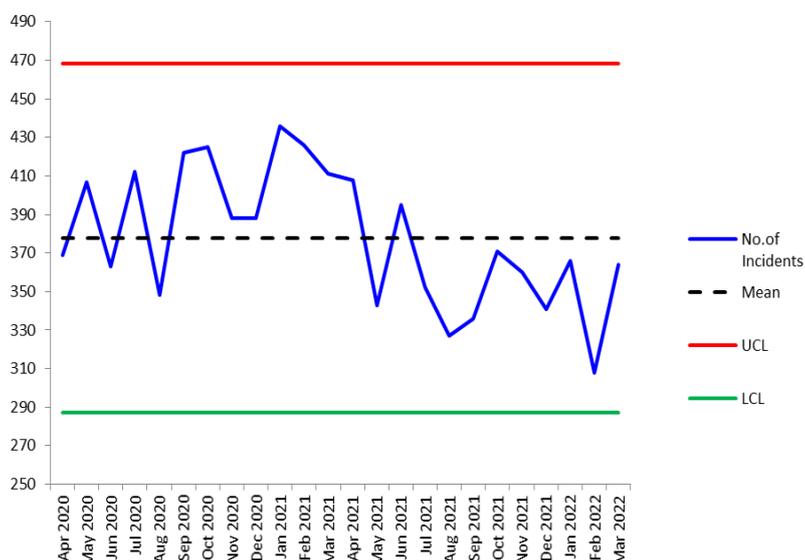


Chart 5 - Our performance over the last two years: Trust-wide pressure ulcer incidents



2021/22 quality improvement priorities *Progress against the priorities agreed*

Clinical effectiveness priority

Innovation: Ensure the right services are in the right place at the right time

Throughout the pandemic, EPUT has been very innovative at developing and using technology to improve service delivery and enhance communication and engagement. The IPC team is committed to ensuring learning from cases of healthcare associated infection (including outbreaks) is shared across the organisation. Work is ongoing with the clinical teams to identify learning points which are then communicated via live events and education sessions.

The Trust has in place EPUT Lab which invites all employees to bring forward creative and innovative ideas that could enhance care. As a result of the passion shown by staff to be more innovative, a Digital Strategy has been developed identifying key digital workstreams.

The Trust now has a new Digital Strategy identifying key digital schemes and initiatives to drive efficiencies, service engagement and patient safety.

WHzan solution for improved physical health checks

WHzan boxes, including a tablet PC with a range in instruments including a pulse oximeter, thermometer and blood pressure monitor which are bluetooth instruments that can be used in a range of environments.

Oxehealth/Oxevision Technology

The deployment of the Oxehealth/Oxevision technology on our wards to help clinicians plan, care and intervene proactively has been a huge success and it is being considered for wider deployment across more services in EPUT.

EPUT is leading on an ICS cyber maturity model. Working with all members of Mid and South Essex ICS, this scheme will enable the wider system to reach a common cyber security baseline, support collaboration and drive efficiencies in both cost and resource. Oxehealth systems have been embedded across all inpatient areas with the system being adapted to support e-observations.

Electronic Palliative And Care Co-ordination system (EPACCs)

The growth of the system in West Essex has received positive feedback from system partners. Primary Care partners have been very positive around how the system is supporting end of life care co-ordination of patients and was very much a quality improvement initiative.

AliveCor KardiaMobile Single Lead ECG device

A Quality Improvement project is taking place to improve health and wellbeing. The device checks heart rhythm linked to a smartphone or tablet computer that captures the ECG trace. The devices have been provided by Mid and South Essex CCG and are available to all staff within community teams within that area.

Robotic Process Automation

This is a collaborative project funded via the Suffolk and North East Essex ICS (SNEE) with ESNEFT, ECC and NSFT to provide a solution consisting of 'Robot workers' to automate routine tasks, reducing administrative time spent by staff and improve efficiency of processes, freeing up EPUT staff to provide more value to the Trust and patients. The system can be used to train robot workers to operate Trust systems, performing repetitive task in the same way a human

can. Whether this be dual entry of data between different systems, or automating new user processes, running reports etc.

Shared Records/HIE

Regional development of a Shared Care record allowing all Health providers across MSE and SNEE to be able to view a single view of patient records. Whilst this is not a view of all records for patients, it is a significant step forward, and the first step to achieving a full record view.

EPUT is publishing SystemOne community data and a Mental Health Patient Summary, with additional content expected for release over the next year. Our community staff can view the Shared record in SystemOne, with a planned mental health release during February.

West Essex Care Co-ordination Centre (CCC)

The CCC provides health and care professionals with proactive and real-time access to data and services from across the health system. The team will work together as the OHCP to improve people's outcomes and experience by supporting the system to navigate people to the services they need, at the right time, and in the right place. This will be delivered through a single timely and coordinated response to each request for information or access to additional support; by creating a single real time view across the system that keeps all partners informed from referrals to outcome; by providing a simple referral process that is trusted, collaborative and flexible in its response and prevents duplication; and by developing an experienced multi-disciplinary workforce that is enabled by technology.

2021/22 quality improvement priorities

Progress against the priorities agreed

Patient experience priority

Transformation: Increased use of new technologies, systems and processes to improve patients/service users' safety and experience

Why was this a priority?

Innovation is a key element of EPUT's inpatient safety strategy, 'Safety First, Safety Always', which was 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 commenced of policies, systems, technologies and services.

Established pathways will ensure delivery against key workstreams.

Enhanced patients/service users' safety will continue across the organisation as the use of ground-breaking 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 patient/service user care in the most efficient way.

The transformation of mental health and community services has progressed with pace despite the restrictions with Covid-19 and associated staffing challenges.

Mental Health Transformation

Mental Health Transformation is complex with three ICSSs, seven CCGs, three local authorities and a large number of VCSE organisations. A summary of the work undertaken is set out below:

Integrated primary and community mental health care model	Bringing together local mental health, social care and VCSE staff and the organisations they represent as one, to deliver timely integrated needs led care across Essex. Most Primary Care Networks now have a mental health presence with a number embedding integrated working.
Psychological services for people with Severe Mental Illness	Services introduced that provide an additional layer of integrated (multi-organisational) staff providing a range of therapies to address long waiting lists and a bridge to the gap between primary and secondary services.
At Risk Mental State (ARMS) and Early Intervention in Psychosis	Service development is in line with national guidelines aiming to improve the outcomes of people with a serious mental illness. Fundamentally the service includes stricter maximum waiting times of two weeks.
Health Checks	Provision of health checks for people with serious mental health problems. The approach supports PCN targets of achieving 60% of people on a SMI register having a physical health check. To date Essex has some of the UK's highest rates of achievement.
Perinatal	Essex's perinatal service development continues at pace with Essex having one of the most developed perinatal mental health services in the UK. Recruitment has been very successful, enabling access to the services to be increased. The service is on track to achieve and surpass the national performance target of 8.5% for 2021/22 with some areas on track to achieve 2022/23 targets.
Integrated personality disorders service	A personality disorder steering group oversees the development of an integrated personality disorder service, reflecting three business cases and a programme of work with inpatient services to improve the care pathway for people with personality disorder.
Resistant depression service	A resistant depression service across MSE has been rolled out across south west Essex.
Older People's Service	Older people's services continue to develop robust community services having closed two dementia wards in the last two years, providing a very successful admission avoidance model. A new home treatment service is being developed in MSE to link in with the frailty service for truly integrated mental health and community health services.
Mental health beds	An Essex accommodation steering group will oversee the review and improvement of all local system mental health beds' use including inpatient beds, supported accommodation, crisis beds and links with homelessness and independent living.
Crisis House	The first crisis house is due to open shortly to provide an alternative to an admission. This will be provided by Mind supported by EPUT.
West Essex	West Essex continues its transformation as an early implementer site and has advanced work to transform the secondary care model into a comprehensive place-based mental health service seamlessly linking to its PCNs with a particular focus on Community Pharmacy; 18 -25 Pathways; Personality Disorder; and Eating Disorders community model.

2021/22 quality improvement priorities
Progress against the priorities agreed

South East Essex Community Health Services (SEECHS) Transformation

MSE Community (Provider) Collaborative	The Collaborative of three community providers (EPUT, NELFT and Provide) to work together to plan, deliver and transform services.
Community Coordination Centre	Provides admission avoidance and Discharge to Assess. Services have been streamlined and provide benefits of improved call handling and telephony functioning and triage including UCRT, unplanned nursing and intermediate care.
Community Beds	A consultation process is being developed that will determine the future MSE community bed configuration for both intermediate care and stroke beds.
Children's Services Expansion	On 1 March 2022, SEECHS took over the contract for the Lighthouse to expand services for children and families in South East Essex. It is an exciting opportunity to create a comprehensive integrated consultant-led children's community service.
Focus on Frailty	SEECHS is developing a comprehensive community offer for frailty. The offer includes a Frailty Care Coordination Centre and development of a MSE Frailty Register.
Primary Care Networks (PCNs)	SEECHS is working alongside emerging PCNs to integrate services into their population health focused virtual surgeries.
Community Nursing	Full engagement in a Community Collaborative workstream with an aim to deliver equitable standardised offer across MSE. Aligned to this are innovations in relation to catheter and wound care.
Respiratory Care	A dedicated respiratory team has been created that provides a range of elements including Respiratory Virtual Wards supporting admission avoidance and rapid discharge.

West Essex Community Health Services (WECHS) Transformation

Urgent Community Response	A clinical model and care pathway is established and working well. New two hour waiting times guidance is being implemented and work is being undertaken with the CCG to identify how to manage increased referrals from Urgent Emergency Care including 999/111.
Care Coordination Centre	Discharge to Assess model has been introduced. Digital solutions are being progressed within the Centre.
Virtual Wards	Virtual wards for respiratory and heart failure have been developed.
PCN Aligned Core Teams	PACT leadership teams have been established with alignment of health and social care resources.

Quality improvement priorities for 2022/23

Information from a number of sources and consideration of national improvement plans and priorities have helped inform the Trust's priorities for 2022/23

EPUT is committed to continuous quality improvement. This section of the report describes areas for improvement in the quality of our health service provision during 2022/23.

In creating our quality priorities and goals, we have considered the aspirations in the NHS Long Term Plan; NHS England's Five Year Forward View for Mental Health; and NHS Improvement Planning Guidance. We have also engaged widely with our workforce, our service users and Experts by Experience to ensure that these goals will support the delivery of our Quality Strategic Priority which reflects the local needs of our service users and staff as well as national needs.

Patient safety priority 1: To improve the physical health of our patients/ service users

Why is this a priority?

Frail patients/service users can be in danger of losing their independence when their physical health deteriorates whilst in our care. The development of a pressure ulcer is usually the result of a number of factors, which make it difficult to move, especially for those confined to bed, or sitting for prolonged periods. This can result in sensory impairment, poor nutrition, dehydration and incontinence, with dehydration in particular contributing to the risk of falls and subsequent deconditioning due to fear of repeat falls. Our aim is to reduce both the number of falls and pressure ulcers.

Lead Director

Natalie Hammond, Executive Nurse

What is our target?

Falls

- Reduce the number of falls resulting in moderate/severe harm
- Reduce the number of falls
- Reduce the number of people who fall more than once

Pressure ulcers

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

What will we do to improve our performance?

Falls

- Increase the number of areas where patients are offered hydration jellies to prevent dehydration
- Improve compliance with falls training
- Continue roll out of assistive technology to minimise falling

Pressure ulcers

- Implement a wound care app to ensure multidisciplinary approach to wound care and monitoring

How will we measure and monitor our performance?

- Monitor number and severity of falls
- Monitor number and severity of pressure ulcers
- Monthly review of the Physical Health Framework and dashboard

How and where will progress be reported?

Quarterly reports to Physical Health sub-committee and as part of the regular progress reporting of our 'Safety First, Safety Always' strategy.

Patient safety priority 2:

To continue the delivery of the patient safety strategy (Year 2)

Why is this a priority?

'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 population, we can make big improvements in our services.

We seek to build a learning system which 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 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.

Lead Director

Natalie Hammond, Executive Nurse

What is our target?

To build on the improvements made in Year 1 of our strategy, identifying the issues important to our community. These areas include:

- Reduce restrictive practices such as use of prone restraint, and physical restraint associated with self-harm
- Reduce the number of ligature incidents

Quality improvement priorities for 2022/23

- Reduce the number of incidents resulting in harm
- Implement clear, co-produced age-appropriate agreements on sexual safety standards across all wards
- Improve physical health management (see patient safety priority 1).

What will we do to improve our performance?

- Continue implementation of strategies to reduce use of restraint
- Implement zero segregation action plan to reduce long term segregation
- Share good practice across EPUT
- Embed PSIRF process to respond to safety incidents
- Develop human factors training
- Implement improvement plans to address interconnected causal factors relating to harm
- Develop clear care packages to follow the principles of individualised trauma informed care

How will we measure and monitor our performance?

- Review number of ligature incidents and incidents associated with restraint
- Monitor and implement actions relating to sexual safety incidents
- Review of human factors training and embed a 'Just Culture' to empower staff to take steps to improve safety
- Monthly review of the Physical Health Framework and dashboard

How and where will progress be reported?

Quarterly reports to Physical Health sub-committee and as part of the regular progress reporting of our 'Safety First, Safety Always' strategy.

Clinical effectiveness priority: To implement Goal Attainment Scaling Care Planning (GAS)

Why is this a priority?

Mental Health commissioning is evolving into outcome-based framework with the maxim "we are not interested in how much you do, but that what you do works!"

Nationally and locally, outcomes are increasingly important with a growing expectation for their introduction. Many Trusts are embedding outcome measures into standard clinical practice.

Outcome measures will form part of the 2022/23 CQUINs and GAS care planning provides a foundation for the future. We intend to provide electronic links and associated clinical dashboards for a range of GAS outcome measures over a two-year period, including CROMS and PROMS.

Clinical staff will have a range of outcome measures for selection giving care planning an additional layer of measurement. An example of this is we can measure improvement by degrees of change as part of the GAS care plan. To this end, we will implement a new care plan with built in outcome measures to demonstrate significant clinical change, and this will be an evidence-based tool.

Lead Director

Alex Green, Chief Operating Officer

What is our target?

- Launch of the care plan 31/3/2023
- Develop local system interoperability to enable local system and patient electronic access 31/3/2024 (subject to a number of national and local dependencies and drivers)

What will we do to improve our performance?

- Care plans will be more robust and more frequently reviewed
- There will be more MDT input into care planning and care delivery
- All staff will be re-trained (6 month training period)
- Policy and procedure will be reviewed
- Introduction of Family Group Conferencing and The Triangle of Care and DIALOG+ outcome measure to improve patient and carer experience, clinical delivery effectiveness and patient safety

How will we measure and monitor our performance?

- From a clinical delivery point of view - Outcome measure reporting framework (under development)
- From a project Delivery point of view - Implementation plan, risk and issues logs

How and where will progress be reported?

Integrated Care Systems reporting; Executive Oversight Safety Committee; Project Management Office; Project Steering Group

Quality improvement priorities for 2022/23 (continued)

Provided and sub-contracted services

Patient experience priority:

To increase use of patient/service user feedback and experience data, to include the complaints process.

Why is this a priority?

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

Not only is there a national mandate to increase patient/service user involvement to drive service transformation, coproduction is also in legislation under the Care Act 2014. All that said, we must move to a model where service users are driving improvement through their lived experience, to ensure we continue to be patient centred and needs based.

Lead Director

Sean Leahy, Executive Director of People and Culture

What is our target?

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

What will we do to improve our performance?

- Redesign our complaints process end to end through

co-production to improve satisfaction, and reduce unnecessary delays

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

How will we measure and monitor our performance?

- Continue to monitor and report monthly, quarterly, and annually. Reporting on complaints and compliments activity to understand trends and improvements
- Monitoring trends in the complaints satisfaction surveys
- Monitoring trends in the quarterly Friends and Family Test (FFT) Reports

How and where will progress be reported?

- Quarterly complaints report to the Quality Committee, and PECC.
- Annual report to the Board of Directors
- Included in the regular report to BSOG and ESOG, as part of the Safety Strategy

Provided and sub-contracted services

During 2021/22 Essex Partnership University NHS Foundation Trust provided and/or sub-contracted 161 relevant health services.

Essex Partnership University NHS Foundation Trust has reviewed all the data available to them on the quality of care in 161 of these relevant health services.

The income generated by the relevant health services reviewed in 2021/22 represents 98% of the total income generated from the provision of relevant health services by Essex Partnership University NHS Foundation Trust for 2021/22. The remaining 2% is generated from trading, recharge and rental income activities.

The data reviewed covers the three dimensions of quality: patient safety, clinical effectiveness and patient experience. All relevant data has been reviewed and a number of contract monitoring systems are in place.

Participation in clinical audit

Clinical audit is a quality improvement process undertaken by clinicians, doctors, nurses, therapists and support staff which seeks to improve patient 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 that result in clear actions being implemented to improve services are a key method of ensuring high quality. EPUT participates in all the relevant National Clinical Audit Patient Outcome Programme (NCAPOP) audit processes as well as national and locally defined clinical audits identified as being important for the people who use our services.

During 2021/22, 10 national clinical audits and 4 national confidential enquiries covered relevant health services that Essex Partnership University NHS Foundation Trust provides.

During 2021/22 Essex Partnership University NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

Clinical Audits	
Heart and Circulatory System	
1	National Audit of Cardiac Rehabilitation (NACR)
Acute	
2	National Audit of Inpatient Falls (NAIF); National Falls and Fragility Fractures Audit Programme (FFFAP)
Older People	
3	Sentinel Stroke National Audit Programme (SSNAP)
Long Term Conditions	
4	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Pulmonary Rehabilitation - Organisational and Clinical Audit (NACAP)
5	National Adult Diabetes Audit - National Diabetes Foot Care Audit (NDFA)
Mental Health	
6	National Clinical Audit of Psychosis (NCAP) - Early Intervention in Psychosis audit 2021/22
7	National Clinical Audit of Psychosis - Physical Health and Employment Spotlight Audit 2020/21
8	Memory Services Spotlight Audit 2021
9	Prescribing Observatory for Mental Health (POMH-UK): Topics 1h & 3e: Prescribing high dose and combined antipsychotics Topic 14c: Prescribing for substance misuse: alcohol detoxification Topic 19b: Prescribing for depression in adult mental health services
Other	
10	National Audit of Care at the End of Life (NACEL)

National Confidential Enquiries	
1	Mental Health Clinical Outcome Review Programme
2	Child Health Clinical Outcome Review Programme
3	Physical Health in Mental Health Hospitals
4	Transition of Child to Adult services

Participation in clinical audit

The national clinical audits and national confidential enquiries that Essex Partnership University NHS Foundation Trust participated in during 2021/22 are as follows:

The national clinical audits and national confidential enquiries that Essex Partnership University NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

Clinical Audits		Cases submitted	Cases expected	%
Heart and Circulatory System				
1	National Audit of Cardiac Rehabilitation (NACR)	Data collection is ongoing and continuous		
Acute				
2	National Audit of Inpatient Falls (NAIF); National Falls and Fragility Fractures Audit Programme (FFFAP)	1	1*	100
Older People				
3	Sentinel Stroke National Audit Programme (SSNAP)	Data collection is ongoing and continuous		
Long Term Conditions				
4	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Pulmonary Rehabilitation - Organisational and Clinical Audit (NACAP)	Data collection is ongoing and continuous		
5	National Adult Diabetes Audit - National Diabetes Foot Care Audit (NDFA)	Data collection is ongoing and continuous		
Mental Health				
6	National Clinical Audit of Psychosis (NCAP) - Early Intervention in Psychosis audit	344	344	100
7	National Clinical Audit of Psychosis - Physical Health and Employment Spotlight	100	100	100
8	Memory Services Spotlight Audit	254	254	100
9	Prescribing Observatory for Mental Health (POMH-UK) • Topic 14c: Prescribing for substance misuse: alcohol detoxification • Topic 19b: Prescribing for depression in adult mental health services	24	24	100
		298	298	100
Other				
10	National Audit of Care at the End of Life	4	4	100

National Confidential Enquiries		Cases submitted	Cases expected	%
1	Mental Health Clinical Outcome Review Programme	Data collection is ongoing and continuous		
2	Child Health Clinical Outcome Review Programme	Data collection is ongoing and continuous		
3	Physical Health in Mental Health Hospitals	11	11	100
4	Transition of Child to Adult services	5	5	100

*We are aware there were more (at least 7) hip fractures within EPUT in calendar year 2021. However, we can enter data only if we are notified by NHFD (National Hip Fracture Database). For this to happen, acute hospitals need to enter their data fully. To aid this, we have liaised with Harlow, Colchester, Basildon, Chelmsford and Southend hospitals to ensure accurate, timely data is available. Since the communication with acute hospitals we received one notification and submitted data against it.

Participation in clinical audit

The reports of 6 national clinical audits were reviewed by the Essex Partnership University NHS Foundation Trust in 2021/22 and EPUT intends to take the following actions to improve the quality of healthcare provided:

National Audit of Cardiac Rehabilitation (NACR)

The National Audit of Cardiac Rehabilitation (NACR) is a British Heart Foundation (BHF) strategic project supporting cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for people with heart and circulatory diseases irrespective of where they live. The Trust registered on the national programme to participate in the audit in 2018 and continues to submit data every year.

Data from the NACR is used to quality assure services across the UK, providing opportunities to support patient choice through the sharing of data. Data submitted records the uptake of CR for those patients following Myocardial Infarction (MI), Myocardial Infarction & Percutaneous Coronary Intervention (MI & PCI), Primary Coronary Intervention (PCI), Coronary Artery Bypass Graft (CABG) and Heart Failure (HF) across the UK. There is currently only one small team in West Essex running the Cardiac Rehab service within EPUT.

The service receives a national certification for meeting evidence-based standards of care and the key performance indicators.

Through the audit, the team has continually developed and improved the service within their resources. Specific actions from the last report are as outlined:

- ✓ The Cardiac Rehab team works with Business Analysis and Performance teams to improve the recording and

retrieval of information to support data submissions to the national programme.

- ✓ Changed the local reporting schedule from annually to quarterly to provide clinical leads with the opportunity to investigate issues earlier.
- ✓ Continue development of tailored home programmes providing different levels based on individualised risk stratification.
- ✓ Continue to promote the use of self-management application MyHeart to support patients.
- ✓ Develop and widen the remit of virtual on-line live CR exercise and education sessions.
- ✓ Continue to offer an improved menu based approach based on patient choice, providing a written home based programme with planned reviews, virtual cardiac rehabilitation programme and resuming face to face programmes when safe to do so.
- ✓ Continual participation in the ongoing national programme to improve service delivery.

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Pulmonary Rehabilitation - Organisational and Clinical Audit (NACAP)

- ✓ Patients are offered a telephone/video assessment with a clinician to promote the service and reduce waiting times.
- ✓ With help from the Performance team, previously unrecorded Pulmonary rehabilitation sessions are now captured and reported on, to provide a more accurate picture of service delivery.

- ✓ With help from the Performance team, new templates on the patient information systems support the recording of more detail of the care delivered by the teams.
- ✓ Enrol volunteers, previous service users and carers, to provide feedback to shape service planning and development.

NHS benchmarking for Intermediate care

- ✓ Senior managers and teams to review the findings of the NHS benchmarking for Intermediate care services in South East Essex and West Essex.

National Clinical Audit of Psychosis (NCAP) - Early Intervention in Psychosis audit

- ✓ Additional investment requested and agreed for BFT trained staff.
- ✓ BFT lead also to support carer work. Partial drop in standard due to Covid-19.
- ✓ SE Essex CCG provided additional resource to assertively offer physical home checks in Q4.
- ✓ Increase number of identified carers that are referred to and/or take up a carer-focussed education and support programme.
- ✓ Increase number of service users with FEP that have had a physical health review and relevant interventions in the last year.
- ✓ Increase number of service users for whom two or more outcome measures are recorded at least twice (assessment and one other time point).
- ✓ Training for Primary Care Mental Health clinicians to support first review of potential ARMS cases through GP practice.

Participation in clinical audit

- ✓ Ensure staff are capturing the correct SNOMED codes.
- ✓ Scope holding family information evenings to encourage buy-in to Family Intervention.

Memory Services Spotlight Audit

This report is not expected to be published until November 2022. Any recommendations for improvement will be actioned and detailed in the next Quality Account.

Prescribing Observatory for Mental Health (POMH-UK) Topic 18b: Use of Clozapine

The Prescribing Observatory for Mental Health (POMH-UK) runs national audit-based quality improvement programmes (QIPs) that are open to all specialist mental health services in the UK. These audits aim to help mental health services improve prescribing practice within discrete areas (Topics).

The Trust registered to participate in the QIP Topic 18b: The Use of Clozapine in 2018 and the re-audit in 2020. The audit looked at performance in seven key practice standards. National findings were shared and the Trust improvements from the first audit have been realised in the results from the 2020 audit, however, there is still further improvement work going on to reach outstanding care as outlined in the specific actions.

- ✓ Teams are working to ensure annual medication reviews are completed with patients on Clozapine.
- ✓ Pharmacy leads, medics and IT are working towards improving how monitoring information is recorded for patients on electronic patient records.

West Essex X-PERT team receive recognition in national audit awards

Dietitians from our community health services in West Essex attended the X-PERT Audit Awards conference in November 2021, celebrating another successful year of educating people and enabling them to manage type 2 diabetes.

X-PERT is a diabetes education and self-management programme that aims to improve people's skills, knowledge and confidence to manage their condition. The programme has been shown to improve diabetes control and body weight, reduce prescribed diabetes medication, increase self-management skills and improve quality of life.

The X-PERT National Audit invites organisations that implement the X-PERT programme to collect, share and compare key data. These measure participant numbers, engagement, satisfaction, and a number of indicators that show improvement in health, wellbeing and quality of life.

The EPUT West Essex X-PERT team delivered excellent results in this year's audit. Our team was placed third for the largest impact on body weight and waist circumference. The audit report also shows excellent attendance levels and increased empowerment, with outstanding progress in clinical outcomes such as body weight, diabetes control, blood pressure and cholesterol ratios.

Dr Trudi Deakin, CEO of X-PERT Health commented: "The passion and enthusiasm of our wonderful X-PERT educators help people make more informed choices that can help transform their life and health. I congratulate all the winners and runners-up and our amazing X-PERT teams."

- ✓ CCGs will be requested to support GPs to ensure records are updated when patients start Clozapine or there are changes made to its use.
- ✓ Standard clinic letter template will be modified to include communication to the GP for them to update the patient record.
- ✓ Pharmacy to lead on potential processes to streamline documentation of off-label use before supply of the Clozapine is released.
- ✓ Pharmacy has updated the standard operating procedure for the management of Valproate which includes checking the annual risk acknowledgement form.
- ✓ Completing an audit on the physical health monitoring equipment in community teams to facilitate physical health check screening.
- ✓ An audit on physical health equipment in community team premises to facilitate physical health screening.

Topic 20a: Prescribing Valproate

- ✓ Implementing a process for recording and storing Risk Acknowledgement forms across all services.

All national clinical audit reports are presented to relevant Quality and Safety Groups at a local level for consideration of local action to be taken in response to the national findings.

Participation in clinical audit

The reports of the 10 local clinical audits were reviewed by the provider in 2021/22 and Essex Partnership University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Examples of audits undertaken, only.

Engagement and Supportive Observation *3

- ✓ All ward teams ensure staff have been updated with the revised policy and procedure.
- ✓ All ward teams are checking with the staff that they understand the observation levels, how they are prescribed, where the information is to support the patient on those observation levels, and be clear how observation levels are to be communicated.

Record Keeping *6

- ✓ All staff to ensure all relevant records have been completed and updated as required by the Records Management policy and procedures CPG9.
- ✓ 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.

Recurrent and Unwitnessed Falls

- ✓ Changes to electronic patient records to ensure form for falls risk assessment is easy to find.
- ✓ Training for therapy staff on completing falls risk assessment amendment/ review form.
- ✓ Review the slips, trips and falls guidance to reflect the need to complete amendment/review form.
- ✓ Changes being applied to the electronic patient records system *Paris* to prompt review of risk of falls and medication.
- ✓ Discussion of reviews for patients who have fallen are documented appropriately on electronic patient records.
- ✓ Ward teams reminded to refer patients falling or sliding off chairs to therapists for a seating assessment.

About the Staff Recognition Awards

Since the launch of our Staff Recognition Awards in November 2020, we have received over 400 nominations from colleagues, patients, carers and members of the public.

Nominations are open all year round, and anyone can nominate using our online nomination form – full details of the scheme can be found on our website: go to eput.nhs.uk and search 'Staff Recognition Awards'.

Each Quarter, our panel of judges chooses a winner in each of five categories:

- ◇ Hero Award - Beyond the Call of Duty
- ◇ Peer to Peer Recognition Award (internal nominations only)
- ◇ Team Recognition Award
- ◇ Leadership Award
- ◇ Research, Innovation and Improvement Award (internal nominations only)

Winners receive a £50 voucher and are also entered into our 'Staff Recognition of the Year Award' at our annual Quality Awards, where our Chief Executive will choose one truly outstanding winner from the year's Staff Recognition Award recipients.



Hero Award

George Alecu, Healthcare Assistant

When North Uttlesford saw severe weather conditions in February 2021, George volunteered to come in on his day off and use his 4x4 car to drive the registered nurses to meet patients in rural areas and hard-to-reach villages. "George really did go above and beyond," one colleague said, "it meant nurses felt safe in difficult driving conditions and, more importantly, George was able to lessen the impact the poor weather had on our patients by ensuring we were able to continue our community nursing visits. He really is a hero."



Katie Wright, Community Psychiatric Nurse

Katie is a qualified nurse within the Crisis Response Team and frequently handles difficult telephone calls and assessments for people who are in distress and often experiencing suicidal thoughts.

On one of her days off, Katie was driving into Colchester when she noticed a young man standing on a bridge who appeared distressed. Katie stopped her car and went to speak to the young man. She reassured him that help was available and encouraged him to go with the police to have a mental health assessment.

The young man said that if Katie had not stopped and spoken to him, he would have continued to think about ending his life.

Participation in clinical research

Research is a cornerstone of maintaining high quality and developing innovative services through evidence based practice. While the pandemic has inevitably reduced the amount of research we have been able to do into other conditions, we have worked hard to maintain a diverse and active portfolio.

Collaboration is at the core of our response to the pandemic. EPUT remains 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 number of patients receiving relevant health services provided or sub-contracted by Essex Partnership University NHS Foundation Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee and the Health Research Authority was 945. The number of recruits was from participation in 22 research studies opened to participation at EPUT in 2021/22.

Our research portfolio in 2021/22 continued to include the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), recruiting a further 80 participants in this year. Since the start of the project in 2017, EPUT has recruited a total of 236 participants.

DREAMS : START

Dementia RElAted Manual for Sleep : STRAtegies for RelaTives

During 2020/21, EPUT's research delivery team continued to actively recruit well to a dementia priority study

entitled 'A parallel multi-centre randomised controlled trial (RCT) to determine the clinical and cost-effectiveness of DREAMS START (Dementia RElAted Manual for Sleep; STRAtegies for RelaTives) for people living with dementia and their carers'. To March 2022, recruiting 72 participants placed EPUT as the top recruiting site across the current 13 open recruiting sites.

EPUT continues to deliver on national research projects and agendas through its alignment with the National Institute for Health Research (NIHR) Clinical Research Network (CRN) North Thames (NT) with the aim to strengthen the UK's research system as a whole. Since the NIHR establishment in 2006 under the government's health research strategy 'Best Research for Best Health', their mission has been to improve the health and wealth of the nation through research. In June 2021, 'Best Research for Best Health: The Next Chapter' was published. This re-affirms the six core workstreams and highlights seven 'areas of strategic focus' where the environment is changing and where we need to deliver transformative change over the next five to ten years. Together, these comprise the NIHR operational priorities as we emerge from the Covid-19 pandemic. At all times guided by operating principles of impact, excellence, inclusion, collaboration and effectiveness.

To investigate and shed light on the impacts of the pandemic on mental health, the NIHR invested £2m into six research projects jointly funded with UKRI. The specific focus of this is on reducing the negative effects of the pandemic on the mental health of three at-risk

groups: healthcare workers, children and younger people, and those with serious mental health problems. The Covid-19 pandemic and associated restrictions have had a negative effect on the mental health of the nation, with one in five adults in Great Britain experiencing some form of depression. The first and largest of the six new projects seeks to understand and mitigate the psychosocial impact of the pandemic on NHS staff in England. During 2021 EPUT is proud to have been involved in the third phase of this global study through 415 staff completing an online questionnaire exploring the psychological impact of the pandemic and changing restrictions, their effect on our emotions, behaviour and wellbeing.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves - patients and public - and the staff who work for it. The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. Embedded within these constitutional values and pledges every NHS organisation has a duty to:

- Show commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population.
- to anonymise information collected during the course of treatment and use it to support research and improve care for others.

Participation in clinical research

- inform public, patients and staff of research studies in which they may be eligible to participate.

EPUT is actively working on its mission to meet these pledges and has in place a Five Year Strategy (2019 - 2024) which confirms our commitment to research and innovation:

"We are maximising research and innovations in care to increase patient experience. Continued working with our universities to take forward research activities."

Staff and stakeholders said: "I will actively participate in the research, development and generating of ideas and solutions to problems that will contribute to our trust leading the way within local systems."

In August 2021 we opened as a recruiting site to the Inpatient Safety in Mental Health Observational Study funded by Oxehealth Limited and Sponsored by London South Bank University. The overall aim of this research programme is to improve safety in inpatient mental health settings by identifying precursors to harm.

In this study, anonymised incident data from EPUT will be examined. Retrospective data from up to 12 months prior to the start of the study will be reviewed, together with ongoing prospective data collection for up to a year. Alongside incident data from Trust logs, anonymised data will be used from a vision-based patient monitoring and management system, Oxevision (Oxehealth Limited, Oxford, UK) which is currently used in mental health wards across EPUT as part of routine care. The system supports staff caring for patients by providing contact-free measurement of breathing rate and pulse rate, alerts and activity reports. This

study is not designed to evaluate the Oxevision system itself, but to establish if insights may be obtained into precursors to harm by combining anonymised data from the system with anonymised data from Trust incident logs.

In November 2021 we officially launched and started on our NIHR Research for Patient Benefit (RfPB) funded research project collaboration with Anglia Ruskin University, which aims to identify the mental health support needs of women veterans, and to provide guidance and recommendations for mental healthcare professionals (MHCPs) to enhance NHS veteran-specific mental health support for women.

February 2022 saw the completion of EPUT's participation as the highest recruiting site for a commercial study entitled 'A validation study of a computerised, Artificial Intelligence assisted cognitive assessment test compared to a widely used cognitive assessment test and specialist clinical diagnosis in patients with Alzheimer's Dementia and Mild Cognitive Impairment' with a total of 76 participants recruited. EPUT delivery staff within our Research and Innovations department were highly praised by the company, Cognetivity Ltd:

"Their determination and perseverance rendered your site as the highest recruiter with the smallest number of screenfails out of the 12 participating hospitals."

In March 2022 the outcomes of a research study were published which EPUT was delighted to be selected in August 2019 as a

participating site for a six month period. The study entitled EFFIP (E-support for Families and Friends of Individuals affected by Psychosis): A randomised controlled trial (RCT) of a co-produced online intervention for carers, was comparing carers use/experience of a static website with information only and the COPe-support interactive website.

Although the outcomes showed there was no big difference between using either type of website, the good news is that some of those who did use the website were interviewed and had a number of positive experiences.

Carers found COPe-support to be a convenient, flexible source of knowledge and support from other carers and relevant experts. Carers gained self-confidence, hope, and a sense of community from connecting with others in the same situation, which helped reduced stigma and feelings of isolation. Best of all, self-care of carers was increased through their use of COPe-support. Carers' usage and experience of COPe-support differed widely depending on carer age and how comfortable they felt using the internet.

As part of our ongoing work to engage staff in clinical academic career pathways, the research department has actively worked with and supported an application in March 2022 by Mr Edward Kirby made to the HEE/NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship 2022 (round 5). Ed is EPUT's MSK Lead Physiotherapist and AHP Research Lead. The outcome of this application will be notified in May 2022.

Monitoring quality

When we talk about quality care we mean care that is safe, responsive to people's needs and contributes to a positive patient experience.

Our vision reflects our position as a provider of healthcare for local people and the wider population, and we provide care in many ways and locations. To deliver this ambition, we know that we will always seek to improve the healthcare we provide and we will be flexible and responsive to future demands so that we can make sure patients get great care when and where they need it.

The quality (clinical governance) structure supporting the quality agenda (patient safety, experience and clinical effectiveness) is established across EPUT. The structure includes a range of subject matter groups such as the Infection Prevention and Control Committee and Mortality Review Group which report through to the clinical governance committee and onto the Quality Committee, an assurance committee of the Board of Directors.

The Quality Committee receives a bi-monthly clinical governance assurance report covering the work of all sub-committees. The Quality Committee is then able to provide assurance to the Board of Directors, escalating any specific risks or issues.

The Quality Committee has a topic/patient story at each meeting to provide real-life examples of the impact of the approach to clinical governance and to triangulate with reported metrics. The Trust plans to enhance this item to invite individual experts by experience to attend the meeting on a quarterly basis in 2022/23.

The Trust has in place a Patient Safety Strategy 2020-23 which ensures there is a focus on safety as a key aspect of Clinical Governance and the development of a safety first culture. The strategy has been operational for 12 months and outcome measures are in place to ensure effective monitoring through an Executive Safety Oversight Group and then to the Quality Committee.

To support this the Trust has in place:

- Subject matter experts to provide support and guidance to clinical operational care groups.
- Clinical audit programme to test clinical standards are being met, and action taken where improvements are identified.
- Participation in relevant national audits and confidential enquiries.
- Process to disseminate new and revised NICE and best practice guidance.
- Ward heat maps collating intelligence on a range of CQC metrics, and support is provided by the Compliance Team should improvements be required.
- The Trust is an early adopter of the national Patient Safety Incident Review Framework (PSIRF) and has worked with the national team and partner organisations to develop our approach which was launched in 2021. The PSIRF is aimed at identifying system learning and taking impactful action. The Board also approved a Patient Safety Incident Review Plan (PSIRP) identifying our local priorities which link with our approach to developing and sustaining a safety culture.

The Trust has undertaken a review against the PSIRP to support future planning for 2022/23 onwards.

- The Trust has a designated resource in the form of Performance Management Office (Human Engine) tasked with assisting delivery of the Patient Safety Strategy.

As a direct response to Covid-19, the Trust has in place an infection control board assurance framework which is updated on a bi-monthly basis and reports to the Quality Committee.

Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

The CQUIN payment framework enables our commissioners to reward excellence and innovation of national and locally-agreed quality improvement goals reported to NHS England and our local Commissioners.

During 2020/21, Commissioners stood down CQUIN schemes as part of the response to Covid-19. The CQUIN goals remained stood down during 2021/22 due to the ongoing pandemic response.

The Trust received the value of the CQUIN schemes in full.

Essex Partnership University NHS Foundation Trust's income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because CQUIN goals were stood down in response to the Covid-19 pandemic and ongoing pressures on NHS staff and services.

Covid-19 vaccination centre

In January 2022, a major milestone was met at EPUT as we celebrated one year since the opening of the first Covid-19 vaccination centre in Essex.

The Lodge, Runwell, opened to the public on 19 January 2021, vaccinating people living in and around Essex as part of the largest vaccination programme in NHS history. Since that day, EPUT has administered 1,245,383 vaccinations (and counting!) across all of its vaccination centres.

Nigel Leonard, Executive Director of Major Projects, said: "This is a major milestone and I am so proud of all our staff and volunteers who have worked effortlessly to ensure we vaccinate as many people as possible."

"We are delighted to be part of the vaccination delivery and we are celebrating the massive amount of hard work by hundreds of our healthcare colleagues and volunteer marshals across mid & south Essex and Suffolk & north east Essex."

Since doors were opened at The Lodge, more than 123,000 people have been vaccinated there. More than 38,000 people have had their first dose, more than 46,500 their second, and more than 38,700 have received their booster dose at the centre. Nigel Leonard added: "While we take a moment to recognise the achievements of the last 12 months, I encourage as many people as possible who still need a first, second or booster jab to come forward and book their vaccination as soon as possible."



How healthcare is regulated

Essex Partnership University NHS Foundation Trust (EPUT) is required to register with the Care Quality Commission (CQC) and its current registration status is full registration.

EPUT has the following conditions on registration - 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 has taken enforcement action against EPUT during 2021/22 under Section 31 of the Health and Social Care Act 2008, to take urgent enforcement action and impose conditions on registration.

EPUT was issued with two Requirement Notices and three Enforcement Actions following an unannounced inspection of its Child and Adolescent Mental Health wards (Longview ward, Larkwood ward and Poplar Unit) in May and June 2021.

- A requirement not to admit any new service users to all three of the CAMHS wards without the written permission of the CQC.

- A requirement to ensure that all three CAMHS wards are staffed with the required number of suitably skilled staff to meet services users' needs and to undertake services users' observations as prescribed.

The report was published on 15 September 2021, and the full report can be found on the CQC website at <https://api.cqc.org.uk/public/v1/reports/67371114-cd15-42a2-b5b6-4759d54de8aa?20211223171918>

The Requirement Notices are:

- Regulation 10 HSCA (RA) Regulations 2014 Dignity and Respect.
- Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment.

The Enforcement Actions are:

- Regulation 10 HSCA (RA) Regulations 2014 Dignity and Respect.
- Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good Governance.

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

However, EPUT is subject to an independent inquiry into the deaths of mental health inpatients in Essex between 2000 and 2020. The Inquiry will hear evidence from families, carers, and friends of those who died; others with experience of mental health inpatient care in

Essex during the 21 year period; as well as staff, former staff, relevant professionals, and organisations.

The Inquiry is independent of government and the health care system. The Inquiry wishes to give the families and loved ones of those who died a chance to tell their story and inform change. For more information <https://www.emhii.org.uk>

CQC monitoring and inspection process

The CQC's surveillance model is built on a suite of indicators which relate to the five key questions - are services **safe, effective, caring, responsive, and well-led?**

The indicators are used to raise questions about the quality of care but are not used on their own to make final judgements. Judgements will always be based on a combination of what is found at inspection, national surveillance data and local information from the Trust and other organisations. The judgement is based on a ratings approach using the following categories:

Outstanding
Good
Requires Improvement
Inadequate

How healthcare is regulated

Inspections by the Care Quality Commission (CQC)

The CQC regulates and regularly inspects healthcare service providers in England. Where there is a legal duty to do so, the CQC rates the quality of services against each key question as outstanding, good, requires improvement or inadequate. Healthcare service providers can be re-inspected at any time if services fail to meet the Fundamental Standards of Quality and Safety, or if any concerns are raised.

During May 2021, the CQC carried out a focused inspection of the Child and Adolescent Mental Health Service (CAMHS).

Subsequent to this, on 9 June 2021, the CQC served the Trust with a Notice of Decision not to admit any new service users without written permission from the CQC and a requirement to ensure staffing levels to meet service user needs, under Section 31 of the Health and Social Act 2008 for the Children and Adolescent Mental Health Services (CAMHS) provided at Longview Ward, Larkwood Ward and the Poplar Unit. The inspection report was published in September 2021, whereby the service was re-rated from 'outstanding' to 'inadequate'.

The published report confirmed that inspectors found a number of examples of positive practice across our CAMHS services:

- Ward areas were clean, well maintained and well furnished.
- Staff knew about any potential ligature anchor points and mitigated the risks.

- Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff regularly reviewed risk assessments and positive behaviour support plans; where patients had them. Staff involved patients, gave them access to their care planning, and risk assessments. Staff made sure patients understood their care and treatment.
- Staff involved patients in decisions about the service, when appropriate.
- Patients had access to areas such as de-escalation and chill out rooms.

The CQC told the Trust of 13 actions we must take to comply with its registration requirements.

Regulation 10: Dignity and respect

- Ensure that staff are patient centred and talk about patients with kindness, dignity and respect.
- Ensure that staff have access to enough and multiple sizes of tear proof clothing items to meet patient needs.
- Ensure that staff are responsive to patient needs.
- Ensure that all staff understand the needs of the patients they are caring for.

Regulation 12: Safe care and treatment

- Ensure that there are enough staff on shift to keep patients safe, carry out any physical interventions safely and meet patient needs.
- Ensure that staffing establishments are regularly reviewed in order to meet patient need.

- Ensure that the wards are staffed with regular and familiar staff so as to not impact on the quality of patient care.
- Ensure that patients are able to return from leave at their request and there are staff in place to accommodate this.
- Ensure that staff follow policy and procedures on the use of enhanced support when observing patients assessed as being at higher risk of harm to themselves or others, minimising the opportunity for patients to self-harm. This includes, but is not limited to, observing patients at their prescribed times, and at irregular intervals.
- Ensure that staff recognise incidents and report them appropriately, clearly and in line with trust policy.
- Ensure that managers are proactive in responding to risk and that risks and issues are dealt with appropriately and quickly.

Regulation 17: Good governance

- Be assured as to the skills and experience of agency staff who work on the wards.
- Ensure that lessons learned are shared effectively across all wards and the wider service where appropriate.

The Trust initiated a CAMHS Clinical Intensive Support Group and has delivered 20 or the 22 actions arising from the CQC action. The two remaining actions required longer term programmes of work and are ongoing associated with implementation of new Mental Health Staffing Tool (an evidence based and multidisciplinary NHS Safer Staffing Support Tool) and

How healthcare is regulated

final sign off and contractor handover of a new dedicated HTU/Long Term segregation room ensuring access is dignified and safe for service users.

There has been and will continue to be substantial oversight by the Executive team to ensure improvements are sustained over time. At the point of writing this report the CQC have re-inspected the CAMHS service and the report is awaited. However, the CQC has recommended that the Trust apply to have the conditions removed.

All EPUT reports can be viewed on the CQC website at <https://www.cqc.org.uk/provider/R1L>

Chart 6 - CAHMS rating following CQC inspection

Overall rating for this service		Inadequate ●
Are services safe?		Inadequate ●
Are services effective?		Insufficient evidence to rate ●
Are services caring?		Inadequate ●
Are services responsive to people's needs?		Insufficient evidence to rate ●
Are services well-led?		Inadequate ●

Charts 7 & 8 - Overall Trust quality ratings from the CQC

Overall trust quality rating		Good ●
Are services safe?		Requires improvement ●
Are services effective?		Good ●
Are services caring?		Outstanding ☆
Are services responsive?		Good ●
Are services well-led?		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

EPUT's Erika Mangialardi recognised for pioneering online Aphasia iCafé

Erika Mangialardi, Speech and Language Therapist (SLT) from the Community Team in West Essex, has been commended for her work to help people with Aphasia.

Along with fellow University of Essex alumna Sarah Murphy, Erika established the innovative online Aphasia iCafé on Zoom during the pandemic to support people with aphasia who were isolated, and its work is continuing to grow. The project is so successful that Erika and Sarah's work was recognised with a Tavistock Trust for Aphasia Prize, an international award for SLT students.

Aphasia is a communication disorder that affects someone's ability to speak or understand speech. It also impacts how they understand written words and their ability to read and to write. In most cases, aphasia results from a stroke or haemorrhage in the brain, but it can also be caused by damage to the brain from impact injury such as a car accident. Brain tumours can also result in aphasia.

The Aphasia iCafé groups are run by SLT students, qualified SLTs and aspiring SLT students in the UK. Each group is comprised of five to six participants, with two of the iCafé team facilitating the conversations. Each session provides a safe but engaging environment where people with the condition can practice speech.

Participants might be living independently, with their families or they might be living in care homes, and they join iCafe sessions from the UK, Ireland, India, Australia and the United States. Some have English as a second language.

Erika emphasises that they aim to meet the individual needs of participants: "Our eight groups are tailored to individual needs. Dynamics are very different in each group. People might prefer discussing music, movies and tv, or like games and quizzes. Some like competitions, others prefer open conversation."

"In the groups, apart from having general discussions, there are opportunities to discuss their journeys. The fact they can share their journey or what they struggle with and see the progress they have made and compare their experiences with someone else creates a really emotional, but powerful session."

"Most importantly it's a safe and fun place for everyone who wants to join. One of the things that everyone mentions is humour. We ask people why they enjoy the sessions, and they tell us they had a laugh and they enjoyed it – that is so important. Family members tell us that it makes a real difference to people who live in isolation as they have communication or physical difficulties, and they don't normally get to socialise. They tell us that taking part in the sessions makes people more motivated and gives them more drive."

So far 76 BSc and MSc Speech and Language Therapy students at Essex have supported the project.



Sarah Murphy (left) and Erika Mangialardi (right).

Statements relating to the quality of relevant health services provided

NHS number and General Medical Practice Code validity

Essex Partnership University NHS Foundation Trust submitted records during 2021/22 to the Secondary Uses Service 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's valid NHS number was:

- 100% for admitted patient care;
- 100% for outpatient care;
- N/A for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 95.7% for admitted patient care;
- 100% for outpatient care;
- N/A for accident and emergency care.

Information Governance Toolkit attainment levels

EPUT's Information Governance Data Security and Protection Toolkit (DSPT) score for 2020/21 was 'Standards Exceeded'.

The baseline submission is returned to inform NHS Digital that the Trust intends to undertake the DSPT for 2021/22.

The final submission (in June) will publish the Trust's compliance with the National Data Guardians Data Security Standards.

Clinical Coding

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

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

Data quality

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

- The Trust developed and signed off a new Digital Strategy identifying key digital schemes and initiatives to drive service engagement, efficiencies, and patient safety.
- The deployment of the Oxehealth Oxevision technology on our wards to help clinicians plan, care and intervene proactively has been a huge success and it is being considered for wider deployment across more services in EPUT.
- EPUT is leading on an ICS cyber maturity model. Working with all members of Mid and South Essex ICS, this scheme will enable the wider system to reach a common cyber security baseline, support collaboration and drive efficiencies in both cost and resource.
- Trials of a brand new Electronic observations tool (e-obs) for use in Mental Health inpatient settings to enable safer and more efficient patient observations. Trials are ongoing but early feedback is extremely encouraging.
- EPUT is driving an initiative to establish a single wifi network across MSE ICS. This will be a huge step towards enabling closer collaboration and integrated working. Progress is very positive and

all partner organisations are on board and working to a common goal.

- The deployment of a wound management app in the community for wound management and tissue viability nurses has been extremely well received within the wider system. It is a true enabler for improving recovery times for patients whilst driving efficiencies in nursing time. This programme has been highlighted as exemplar and the solution is being considered for use elsewhere in the local health economy with EPUT offering support for expansion.
- EPUT's Interoperability solution continues to group in capability and data richness, on boarding more patient data from more source systems to present in a clear unified record in a clinical viewer to support clinical decision making.
- The deployment of the MaST tool as an enabler for predictive analytics is proving to be invaluable as a mechanism of using existing data to predict patients who will be in the need of crisis services and allowing preventative care to be offered to prevent such situations. The tool continues to be evolved to provide more and more insight into predictive care models.
- The deployment of Power BI as part of EPUT's Business Intelligence transformation is shaping up to add both value to the presentation of rich data for better decision making but also significantly reducing the time and resource required to produce data reports allowing more time for analysis.

Clinical effectiveness

Learning from deaths

Learning from the deaths of people accessing our services is a fundamental part of strengthening our safety culture and ensuring the quality of our services continually improves. We take every death of a person in our care very seriously.

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. 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.

'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 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 increased.

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 Level 4 pandemic response. However, developmental learning and action was taken forward as capacity allowed.

Examples of the developmental work undertaken are included at the end of this section.

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.

Significant work has been undertaken over the last six months to develop and consult across a range of clinical and governance staff on new processes for learning from deaths. These continue to be based on national guidance but build on our experiences of mortality review since the implementation of the original Policy in 2017.

The outcome is a new Learning from Deaths Policy and Procedural Guidelines. These launched on 1 April 2022. The new arrangements simplify previous mortality review processes, strengthen the focus on learning outcomes, move ownership closer to front line services and directly align with the Patient Safety Incident Response Framework arrangements.

Please note:

- Figures reflect Q1 - Q3 of 2021/22. Information in relation to Q4 is not available to the Board of Directors until June each year; Q4 data from 2020/21 is, therefore, included in this report for completeness, and Q4 data for 2021/22 will be included in next year's 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 22 March 2022.

Explanatory notes

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/consideration under the Patient Safety Incident Response Framework, 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 patient/service user deaths in a community setting which have been the subject of a formal complaint and/or claim by bereaved families and carers;
 - ◊ Any patient/service user 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; and
 - ◊ Any deaths identified for thematic review by the Mortality Review Sub-Committee.

Clinical effectiveness *Learning from deaths*

Number of patients' / service users' deaths 'in scope' for mortality review (National Guidance reference 27.1)

During the reporting period Q4 2020/21 to Q3 2021/22, 263 EPUT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Reporting period	Number
Q4 2020/21	120*
Q1 2021/22	43
Q2 2021/22	48
Q3 2021/22	52

*Explanatory notes for Q4 2020/21 data:

The number of deaths in Q4 2020/21 was significantly higher than Q4 in 2019/20 and with other quarterly figures for periods not impacted by Covid-19. The quarter was directly impacted by Covid-19 with over half (n. 69) of the 120 deaths occurring in January 2021 during Wave 2. For February and March 2021, mortality levels returned to levels consistent with previous quarters not impacted by Covid-19.

Number of deaths 'in scope' for mortality review subjected to case record review/investigation (National Guidance reference 27.2)

Q4 data:

By 22 March 2022, one Grade 2 case record review and 21 Grade 4 investigations (serious incident/PSIRF) have been carried out in relation to 22 of the deaths included in item 27.1 above.

Q1-Q3 data:

By 22 March 2022, zero Grade 2 case record reviews and 24

Grade 4 serious incident/PSIRF investigations have been carried out in relation to 24 of the deaths included in item 27.1. In addition to the above, 13 Grade 4 serious incident/PSIRF investigations are in progress.

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

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

Reporting period	Number
Q4 2020/21	22
Q1 2021/22	12
Q2 2021/22	10
Q3 2021/22	15

Explanatory notes: 2020/21 data:

For the full year 2020/21 the following reviews had taken place by 22 March 2022: four Grade 2 case record reviews and 72 Grade 4 serious incident investigations reflecting 79 of the 311 deaths in 2020/21. In addition, three Grade 2 case record reviews are in progress.

Explanatory notes: 2021/22 data

- 74 closed reviews at Grade 1 (do not fall within the category of case record reviews/investigations)
 - 24 closed reviews at Grade 2-4 (case record review/investigation)
 - 13 reviews in progress at Grade 2-4 (case record review/investigation)
 - 32 final grade of review still under determination
- Total = 143 deaths

Deaths judged more likely than not to have been due to problems in care (National Guidance reference 27.3)

Zero, representing 0% of the patient deaths during the reporting period, are judged to be 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:

Reporting period	Number and % of deaths in each quarter given in item 27.1
Q4 2020/21	0, representing 0%
Q1 2021/22	0, representing 0%
Q2 2021/22	0, representing 0%
Q3 2021/22	0, representing 0%

Explanatory notes:

For the full year 2020/21, 48 reviews are still in progress or awaiting judgement in terms of problems in care at the date of preparing this information. **For Q1-Q3 2021/22**, 46 reviews are still in progress or 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.

Clinical effectiveness

Learning from deaths

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

Not applicable as there were zero deaths judged more likely than not to have been due to problems in care during 2021/22.

Action taken in consequence of the learning above (National Guidance reference 27.5)

Not applicable as there were zero deaths judged more likely than not to have been due to problems in care during 2021/22.

Impact of the actions described above (National Guidance reference 27.6)

Not applicable as there were zero deaths judged more likely than not to have been due to problems in care during 2021/22.

Mandated information that will be reported in the 2022/23 Quality Account (National Guidance reference 27.7-27.9)

We are unable to report on the following mandated information in the Quality Account 2021/22. We will report on this in the Quality Account 2022/23:

- The number of case note reviews or investigations finished in 2022/23 which related to deaths during 2021/22 but were not included in the Quality Account for that previous reporting period (Q4 information).
- An estimate of the number of deaths included above which EPUT judge as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patients/ service users, with an explanation of the methods used to assess this (Q4 information).
- A revised estimate of the number of deaths during the previous reporting period taking account of the deaths referred to in the point above (Q4 information).

Clinical effectiveness *Learning from deaths*

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 actions taken in response to learning during 2021/22 include the following:

Review of the Active Engagement Guidance including Did Not Attend

A review was undertaken and specific guidance was included about the role and engagement of family members/friends/carers who have concerns about a patient who is not engaging with services. We are in the process of undertaking a review of the effectiveness of the new guidance and further enhancements are to be made.

Tailgating and absconding

A review has been undertaken of incidents where patients had attempted to abscond from inpatient units and themes in terms of learning identified. Actions arising from the review now include a time limited period for the multi-disciplinary team to identify mitigations for the risk and key lessons for the service, increase awareness among staff, mailshot to all services as well as presenting findings and action at the Quality & Safety Group meetings and Learning Oversight Sub-Committee.

Updated Handover guidance

Updated handover guidance was implemented in the early part of the year, following

learning from reviews. An audit of handover approaches has recently been undertaken and the outcomes of the audit are being worked through to determine how to further strengthen and standardise approaches across the Trust to learn from best practice in all areas.

Clinical notes guidance

Similarly a review has been undertaken of new clinical notes guidance implemented earlier in the year in response to learning. Feedback has been gathered from a range of staff in the review and action is now being taken to develop separate guidance for staff working in the community and staff working in an inpatient setting, with a view to further strengthening record keeping approaches in different settings.

Observation and engagement

A Task & Finish Group reviewed the policy, procedural guidelines and record keeping forms. Refinements were made to the record keeping forms to localise for each individual ward environment. Three patient safety videos on observation and engagement have been produced by the Trust and are being launched as a development tool to strengthen practice.

Clinical dashboards

Clinical dashboards have been introduced across the Trust. These allow, at a glance, identification of any care plans or risk assessments that are out of date and require updating, thus directly addressing learning themes emerging relating to risk assessment and documentation.

Quality/review process and approach to implementing learning into the future

In recognition of the importance of identifying learning and embedding improved practice as a result of such learning, the Trust is implementing new structures and ways of working to strengthen outcomes during 2022/23. During 2021/22, a formal quality review process was put in place to monitor embedded learning from patient safety incident investigations in the following areas:

- Mental health inpatient deaths
- Specialist Services inpatient deaths
- Regulation 28 Prevention of Future Deaths Notice

For each incident, the quality reviewer (usually the Nurse Consultant for Patient Safety or Patient Safety Incident Management Clinical Lead) carried out a detailed review of the completed investigation action plan three to six months after the action plan had been completed, in conjunction with the service, to identify evidence that the learning has been embedded. These reviews have been shared with HM Coroner and Commissioning bodies and have received positive feedback. There will be a continuation and strengthening of assurance testing following implementation of actions into the future to ensure that the changes have been embedded and that practice has changed as a result.

Core Quality Indicators

The data given within the Core Quality Indicators is taken from the Health and Social Care Information Centre Indicator Portal (HSCIC), unless otherwise indicated.

Please note that HSCIC is now known as NHS Digital.

Indicator: Percentage of patients on Care Programme Approach					
This indicator measures the percentage of patients/service users followed up either face to face or by telephone within seven days of their discharge from a psychiatric inpatient unit.					
The data made available to the Trust by the HSCIC with regard to:	Reporting period	EPUT score	National average	Highest score	Lowest score
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	April 19 - March 20	92.4%	95%	100%	83.4%
	April 20 - March 21	Due to Covid-19 and subsequent need to release capacity across the NHS, collection and publication ceased.			
	April 21 - March 22	95.94%	Data not yet available		
EPUT considers that this data is as described for the following reason:					
The performance team holds this information but also keeps a record once validated by the Trust Operational Productivity team. Once validation is complete, the compliance figures are generally much higher than initially produced mainly due to system interoperability issues and also specific agreed exclusion reasons.					
EPUT is taking the following actions to improve this score, and so the quality of its services, by:					
The Performance team is working with systems teams to improve this score as data currently needs some manual validation such as deaths within 72 hours of discharge, the legal removal of a patient from the country and those patients transferred or discharged to another Mental Health facility.					

Indicator: Percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period					
This indicator measures the percentage of adult admissions, which are gate-kept by a crisis resolution and home treatment team.					
The data made available to the Trust by the HSCIC with regard to:	Reporting period	EPUT score	National average	Highest score	Lowest score
The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period	April 19 - March 20	99.6%	97.8%	100%	85.2%
	April 20 - March 21	Due to Covid-19 and subsequent need to release capacity across the NHS, collection and publication ceased.			
	April 21 - March 22	Data not yet available			
EPUT considers that this data is as described for the following reason:					
Collection of this data ceased during the Covid-19 pandemic, due to the need to release capacity to the frontline.					
EPUT is taking the following actions to improve this score, and so the quality of its services, by:					
Collection of this data ceased during the Covid-19 pandemic, due to the need to release capacity to the frontline.					

Core Quality Indicators

Indicator: Readmission rates					
This indicator measures the percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.					
	Reporting period	EPUT score	National average	Highest score	Lowest score
% of patients aged 0-15 years readmitted within 28 days	2019/20	11.4	12.5	56.8	2.1
	2020/21	12.7	11.9	64.4	2.8
	2021/22	Data not yet published			
<i>Indicator score</i>					
% of patients aged 16 years or over readmitted within 28 days	2019/20	12.5	14.7	37.5	1.9
	2020/21	12.6	15.9	112.9	1.1
	2021/22	Data not yet published			
<i>Indicator score</i>					

Indicator: Patient recommendation					
The data made available to the Trust by the HSCIC with regard to:	Reporting period	EPUT score	National average	Highest score (best)	Lowest score (worst)
The Trust's 'patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	2019/20	6.7	6.5	7.4	5.6
	2020/21	7.1	6.8	7.5	5.6
	2021/22	6.8	6.8	7.5	5.9
<p>EPUT considers that this data is as described for the following reason: In January 2022 EPUT's contracted provider of the FFT changed from 'formic' to iWantGreatCare (iwgc). This was in effort to increase FFT responses for EPUT which have historically been fairly low in comparison to other Trusts similar in size and available services. It is likely the response rate was due to the launch of a new service within EPUT and teams getting used to a new contracted provider.</p> <p>There was a significant decrease in responses from 2019 to 2021 which is likely due to operational pressures following the pandemic and the emphasis on paper responses (which were not compliant with IPC measures). Although the responses were improved as 100% of patients stated their experience was 'very good' it is important to note that this is only out of 12 responses.</p>					
<p>EPUT is taking the following actions to improve this score, and so the quality of its services, by: As EPUT has previously relied only on paper forms to be completed by patients to leave their FFT ratings, a digital solution is now encouraged in conjunction with traditional paper responses.</p> <p>With an increase in methodologies to provide FFT feedback, responses are likely to increase. The focus on digital solutions appears to be having a positive effect on increasing response rates, as from January 2022 to February 2022 there was a 13% increase in Friends and Family Test (FFT) responses. This is likely to continue to increase as the text solution goes live within months, which will ask patients to review the appointment they recently attended via sending the url link to EPUT's iwgc page via a text message.</p>					

Core Quality Indicators

Indicator: Patient safety incident rate									
The data made available to the Trust by the HSCIC with regard to:	Reporting period	EPUT Score		National average		Highest score		Lowest score	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
The number and rate of patient safety incidents reported within the Trust during the reporting period <i>*data now reported annually rather than 6-monthly</i>	April 19 - September 19	8,170	64.2	3,925	62.9	8,568	130.8	13	17.2
	October 19 - March 20	8,047	60.8	3,929	62.8	9,509	145.5	4	18.1
	April 20 - March 21*	16,624	95.4	8,500	64.1	20,749	66.4	2,008	59.7
	April 21 - March 22	Data not yet published							
The number and percentage of such patient safety incidents that resulted in severe harm or death during the reporting period <i>*data now reported annually rather than 6-monthly</i>	Reporting period	EPUT Score		National average		Highest score		Lowest score	
		Number	%	Number	%	Number	%	Number	%
	April 19 - September 19	51	0.6%	18.3	1.0%	118	4.5%	0	0%
	October 19 - March 20	24	0.2%	19.1	1.3%	148	6.5%	0	0%
	April 20 - March 21*	97	0.5%	44.5	0.7%	438	58.8%	0	0%
April 21 - March 22	Data not yet published								
EPUT considers that this data is as described for the following reason:									
The Trust has a positive reporting culture which includes incidents resulting in no harm and low harm, as represented by the results compared to the National position.									
EPUT is taking the following actions to improve this score, and so the quality of its services, by:									
Reporting/processing incident training is available to all staff to improve the accuracy of submitted Datix records.									
The EPUT Culture of Learning is an ongoing project to further enhance staff understanding of the importance of incident reporting and the value it brings to aid service improvement by learned experiences. These experiences and lessons will be centrally reviewed and cascaded to relevant areas of the organisation, with further audits to monitor effectiveness and confirmation the learning has been embedded.									

Peer to Peer Award

Toni Fry, Occupational Therapy Technical Instructor

Toni works as an Occupational Therapy Technical Instructor. "She makes a real difference to the clients and the staff she works with," said one colleague "and she goes the extra mile. She will contract staff members if she thinks they're struggling, offering support and encouragement. She does things for other staff that she knows will make their job easier."

"I've had so much good feedback from clients, who say things like, "I couldn't have got through it without Toni," and "Toni really listened to me."



Hannah Marling, Occupational Therapy Assistant

Colleagues from Hannah's team have said that she shows outstanding enthusiasm and passion for her work.

"She is dedicated and altruistic, enabling patients to retain their dignity and uniqueness. She supports people to participate and engage in any way that they can," said one colleague.

"Hannah is always willing to stand up and support people and champions equality, diversity, dignity and respect."

"I am very proud to have Hannah as part of my team."

Hannah has now left the Trust, but has had a lasting impact on her team - her passion for mindfulness and positive thinking having been woven into the ward culture.

Team Recognition Award

All Faith Chaplaincy Team

Made up of a diverse group of different ages, genders and faith backgrounds, the All Faith Chaplaincy Team is a good reflection of the diversity that EPUT has come to embrace.

Our Chaplains have continued to deliver both virtual and face-to-face support to staff and patients throughout the Covid-19 pandemic, bringing compassion, hope, meaning and a sense of connection. They have worked under difficult circumstances alongside colleagues from all backgrounds, showing selflessness, courage and care.

One colleague said, "I've had lots of kind feedback from colleagues and service users about how they feel the Chaplaincy Team brings value to their lives. They demonstrate acceptance, care and the power of human connection."

"Our Chaplains have supported staff who have lost patients at work or loved ones in their personal lives. The team has shown their knowledge, skill and humanity in service to others and should be recognised for the work they do."



Part 3 - Other information

Performance against key national priorities

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

In this section we have provided an overview of performance in 2021/22 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.

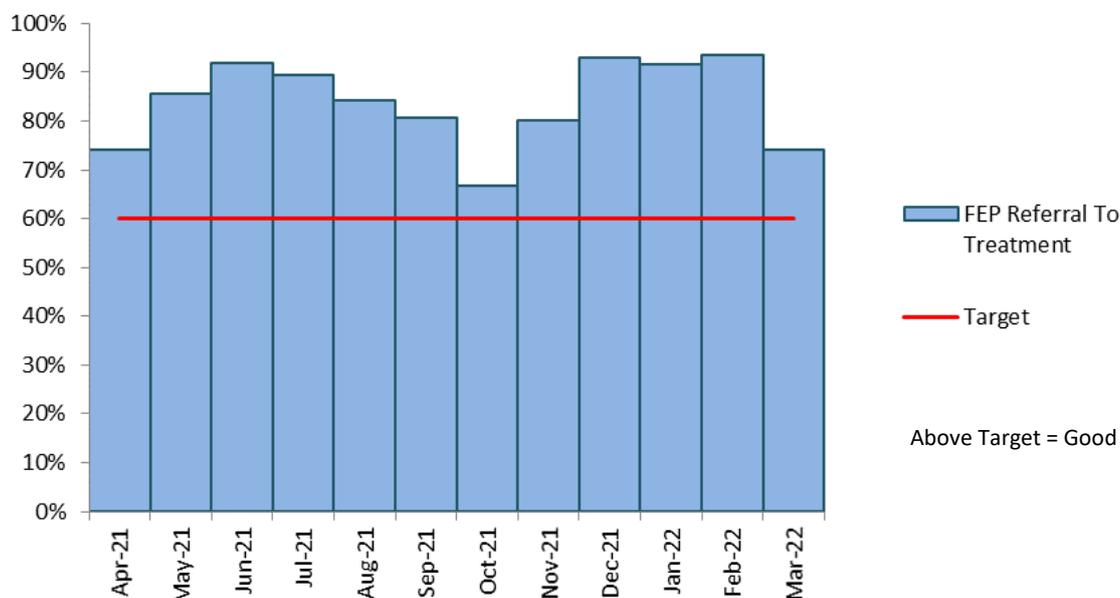
Data for one indicator, 'Patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay' is contained in the mandatory core quality indicator section of this report (see page 34)

First episode psychosis

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 has been achieved consistently in 2021/22 and improvement has been seen throughout the year.

Chart 9 - Our performance over the last year: First episode psychosis



Performance against key national priorities

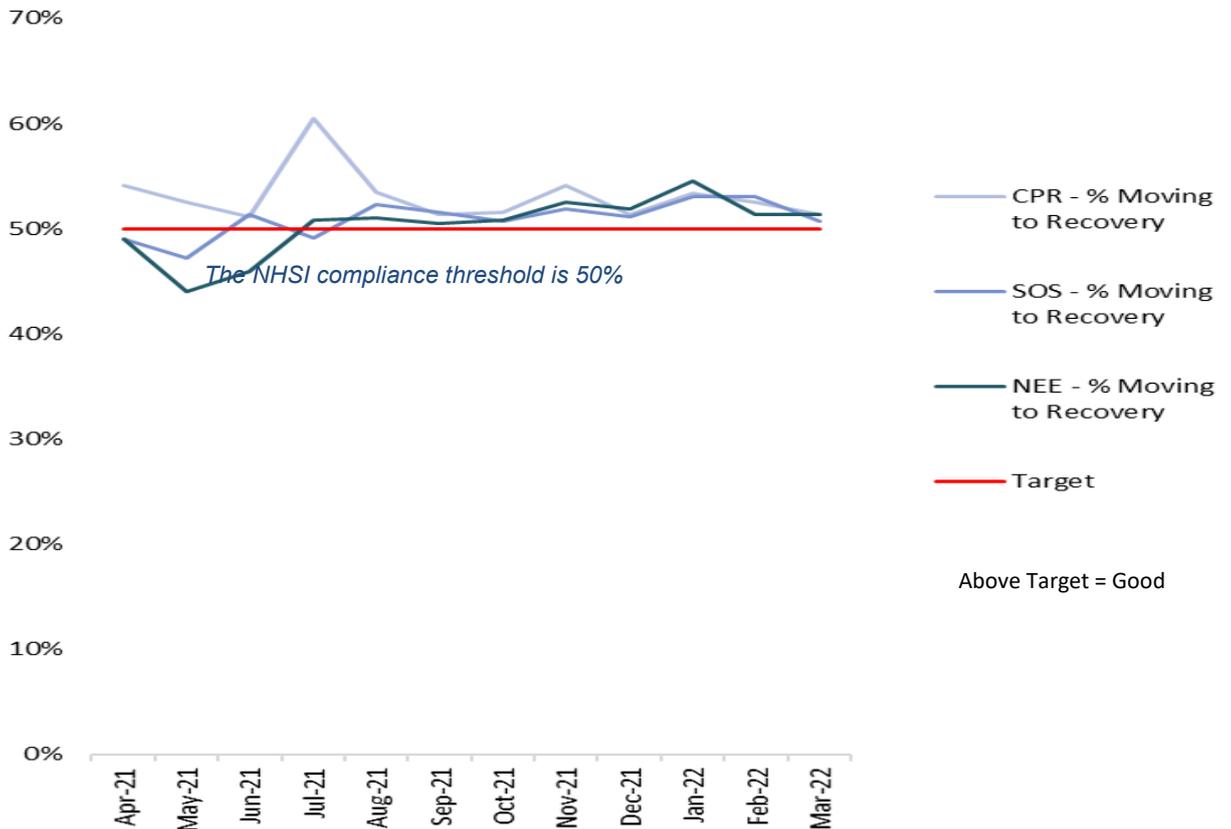
Improving access to psychological therapy services: recovery rates above 50% and waiting targets

Recovery Rates

This indicator measures the percentage of patients discharged from IAPT services who have moved to recovery. IAPT services are commissioned from EPUT by three CCGs: Castle Point & Rochford CCG, Southend on Sea CCG, and North East Essex CCG.

All of these CCGs witnessed pressures due to the Covid-19 pandemic, however, performance above target for all three CCGs has been maintained since August 2021.

Chart 10 - Our performance over the last year: Recovery rates



Performance against key national priorities

Waiting to begin treatment

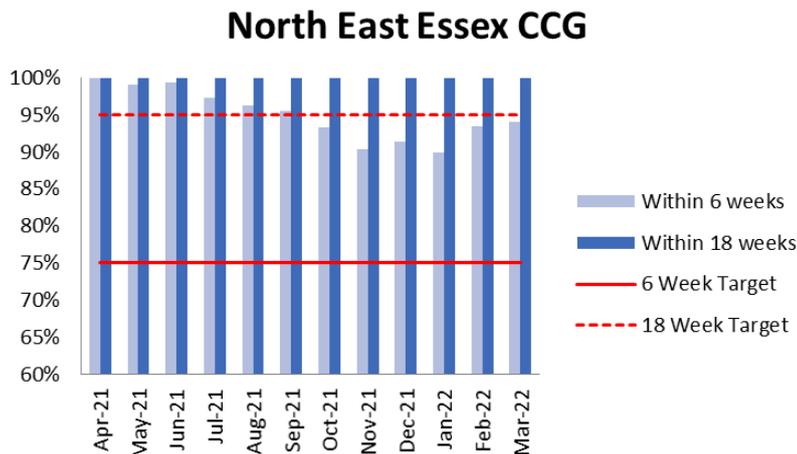
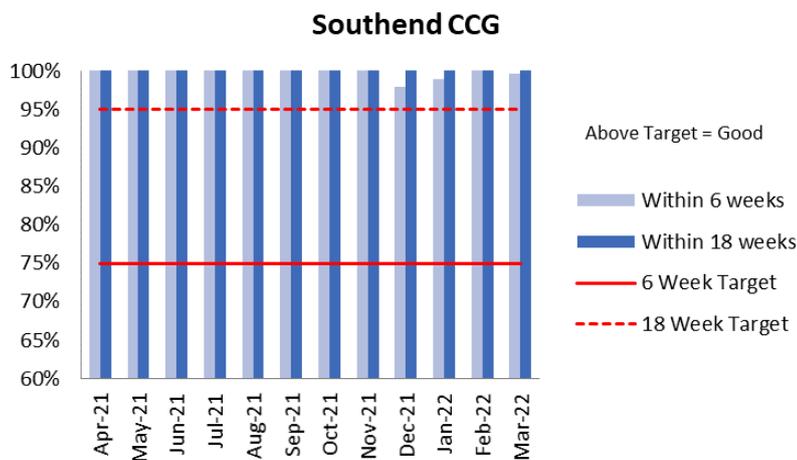
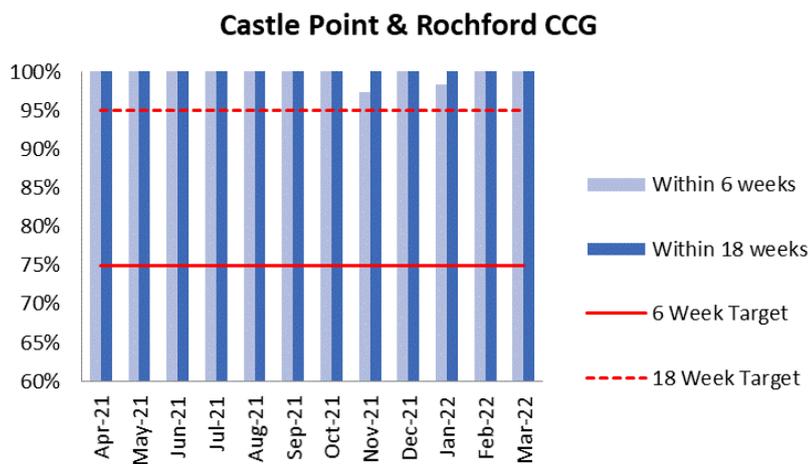
Waiting to begin treatment

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

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

Compliance with both of these targets has been consistently achieved throughout 2021/22, with all clients being seen within the 18 week target in each area.

Charts 11, 12, 13 - Our performance over the last year: Waiting to begin treatment



Performance against key national priorities

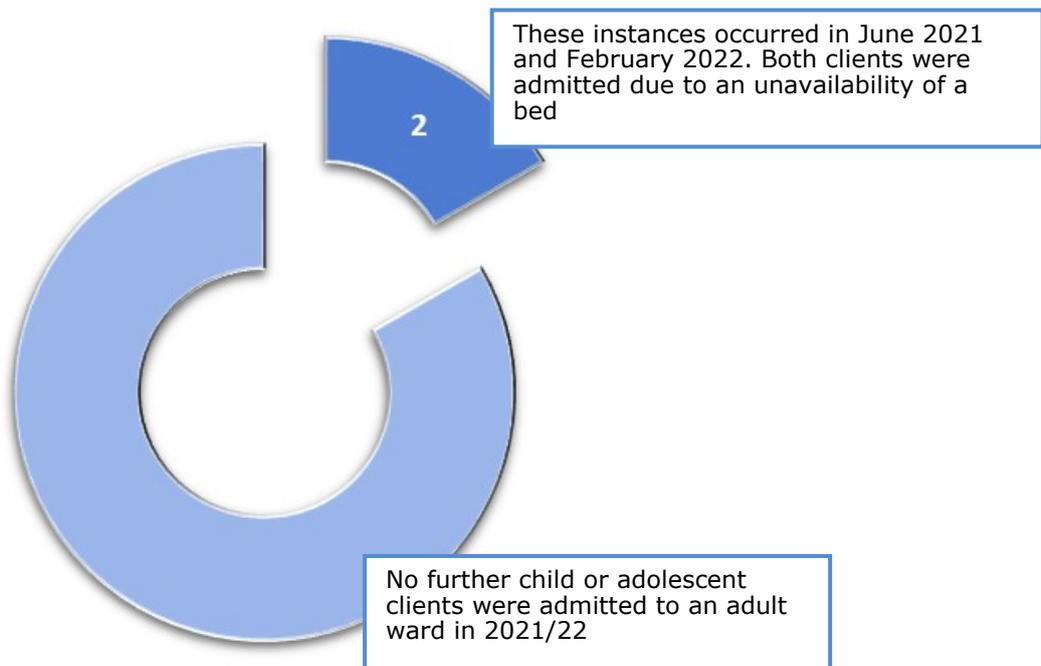
Under 16 admissions to adult wards

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 2021/22 there were two under 16 year olds admitted to adult wards within EPUT. This performance represents an increase from 2020/21, which witnessed one admission.

Chart 14 - Our performance over the last year: Under 16 admissions to adult wards



Performance against key national priorities

Out of area placements

Out of area placements

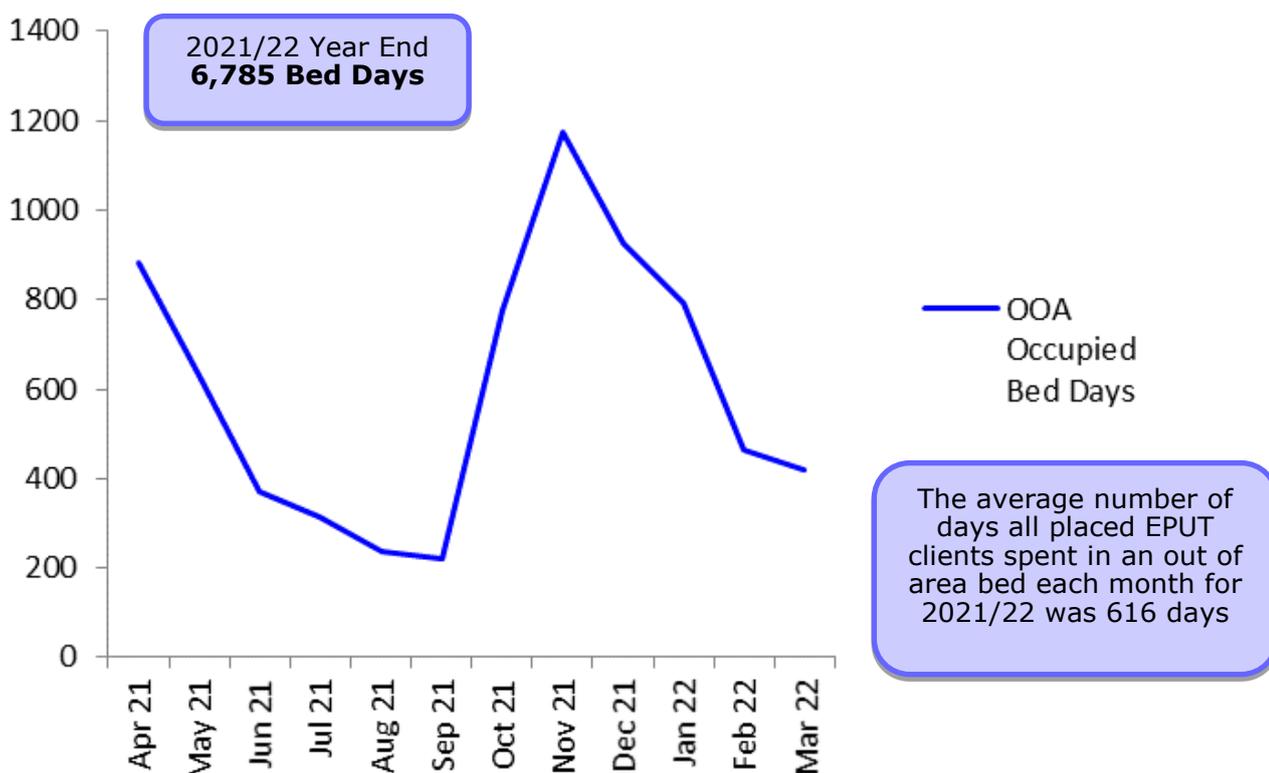
The indicator measures the number of days that patients have spent in inpatient facilities which are out of area and therefore not part of our Trust. This excludes placements out of area which are deemed as appropriate; these placements include those to units the Trust holds a contract with and placements to specialist units the Trust does not provide.

The current target is a reduction to achieve zero out of area placements by the end of March 2022. The Covid-19 pandemic has

had a significant impact on this indicator due to the requirements for social distancing on wards, some units being closed to admissions as a result of Covid-19 outbreaks, and increases in mental health presentations to Emergency Departments.

Due to these pressures, EPUT is not on trajectory to achieve this target, however NHSE/I are aware of the challenges being faced by Trusts and there is potential scope for this target to be extended.

Chart 15 - Our performance over the last year: Out of area placements



Performance against local strategic priorities

Summary of 2021/22 performance

Our performance

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

In this section we have provided a summary of 2021/22 performance against the key operational metrics, quality of care metrics and organisational health metrics that NHS England/Improvement (NHSE/I) previously set out in the NHS Oversight Framework.

Work has begun to further develop our reporting in line with the new NHS System Oversight Framework and this reporting will commence from April 2022.

We provide further details on our performance against a range of mandated and locally agreed quality related performance metrics. However, we have included information of performance against a range of targets to provide an overview of the performance of the Trust.

We have also included some examples of quality innovations which have taken place throughout 2021/22.

Full details of performance against all KPIs were provided to the Finance and Performance Committee each month during 2021/22 and any areas of significant under-achievement were advised to the Board of Directors as 'Inadequate indicators' each month.

	NHS Oversight Framework target	Year End Position
Quality of Care and Outcomes		
CQC rating of Good or above	Good or above	Achieved overall 'Good' CAMHS services rated 'Inadequate'
Written complaint rate per 100 wte	No target set	11.2
Staff FFT recommend the Trust as a place to receive treatment	No target set	Suspended during pandemic
Never events	0	0
There will be 0 Safety Alerts breaches	0	0
CQC community mental health patient survey	No target set	Achieved 'about the same' in 11 of 12 domains in 2021 survey
Community health scores from Friends and Family Test - % positive (extremely likely or likely to recommend)	No target set	Replaced with <i>iWantGreatCare</i> . Awaiting the published results
Mental health scores from Friends and Family Test - % positive (extremely likely or likely to recommend)	No target set	
People on Care Programme Approach (CPA) are followed up within 7 days of discharge from hospital	95%	96.1%
Clients in settled accommodation	No target set	66.7% (LA target 70%)
Clients in employment	No target set	37.1% (LA target 7%)
Potential under-reporting of patient safety incidents	No target set	51.4 (MH benchmark 44.3)
Admissions to adult facilities of patients under 16 years old	No target set	2

Performance against local strategic priorities

Summary of 2021/22 performance

	NHS Oversight Framework target	Year End Position
Operational metrics		
People with a first episode of psychosis (FEP) begin treatment with a NICE-recommended care package within two weeks of referral	60%	93.5%
Data Quality Maturity Index (DQMI) - MHSDS dataset	95%	95.3%
Improving Access to Psychological Therapies (IAPT)/Talking therapies a) 50% of people completing treatment who move to recovery	50%	CP&R 52.2% SoS 51.5% NEE 51.3%
Improving Access to Psychological Therapies (IAPT)/Talking therapies b) waiting time to begin treatment: i) 75% within 6 weeks ii) 95% within 18 weeks	75% 95%	CP&R and SoS: 6 weeks 100% 18 weeks 100% NEE: 6 weeks 93.4% 18 weeks 100% 0
Continued reduction in inappropriate Out of Area Bed days to 0 by end of March 2022	Reduction	464 out of area bed days
Leadership and Workforce		
Staff Sickness Rates (Reported in arrears)	No target set	5.7% (Feb 22) (MH benchmark of 6%)
Staff Turnover	No target set	11.1% (Local target based on national benchmarking <12%)
Proportion of Temp Staff	No target set	9.8%
Staff Survey - Harassment, Bullying and Abuse	No target set	All indicators scored outside average
Staff Survey - Team work	No target set	Half of indicators scored below average
Staff Survey - Inclusion	No target set	All indicators scored outside average

Performance against local strategic priorities

Summary of 2021/22 performance

In addition to the performance against the NHS Oversight Framework detailed overleaf, the following bullet points summarise our performance against a small number of other targets over 2021/22.

- In February 2022 EPUT moved to a new staffing monitoring system called SafeCare. This system allows more enhanced monitoring of staffing levels and client acuity. Under the national **safer staffing** guidelines, all Trusts are required to publish information on nursing staffing levels in ward based clinical areas, along with the percentage of shifts filled. The Trust monitors the actual levels of staffing compared to the planned levels on a shift by shift basis. During the pandemic, maintaining safe staffing levels has been a challenge due to staffing pressures, however, EPUT met all four Trust-wide measures every month with the exception of February 2022. Daily sit rep calls are undertaken with all wards and managers to review current staffing levels and mitigate risks.
- During 2021/22 the Trust has faced significant challenges in reducing the number of **out of area (OOA) placements** due to the pandemic. Requirements for social distancing on wards, some units being closed to admission as a result of Covid-19 outbreaks, and increases in mental health presentations to Emergency Departments have caused increases in our placements. These are challenges being faced not just by our Trust, and NHSE/I are aware of this issue. Significant improvements had been made and performance is now just outside trajectory with robust recovery plans in place. Thanks to these plans and mitigations, the number of occupied bed days spent OOA continue to reduce.
- **Delayed transfers of care** are monitored for mental health adult and older adult inpatients. There is no set national target for this, therefore, the mental health benchmarking average has been used by the Trust to set appropriate targets. A surge in adult delays occurred in October and November 2021, however, EPUT is pleased to report recovery since then with performance now within target. The Trust has also worked hard to maintain older adult delays and we have consistently achieved this with performance within target every month. To facilitate this recovery and good performance, there are now review and discharge planning meetings held in each locality, as well as meetings with Health and Social Care commissioning to support delay avoidance.

The Trust received a letter of praise for Mark Tellam, a receptionist at Basildon Mental Health Unit, recently

In the letter, a patient's family describe how Mark went above and beyond to keep the family informed when their loved one was transferred to another hospital.

"I was very impressed with the way that Mark did his utmost to help us. He took over half an hour to-ing and fro-ing in his efforts."

They noted that Mark had always been *"friendly, approachable and efficient"* every time they visited.

"I would be grateful if you could pass on my thanks to him, he's a credit to your team and indeed Basildon Hospital in general."

Patient's family letter, March 2022

Patient safety

Learning from Incidents

Reporting incidents helps us to learn from them and decide whether we need to change the way we do things to improve patient safety, as well as identifying areas where we need to focus resources, such as training. We report our patient safety incidents to the National Reporting and Learning System (NRLS) so that information can be reviewed nationally for trends or problems.

The Trust is an early adopter of the national Patient Safety Incident Review Framework (PSIRF) and has worked with the national team and partner organisations to develop our approach which was launched in 2021. The PSIRF is aimed at identifying system learning and taking impactful action. The Board also approved a Patient Safety Incident Review Plan (PSIRP) identifying our local priorities which link with our approach to developing and sustaining a safety culture. The Trust has undertaken a review against the PSIRP to support future planning for 2022/23 onwards.

Learning from incidents

On 1 May 2021, EPUT formally implemented PSIRF. EPUT was an early adopter of the Framework, and other organisations are expected to implement within the coming months. EPUT is currently supporting other organisations to formulate and implement PSIRF. There is a drive towards quality rather than quantity of investigations, and a move away from a 'one size fits all' in the way in which we report and commission, therefore, each incident is reviewed and a decision made about the type of review/investigation based on the opportunities for learning, instead of solely being based on degree of harm. There are some national and local priority incidents which require a specific response, however, this is changeable yearly and so the data range will change accordingly. A thematic analysis is undertaken of similar types of incidents which have been reviewed/investigated and this helps determine the wider learning opportunities for the organisation, instead of reviewing each report in isolation.

Duty of Candour

Open and honest communication continues to be at the forefront following an incident. Professional duty of candour is led by the team in which the patient was under at the time of the incident; the manager of the service makes contact with the patient or their family to offer an apology for the events which occurred as soon as possible after the incident occurred.

If the incident involved the death of a patient (and the cause of death is not yet established), the Patient Safety Incident Management team write to the patient's family to offer an apology and condolences on behalf of the Trust. In addition, the letter also informs the patient's family that an initial review of the patient's records will be undertaken to understand their care in more detail and that EPUT will work closely with the Coroner's office. They are provided with contact details for the Head of PSIM team. This process has been in place since March 2022. We use this as evidence that Duty of Candour has been implemented.

Any concerns the patient/family member raises about an incident are considered and used to support which type of investigation or review method is commissioned under the Patient Safety Incident Response Framework (PSIRF).

Once a cause of death has been established, and/or a decision has been made for

the patient incident to be reviewed or investigated under PSIRF, the patient or their family are appointed a Family Liaison Officer (FLO). The FLO offers support throughout the investigation/review process up until after the inquest, where appropriate. The FLO would gather questions that the patient/family may have for the investigation/review and these can be answered within the report, where they are within scope. They are also offered time to meet with the reviewer/investigator and an opportunity to contribute to the report by providing personal information about the patient, if they wish, for this to be used within the report. Usually this is about their character, hobbies, interests etc, beyond them being a patient. In addition, the patient/family receive a copy of the report once approved and they have an opportunity to ask questions and this will continue to be an option for them after receipt of the report.

The Trust has over 100 trained FLOs across the organisation. The Trust has designated FLO Leads to provide support to patients/family members, and to support the commissioned FLOs within the organisation, who undertake the role alongside their usual role. Training and 1:1 coaching is offered to our FLOs. The FLO role is recognised within EPUT as being more advanced than in other organisations.

Within the last year, we have not breached Duty of Candour.

Patient safety

Learning from Incidents

Table 1 - Adverse events reported

For the year 2021/22, there have been the following adverse events (categorised as no harm to severe harm) reported on the Datix risk management system. The adverse events recorded below are all adverse events, not only those related to patients.

Type of adverse event	Number of adverse events
Abusive, violent, disruptive or self-harming behaviour	7,838
Access, Appointment, Admission, Transfer, Discharge	1,126
Accident that may result in personal injury	1,415
Anaesthesia	0
Clinical assessment (investigations, images and lab tests)	32
Consent, Confidentiality or Communication	365
Diagnosis, failed or delayed	6
Financial loss	0
Implementation of care or ongoing monitoring/review	2,078
Infrastructure or resources (staffing, facilities, environment)	471
Medical device/equipment	51
Medication	938
Other - please specify in description	218
Patient Information (records, documents, test results, scans)	176
Security	4
Treatment, procedure	3,030
Total	17,748

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

The list of Never Events for 2021/22, as defined by NHS England (updated Never Events list, February 2021), are:

1. Wrong site surgery
2. Wrong implant/prosthesis
3. Retained foreign object post procedure
4. Mis-selection of a strong potassium solution
5. Administration of medication by the wrong route
6. Overdose of insulin due to abbreviations or incorrect device
7. Overdose of methotrexate for non-cancer treatment
8. Mis-selection of high strength midazolam during conscious sedation
9. Failure to install functional collapsible shower or curtain rails
10. Falls from poorly restricted windows
11. Chest or neck entrapment in bed rails
12. Transfusion or transplantation of ABO-incompatible blood components or organs
13. Misplaced naso- or oro-gastric tubes
14. Scalding of patients
15. Unintentional connection of a patient requiring oxygen to an air flowmeter
16. Undetected oesophageal intubation *Temporarily suspended as a Never Event*

There are exclusions to each Never Event.

Never Events at EPUT

2019/20	2020/21	2021/22
0	0	0

Leadership Award

Lisa Fallows, South West Immunisation Team Lead

Lisa started in her role as South West Immunisation Team Lead in September 2020. Colleagues say that "she has supported, encouraged and helped develop the team through a very tough few months as the immunisation team has had to adapt considerably due to Covid-19.

"As team lead, she certainly leads by example. She is encouraging, a good listener, a great teacher and, above all, is very supportive to the team. She won't expect anyone to do something she wouldn't do herself.

"I feel we would not have been able to deliver so many vaccinations without Lisa. We cover a large deprived area which is always difficult to reach, but Lisa never gives up and encourages the team to try different approaches for certain areas and to return to schools if needed."

"Being able to approach a manager with anything is vitally important. Lisa always makes time to listen to the team. Nothing is ever too small or too 'silly'."

Jeanette Galley, Team Leader

As a nursing team leader, Jeanette has earned outstanding feedback from her colleagues:

"Jeanette goes above and beyond for all team members, including those who are line managed by others."

"Since Jeanette joined our team, she has taught me more in six months than I learned in the previous three years."

"She gives every patient 110%, whether it's a one-off visit, a new patient, or someone we have seen many times before."

"Jeanette deserves recognition for her dedicated leadership and for going above and beyond for colleagues and patients."



Research, Innovation and Improvement Award

Serenella Preen

Serenella was nominated by a colleague after she organised a local patient feedback survey for her ward. From the start, Serenella drew on co-production strategies to involve patients from the ward in developing the questionnaire. She was responsive to feedback she received about making the questionnaire more accessible and easy to read, and did everything she could to enable patients to share their feedback and shape the ward environment.

"Serenella provided assistance in a supportive, non-judgmental way and empowered patients to give meaningful feedback," one colleague said. "She was compassionate and understanding as she considered the possible ethical issues that could arise with the project and ensured they were properly managed."

Sophie Bellringer, Consultant Clinical Psychologist and Hannah Ormond, Assistant Psychologist

Together, Sophie and Hannah rose to the challenges of the Covid-19 pandemic, rapidly identifying and responding to new demands.

They created Patient Isolation Packs for people on acute mental health wards who were unwell with Covid-19, isolating in their bed space or unable to leave the ward. The isolation packs provided psychological support and advice, activities to tackle boredom, tips for staying well and managing their time in isolation. They developed the packs in cooperation with patients, asking for their feedback and taking this on board.

The isolation packs were distributed across all adult inpatient sites and are still in use now. They have also proven useful for patients living in their own homes, thanks to their practical advice, resources and self-care tips.



Patient experience

Listening to our patients/service users

This section of our Quality Account outlines some of the ways in which we are working alongside our patients to understand and improve experiences of EPUT services.

The Account also includes some examples of changes we have made and outcomes resulting from patient feedback.

EPUT forums

EPUT Forums have been redesigned as 'listening events' and are now explicit in promotion that they are for all EPUT patients; those from learning disability services, mental health, physical health, and community services as opposed to just mental health.

The need to redesign the forum came from analysis of attendance and meeting minutes of five EPUT forums 2020-22 and patient feedback that the forums did not feel meaningful. Analysis of meeting minutes found that the attendance of EPUT forums were mostly that of staff and content was mostly around service updates. Although useful, this did not meet the original objective of a forum outlined in the 2018 terms of reference; an

opportunity for the community we serve to have their views heard and acted upon.

Preparation for quarterly forums now includes asking patients submit agenda items to the Patient Experience & Volunteers team so that the content of discussion at the forum is truly patient driven.

Fifteen people from across EPUT joined the pilot Trust-wide stakeholder forum, with 62% attendance from patients compared to 2.2% of attendance by patients at a February 2021 forum. We are therefore moving closer towards meeting the objective of providing forums as an opportunity to listen to the community we serve.

Feedback from the forum was extremely positive including

statements from patients and other stakeholders such as "the tide is finally turning in EPUT with events such as this" and "I have found this really useful, thank you."

Current exploration is underway of how the forum can be offered in person and online to ensure those who do not have online access can attend. The new design of forums also meets one of the Equality Delivery System goals: Improve patient access and experience.



Learning Disability and Autism focus group

The Patient Experience and Volunteers team are helping facilitate a Learning Disability and Autism focus group with EPUT's Chief Allied Professional.

The focus group follows an 'Ask, Listen, Do' structure and invites those with experience of Learning Disability and/or Autism to share their feedback on how EPUT performs against NHS England's Learning Disability Improvement Standards.

The group has so far highlighted key themes including a need for more easy read material to be readily available at EPUT, access and awareness to Learning Disability Liaison Nurses, and waiting list times.



Patient experience

Measuring and reporting the patient experience

Friends and Families Test (FFT) and iWantGreatCare

In January 2022 EPUT's contracted provider of the FFT changed from 'formic' to iWantGreatCare (iwgc). This was in an effort to increase FFT responses for EPUT which have historically been fairly low in comparison to other NHS Trusts similar in size and services.

EPUT has previously relied on patients completing paper forms to give their FFT ratings, but they are now encouraged to leave feedback online to see if this increases feedback. Teams now distribute business cards with unique four digit codes for their service, QR codes on posters and leaflets which take patients to the landing page of iwgc, allowing them to search and review the service they have used.

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.

Different methods of asking the FFT question will ensure there is a method convenient for each patient demographic to provide feedback.

The focus on digital solutions appears to be having a positive effect on increasing response rates. Between January 2022 and February 2022 there was a 13% increase in Friends and Family Test (FFT) responses. This is likely to continue to increase when the SMS solution goes live in the following months, which will ask patients to review the appointment they recently attended by sending the url link to EPUT's iwgc page via a text message.

Historic data since the FFT question change in April 2020 was imported into iwgc to enable us to study data previously collected using formic before the launch of iwgc in 2022.

The tables below capture FFT response rates for January 2021 to March 2021 using formic, compared to January 2022 to March 2022 using iwgc. It is important to note that during 2021 operational teams were continuing to work within the pandemic and therefore paper forms to complete the FFT were unlikely to be given to patients and feedback may have proved less of a priority. However, this again suggests that a focus on digital solutions may prove more

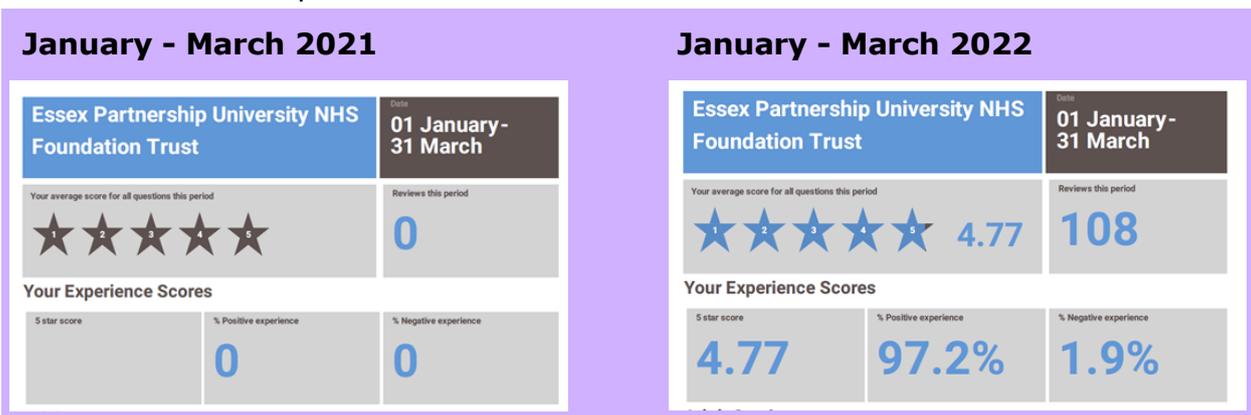
beneficial in maintaining and increasing feedback as digitally, the FFT can be completed by a patient on their own devices (therefore acting within infection prevention and control measures).

The tables below show an increase from zero responses during January 2021 to March 2021, to 108 from January 2022 to March 2022. With the continued increase in online methodologies, it is likely rates of FFT feedback will continue to increase.

Along with the launch of the SMS service, we will launch the 'consultant function' of iwgc in May 2022. This will allow patients to review individual clinicians and the care given by them (sometimes referred to as the 'trip advisor' element of iwgc). Clinicians will manage their own profile page, but only iwgc can remove reviews. Feedback is moderated by iwgc for bad language, and suspected repeated reviewers. Clinicians have the option to respond to feedback and will receive email alerts each time a review is left on their page.

Six iwgc engagement sessions in April/May will explain the new function.

Chart 16 - FFT response rates



Patient experience

Measuring and reporting the patient experience

You said, we did

The table to the right 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 since October 2021.

The Patient Experience team collects this information on a monthly basis.

You said...	We did...
Basildon assessment ward patients wanted some additional activities to help keep fit, in the fresh air if possible.	We installed brand new garden gym equipment, installed ready for the finer weather.
There is a gap in service provision for younger adults who are transitioning from CAMHS, who do not have a diagnosis of Personality Disorder but have complex emotional needs that don't get Adult Mental Health Services support.	We conducted a Focus Group to think about how this gap could be filled, and have now set up and started running a Young Adult Complex Emotional Needs Support Group.
The word 'recompense' is too corporate in reference to the recompense policy.	We asked patients for ideas to rename the policy, which is now called Reward and Recognition.
You wanted alternative payment methods in addition to only BACS as part of patient experience involvement activities.	We now offer people the option to choose between BACS payment, an Amazon voucher and a certificate of involvement.

What our patients/service users say about our services from *iWantGreatCare*

iWantGreatCare
Transforming Healthcare

"Some members of the online class were allowed to dominate when answering questions posed by the trainer. It would be good if the trainer could try and involve all individuals by trying to let participants take turns to try answering questions." (WE specialist community diabetes service)

February 2022

"Found the service (SEE mental health team) extremely helpful supportive and knowledgeable felt listened to and my feelings considered at all times, this is a wonderful service."

April 2022

"Rebecca (community nurse) gave me support and advice for my child. She showed care understanding and knowledge. She went over and above my expectations and want to thank her as she is a real credit to your service"

April 2022

Patient experience

Measuring and reporting the patient experience

National Patient Survey

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Community Mental Health Survey has been conducted almost every year since 2004. The CQC use the results from the survey in its assessment of mental health trusts in England.

The 2021 survey of people who use community mental health services involved 54 providers of NHS community mental health services in England. 17,322 people across England responded to the survey, a response rate of 26.5%. People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between 1 September 2020 and 30 November 2020. The survey results were published in December 2021.

Patients are asked to answer questions about different aspects of their care and treatment. Based on the responses, each NHS trust is given a score out of 10 for each question (the higher the score the better).

Table 2 - Based on patients' responses to the Community Mental Health Services survey, this is how EPUT compared with other Trusts

Health and Social Care workers	6.8 / 10	About the same
Organising care	8.3 / 10	About the same
Planning care	6.6 / 10	About the same
Reviewing care	6.9 / 10	About the same
Crisis care	7.2 / 10	About the same
Medicines	6.8 / 10	About the same
Talking therapies	6.8 / 10	Worse
Support and wellbeing	4.4 / 10	About the same
Feedback	1.7 / 10	About the same
Overall views of care and services	7.0 / 10	About the same
Overall experience	6.8 / 10	About the same
Care during the Covid-19 pandemic	6.3 / 10	About the same

Patient experience

Measuring and reporting the patient experience

There is no single overall rating for each NHS trust. This would be misleading as the survey assesses a number of different aspects of people's experiences (such as planning care or support and wellbeing) and performance varies across these different aspects.

Each trust also receives a rating of 'Above', 'Average' or 'Below'.

- Above (Better): the trust is better for that particular question than most other trusts that took part in the survey.
- Average (About the same): the trust is performing about the same for that particular question as most other trusts that took part in the survey.
- Below (Worse): the trust did not perform as well for that particular question as most other trusts that took part in the survey.

The full report can be found at www.cqc.org.uk/provider/R1L/surveys or <https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2021/>

Actions to address the findings of the survey

- The Patient Experience and Volunteers team will meet with the Complaints and PALS team every two months to discuss themes and trends coming out of FFT data, complaints and PALS. The teams will use this data to identify areas requiring improvement, and monitor the progress of improvements put in place to ensure these are sustained. Actions from this meeting will include liaising with service leads to keep them up to date with patient feedback data and working collaboratively to improve aspects of care.

Where service user experience **is best**

- ✓ **Crisis care help:** services users getting the help needed when they last contacted the crisis team
- ✓ **Access to care:** care and services available when service users needed them
- ✓ **Involvement in care:** service users being involved as much as they wanted to be in agreeing what care they will receive
- ✓ **Organising care:** service users feeling their care is organised well
- ✓ **Crisis care contact:** service users knowing who to contact out of hours in the NHS if they have a crisis

Where service user experience **could improve**

- **NHS Talking Therapies:** service users being involved in deciding what NHS talking therapies to use
- **NHS Talking Therapies:** staff explaining NHS talking therapies in a way service users can understand
- **Support with work:** service users being given help or advice with finding support for finding or keeping work
- **Medicines review:** NHS mental health services checking how service users are getting on with their medicines
- **Decisions in care:** service users feeling that decisions were made together when reviewing care

- The Patient Experience team has conducted a review of the current PIPE group to ensure the purpose of the group is clearly understood, and that printed information is clear, easy to understand, and free of NHS jargon.
- The Patient Experience team has made a conscious effort to increase involvement opportunities for patients and carers. This includes the Learning

disability and autism focus group, the LEA Network meeting and the EPUT Forum. Such groups are explicitly designed to hear and learn about patients' experiences of care. Such groups also provide the opportunity for patients to have direct contact with EPUT staff to ask questions about new and current services and meet with third party organisations which may be able to offer specialised support.

Patient experience

Patient and public involvement

Bored board

Patients on Roding Ward, part of our older adult mental health inpatient services at St Margaret's Hospital in Epping, have been enjoying their free time thanks to a new 'Bored Board' created by occupational therapy staff.

The 'Bored Board' is a large, visual display that offers patients easy access to a variety of different paper-based 'brain-training' activities. These include crosswords, word games, maths questions, quizzes and colouring. Patients can help themselves to an activity sheet at any time, and staff can also signpost patients and encourage them to take a look.

The 'Bored Board' has already proven to be a hit with patients - "I had a little look before the music group," said one patient as she was completing a colouring sheet, "It's really good, really interesting."

A great boredom buster, the 'Bored Board' provides more than just entertainment - it helps people independently work on key skills and keep their brains active. The idea to create a 'Bored Board' came about when Cathryn Morrish, Advanced Occupational Therapist, was seeking ideas on the Golden Carers website. She felt the idea was perfect for use on our functional wards, and pitched it to the team. Grace Clayton, Occupational Therapy Assistant, took the lead and created a 'Bored Board' display for Roding Ward - all within just one day!



Patient experience Learning from complaints

What are complaints?

Complaints are written expressions of dissatisfaction from patients and/or relatives who are unhappy regarding an aspect of their interaction with EPUT. Complaints are a valuable tool to identify trends which enable us to improve the service where it may be necessary.

Essex Partnership University NHS Foundation Trust is committed to providing a complaints service that is fair, effective and accessible to all.

Care will not be adversely affected by any comments or complaints made, in fact, it is more likely to help improve things for everyone.

All complaints are treated confidentially and kept separately from the complainant's medical records. Making a complaint does not harm or prejudice the care provided to the complainant.

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.*

In 2021/22 (April 2021 - February 2022) EPUT received 338 complaints regarding services across the Trust, and five were subsequently withdrawn. At the end of February 2022 the number of active complaints was 150.

Formal complaints upheld/partially upheld

258 complaints were closed, with the following outcomes:

Rounded to one decimal place

Upheld	36	14%
Partially Upheld	135	52.3%
Not Upheld	79	30.6%
Withdrawn	6	2.3%
Not Categorised	1	0.4%
Not Investigated	1	0.4%
Total	258	100%

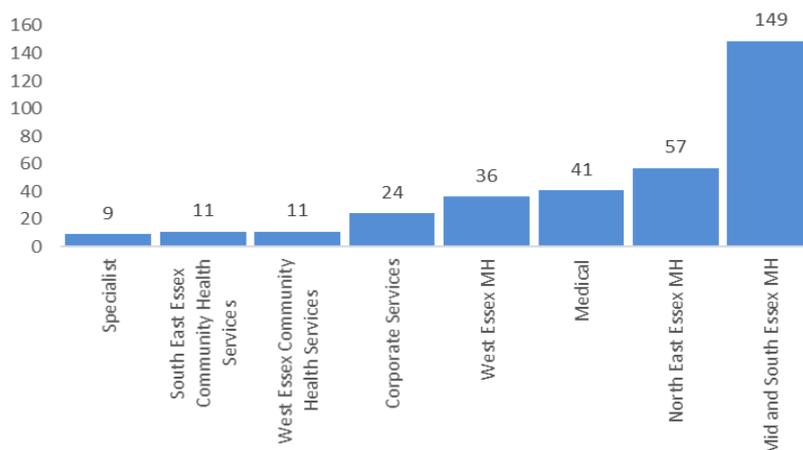
Complaints closed within timescales

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 identified in the NHS Complaints Regulations, however, these do not stipulate a percentage target to be achieved.

The Trust believes that commitments to complainants should be adhered to and aims for 100% resolution of all complaints within the agreed timescale with the complainant.

This year the Trust has achieved 91% for complaints closed within agreed timescale.

Chart 17 - Complaints received by Locality



Patient experience

Learning from complaints

Non-Executive Director Reviews

An important part of the complaints process is the independent review of closed complaints by the Non-Executive Directors (NEDs).

The complaints are selected at random 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 have not yet been completed for Q4, but during Q1-Q3 2021/22 the NEDs reviewed 21 complaint responses which represents 10% of the total complaints closed during that time (214).

58% were rated good or very good rating for 'how the investigation was handled'

83% were rated good or very good for the 'quality of the response'

Complaints to the Parliamentary and Health Service Ombudsman

During 2021/22, four cases were referred to the Parliamentary and Health Service Ombudsman (PHSO) as the complainant was unhappy with the response received from the Trust.

Of these, referrals, all four cases are still awaiting assessment.

Closed PHSO cases

Four cases were closed during 2021/22, and all were Partly Upheld.

- **NE Essex MH (Ardleigh Ward):**

The PHSO found a failing in the Trust not following its plans to update the complainant on his wife's progress before discharging her, and also when the Trust unclothed her and when she was in seclusion and did not give her anti-ligature clothing.

- **Mid & South Essex MH (Thorpe Ward):**

Complaint regarding the standard of care received following patient's discharge from hospital. The PHSO partly upheld the complaint, and found there was a shortfall in ensuring that CPA processes and the patient's aftercare plan under Section 117 were properly assessed and recorded.

- **Mid & South Essex MH (Inpatient - Basildon):**

The PHSO found the care and treatment the Trust provided to the patient to be appropriate and in line with guidance. However, failings were found in that the Trust did not update the patient's clinical record in line with its records management policy. Lack of entries concerning senior clinician sign-off or MDT sign-off before third and final discharge went ahead.

- **Mid & South Essex MH (Inpatient - Hadleigh Unit):**

The PHSO found that the Trust failed to refer the patient for trauma therapy, and it did not take sufficient action to appropriately collaborate with her to set out her preferences for how her care should be delivered. Also the Trust failed to do all the things it should have done after the patient was involved in fights with another patient, and it did not acknowledge the failings identified.

Patient Advice and Liaison Service (PALS) queries and locally resolved concerns

In addition to formal complaints received, the Trust received 1,263 Patient Advice and Liaison Service queries, 106 complaints resolved through the Rapid Response process and 32 locally resolved concerns.

Patient experience

Learning from complaints

Complaint themes		
Primary subject	Closed complaints	%
Clinical practice	124	48%
Staff attitude	49	19%
Communication	38	15%
Systems and procedures	36	14%
Security	4	1.5%
Discrimination	3	1%
Assault/abuse	2	0.8%
Environment	2	0.8%
Total	258	100%

Table 3 - Formal complaints closed by primary subject

Community nurse and student praised for outstanding care

Two colleagues from our district nursing team in south east Essex have received outstanding feedback from a patient and his carer recently.

Michelle Donaldson, a community nurse, and student nurse Maddie Ryley visited a patient's home to dress wounds.

The patient's partner was full of praise for the pair, and wrote:

"Maddie was absolutely calm and, under Michelle's guidance, went about the job with a confidence that belied her very short experience. I am sure she must have been nervous, but this didn't show at all and she was absolutely professional throughout."

"We were both very impressed and Maddie should be proud of herself. We wish her every success in her ongoing training."

She also noted that Michelle was a real "master with wounds" and thanked both Michelle and Maddie for their care.

Workforce

The Trust continues to work towards the achievement of the NHS pledges as outlined in the NHS Constitution to ensure that all staff feel valued, trusted, actively listened to, provided with meaningful feedback, treated with respect at work, have the tools, training and support to deliver compassionate care, and are provided with opportunities to develop and progress.

National NHS Staff Survey

The national NHS staff survey took place in Quarter 3 with all staff invited to participate. The response rate of 46.6% (2,602 responses) was marginally lower than the response rate in 2020 (46.7%). The response rate was below the average for mental health trusts in England (52%).

Key Findings

Our staff engagement and motivation score showed a slight decrease, from 7.2 in 2020, to 7.1 in 2021 although this is not a statistically significant change. Unsurprisingly, morale has shown a statistically significant change, decreasing from 6.3 in 2020, to 6.1 in 2021.

The five year trend for staff recommendation of the Trust as a place to work or receive treatment continues to improve. The results compare favourably with data 2017-2019, but in line with other trusts, dipped when compared to the results of the 2020 survey.

The Trust was measured against nine themes in the 2021 Survey. EPUT scored above average in three themes, in line with average on three themes, and below average against three themes.

In comparison to other Trusts, EPUT scored:

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

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

Morale

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

Average

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

We are Always Learning

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

We work Flexibly

I can approach my immediate manager to talk openly about flexible working; 78.3% selecting agree or strongly agree and 1% above

Table 4 – Key findings from Staff Survey

Questions - Key Findings (weighted by occupational group)	Staff recommendation of the organisation as a place to work or receive treatment	Staff satisfaction with the quality of work and care they are able to deliver	Percentage of staff agreeing that their role makes a difference to patients/service users	Staff motivation at work	Recognition and value of staff by managers and the organisation	Percentage of staff able to contribute towards improvements at work
2021 score	Work: 63.3% Receive treatment: 62.1%	77.1%	89%	72%	48.7%	59.9%
Average for MH trusts	Work: 63.2% Receive treatment: 64.9%	78.5%	87.5%	70.6%	49.1%	58.8%

Workforce

average. Conversations around flexible working with line managers is scoring very well and is a positive message for work-life balance.

Below average We are Recognised and Rewarded

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

We each have a voice that counts

I am trusted to do my job; 92.1% agree or strongly agree and 1% above average. This is a positive story around autonomy and control and a very high scoring question.

We are a Team My immediate manager takes a positive interest in my health and wellbeing;

77.2% agreed or strongly agreed. In reference to the questions on line management, there is a positive message that shows that even through unprecedented circumstances and change, managers are showing resilience. Line managers often get a tough time, but the results show that managers are supportive.

Equality and Diversity

Our current workforce equality objective is:

"All staff including those who fall into legally protected characteristics and other vulnerable groups will feel safe, included, and have fair access to all areas of employment including recruitment, career progression, training and development. They will be supported dependent on their specific equality needs and there will be clear user-friendly monitoring information which shows progress and any areas that may require attention."

Following on from the positive reception in 2019/20, our Equality Advisor was made into a permanent full time position to facilitate and promote Equality, Diversity and Inclusion within the Trust. This has been a year that has brought focus to the way we support our staff, patients and their carers from marginalised and minority groups, and our Equality, Inclusion and Human Rights policy has been updated to ensure that it shows our commitment to providing support that meets a person's personal and cultural needs, taking their protected characteristics into account. Throughout the year, new

policies, initiatives and actions were put in place to ensure that Equality and Inclusion remained a priority within the Trust and to build upon the work already put in place in 2019/20. This work is directly linked to two of the three Equality Objectives set out by the Trust in 2018-22.

- We will empower our staff to build strong and healthy communities by being open and compassionate when involving people from all communities and groups.
- We will ensure all staff feel safe, included and have fair access to employment.

EPUT uses the NHS Jobs online system to ensure that application and shortlisting for a position is done in a way that does not affect or put those from marginalised or minority groups at a disadvantage, with interview panel members given training in unconscious bias and how to conduct interviews fairly. Details such as a person's name or protected characteristics are withheld from the shortlisting panel, allowing this decision to be made solely on the potential and merit of the applicant. In 2020 we also introduced Equality and Inclusion themed interview questions to help us as a Trust recruit those who are allies to marginalised and

Table 5 - Our performance over the last two years (unweighted scores)

Key Finding		2020 score	2020 Average for MH trusts	2021 score	2021 Average for MH trusts
KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	White	60.9%	60.9%	62.6%	61%
	BME	41.2%	45.5%	48.9%	46.8%
KF26 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	22.2%	19.6%	21.1%	18.1%
	BME	26.7%	25%	28%	22.9%

Workforce

minority groups and understand the importance of this work.

EPUT has a statutory obligation to report annually on the gender pay gap and is required to publish its gender pay gap data including mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile. The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are. This information is included in our annual report and accounts.

NHS Accessible Information Standard (AIS)

Application of the AIS helps to meet needs in relation to a disability, impairment or sensory loss which affects the ability to communicate. The AIS applies to patients, carers or parents. We try to address any information/communication support needs to enable better access to services and care to give a better patient experience. Further to this we are now working across the

care system with our system partners and fellow care providers to improve how our services meet the NHS AIS, in partnership with those who have lived and living experience related to accessibility of services. Important to note, in 2021 we delivered on both of our commitments with the sensory alliance, and we coproduced Mid and South Essex Community Collaborative patient engagement strategy with the objective of improving the way we, as a collaborative, meet the NHS AIS. We recognise that we have a long way to go, but are committed to improving access in partnership with service users.

Workforce Race Equality Standard (WRES)

EDS2 covers all areas of diversity across services and the workforce. The WRES focuses on workforce and race as a particular NHS need to improve performance in this area where there is potentially less favourable treatment and experience of BME staff in the NHS.

The Director of Employee Experience and the Equality Advisor will continue to work with the responsible leads to drive forward all actions on the WRES report to make improvements which will create a positive experience for all our staff.

Care Quality Commission (CQC)/equality diversity and human rights agenda

Equality and diversity is inspected by the CQC as part of the 'well led' domain of the NHS inspection programme. This includes analysis of EDS2 and WRES reports, action plans and how issues arising from equality data are addressed.

Notable achievements during this period include:

- ✓ A task and finish group has been set up to look at violence and aggression against staff, as well as how staff are supported with this. Police are not investigating violence and aggression incidents against staff under the assaults on emergency worker legislation.
- ✓ Completion of EPUT RISE programme, focusing on career development for ethnic minority staff across the Trust aimed at multiple bandings and skill levels. Participants are also taught mentoring skills as part of the programme to support less experienced members.
- ✓ The Just Culture Committee will be launched in the next couple of months which will ensure we have a consistent culture and leadership approach across the organisation founded on justice, fairness and compassion.

EPUT has signed up to the new Essex Family-Friendly Employers Charter, established by Essex County Council

The Charter is a set of minimum principles that employers in Essex should meet to be deemed family-friendly; these policies are about more than being able to work from home. The Charter sets out how employers can help parents and carers manage their work and caring commitments. It includes guidance that employers should follow including family-friendly strategy and culture, flexible working, annual leave and supporting parents outside of term time.

EPUT has developed flexible working in line with the needs of our employees. Through this, flexible working arrangements are introduced which are innovative and diverse but reflect the needs of the individual and continue to meet the needs of the service. The Flexible Working Guide which includes the Policy and Procedure ensures the Trust has a systematic and planned approach to promoting and supporting flexible working practices.

Workforce

Freedom to Speak Up Guardian (Whistleblowing)

At EPUT, 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 policy was one of the recommendations of the Francis report into events at Mid Staffordshire NHS Foundation Trust. The policy has been adopted by all NHS organisations in England as a minimum standard to help to normalise raising concerns for the benefit of all patients/service users. EPUT 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 Principal Freedom to Speak Up Guardian is a trusted pillar of support for NHS workers. They provide a route through which workers can speak up about any matter which could get in the way of delivering high-quality patient care, or that prevents the workplace being the supportive caring environment that hard-working and caring staff should expect.

EPUT's Freedom to Speak Up vision is:

"Supporting compassion, openness and empowerment."

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 is required.

If required, we will write summarising the concern and setting out how we propose to handle it and provide a timeframe for feedback.

In addition to the Principal Guardian, there are 11 fully trained Local Guardians based at a number of different sites across EPUT.

All concerns raised are taken forward by the Guardian Service to be resolved.

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 to):

- 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)



Yogeeta Mohur, Freedom to Speak Up Guardian

Workforce

Guardian of Safe Working Hours

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.

The Guardian of Safe Working Hours (GSWH) has been introduced to protect patients and doctors by making sure doctors and dentists are not working unsafe hours.

Dr P Sethi, a Consultant Psychiatrist, undertakes this role for the Trust, and is responsible for protecting the safeguards outlined in the 2016 terms and conditions of service for doctors and dentists in training. It is a role intended to be undertaken by a consultant or someone of equivalent seniority. The Guardian reports directly to the Trust Board and is independent of the management structure within the organisation.

To fulfil this role, the GSWH:

- acts as the champion of safe working hours;
- receives exception reports and records and monitors compliance against terms and conditions;
- escalates issues to the relevant executive director, or equivalent for decision and action;
- intervenes to reduce any identified risks to doctors/dentists or to patient safety;
- undertakes work schedule reviews where there are regular or persistent breaches in safe working hours; and
- distributes monies received as a consequence of financial penalties, to improve training and service experience.

Doctors' Rota Gaps

Annual Report on Safe Working of Junior Doctors 2021/22

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	
Numbers of doctors in training (average total inclusive of GP and FY1/FY2 doctors)	132
Numbers of doctors in psychiatry training on 2016 Terms and Conditions (average)	69
Total number of vacancies (average over reporting period)	18
Total vacancies covered by LAS and MTI (average over reporting period)	10.75

Trainees within the Trust						
Specialty	Grade	Q1	Q2	Q3	Q4	Total gaps (average WTE)
Psychiatry	CT1-3	32	41	41	42	8.25
Psychiatry	ST4-6	26	32	32	30	7.0
Total		58	73	73	72	7.63

Annual data summary

Trainees outside the Trust overseen by the LET Guardian						
Specialty	Grade	Q1	Q2	Q3	Q4	Total gaps (average WTE)
GP trainees	ST1	19	19	16	16	1.5
Foundation	FY1	12	13	13	14	1.0
Foundation	FY2	15	14	15	16	0.25

Workforce

Agency Usage

The Trust does not use agency workers and relies on the medical workforce to cover the out of hours ie 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-19 absence.

Total number of shifts covered Locum bookings (internal bank), by reason					
Reason	Number of shifts requested	Number of shifts worked	Number of agency shifts	Number of hours requested	Number of hours worked
Vacancies/ Maternity leave/ Sickness/ LTFT cover/ Covid-19 absence	563	563	0	6406.5	6406.5
Total	563	563	0	6406.5	6406.5

Exception reports

Trainees via the Allocate reporting system from April 2021 to March 2022 raised 21 exception reports.

Issues arising

- The gaps at CT level are filled with internal doctors who are paid an internal locum rate. The gaps at ST level are unfilled; EPUT does not use agency locums.
- There are no particular reasons or patterns observed in these gaps. National recruitment seems to be the issue but this has improved in the last six months.
- Trainees raised concerns on lack of facilities in the doctors' rooms and on-call rooms across all EPUT sites.
- Trainees raised concerns on difficulty in finding supervisors to complete short cases in psychology, which is part of their ARCP requirements and to gain competency.
- Trainees had to step down during their on-call days occasionally, hence they requested clarity on payment in these circumstances and on the step down policy.
- 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 was kept aside for team building events which were on hold due to COVID-19 pandemic, but is now being used by the trainees.

Actions taken to resolve issues

- Rolling adverts on NHS Jobs are in place, EPUT has recruited a number of MTI and LAS doctors who are covering the gaps in the rota.
- GPs and FY2s are given an opportunity to express an interest to join the bank to do on-calls when they leave EPUT.
- Refurbishment work of Doctors' rooms and on-call rooms at Chelmsford, Colchester and Harlow are now complete and trainees are satisfied with the outcome. Refurbishment work at Basildon and Rochford sites is underway.
- The issue on trainees having difficulty in finding the supervisors for psychology cases were escalated to relevant Clinical leads and the matter is now resolved.

- The issue on Step down policy was escalated at JLNC. The members of JLNC are in the final stage of approving the step down policy. Meanwhile an agreed rate of £60 per hour in these circumstances has been agreed by HR and Managers.
- Trainees have been urged to spend their money funded by Health Education England in the next few months.

Key issues from host organisations and actions taken

- At the bi-monthly Junior Doctors Forum, trainees raised the following issues:
- Lack of facilities in on-call and doctors' rooms.
 - Difficulty in finding the supervisors for psychology cases.
 - Difficulty in spending all the money funded by Health Education England due to several restrictions on team building activities due to Covid-19 pandemic.

All the above issues have been addressed and resolved; the on-call rooms and doctors' room at Basildon and Rochford site is still outstanding but work is planned.

Workforce

Staffing in adult and older adult community mental health services

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 EPUT, 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 System level is made of three separate 'crisis response service' (CRS) 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 NHS England commended EPUT on achieving this during the first lockdown when other providers put similar plans on hold. This service has provided a much-needed mental health 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 (Sanctuaries) provided by the third sector enable an option to support people in crisis and link with Trust services. Crisis Cafés are located in MSE, NEE and West

Essex. In MSE, the three Crisis Cafés have extended their hours and are well-used by the MSE crisis assessment and treatment service. The Essex Sanctuaries provide both telephone support services and drop-in facilities. In MSE, substance misuse workers have joined the three teams to link people into substance misuse treatment and support services.

The MSE CRS service also provides an ambulance response service 24 hours a day to ensure that mental health expertise is available, freeing up ambulance teams.

The Essex Street Triage Team links in with the Police and mental health front-line services to provide a 10.00am to 2.00am, 7 days a week support and assessment service.

Personality Disorders and complex need

This Essex-wide model is transforming the way staff across entire systems understand, support 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 dialectical behaviour therapy (DBT) and cognitive analytic therapy (CAT) and other psychotherapeutic approaches are being rolled out across Essex. A service user network is also being developed which provides a user-led supported network for people with personality disorder, but also provides them with a voice to ensure service users approve service developments for the future. This 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 healthcare systems, with three different business cases.

A recent inpatient protocol has been developed and is currently being reviewed by service users and will eventually link in with the community model.

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 Commissioner level. SE Essex and Mid Essex have already developed, and are implementing further, 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 which seeks to implement the dementia wrap-around model developed in conjunction with the South East Essex commissioners, Essex County Council and Southend Borough Council.

SW Essex, comprising Thurrock and Basildon & Brentwood commissioners, 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.

A new older people's home treatment team has been launched and will roll out across MSE over the next year. This will eventually link with community health services and the frailty team to provide a comprehensive physical and mental health crisis and home treatment team for older people.

Workforce

Staffing in adult and older adult community mental health services

NEE older people's transformation will be a phased complex piece of work which 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 Essex, with positive outcomes for older adults.

West Essex is advanced in the delivery of dementia services, which links closely with community health services. It also has a comprehensive older people's community service. Sharing of learning takes place with other localities to help frame their pathways.

Community (Primary) Care

This programme at System level comprises 13 core projects and a number of other projects to transform community mental health services. Mental health community services are transforming to provide mental health expertise within GP surgeries aligned with the newly formed Primary Care Networks (PCN). This will ensure that physical and mental health will integrate with local health, social care, voluntary and community 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. Thurrock will be the first MSE area to fully implement a new integrated health, social care and VCSE team within the PCNs with a consultant psychiatrist commencing clinical sessions in Primary care in May 2022. This team also has a joined up and wider psychological service providing new treatment and more capacity, reducing waiting times. General mental health

assessment waiting times are falling from a 28 day standard to same-day to seven days.

South Essex has been achieving excellent patient feedback as it implements this model. Medical staff are preparing to join the PCNs later in 2022.

Mid Essex, a very large and complex area with the largest number of PCNs, is also developing at pace, with excellent primary care engagement and delivery based on a hub and spoke model.

The West Essex model is part of a national early implementer pilot. This well-developed model and implementation delivers an integrated local system approach with an additional focus on people with a personality disorder, eating disorder and those aged 18-25 who benefit from additional support. 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.

NE Essex has developed its integrated primary care model with good local relationships with stakeholders as part of its alliance model and has mental health nurses within its PCNs and continues to develop to the models described above.

Basildon & Brentwood have recruited nurses working within its PCNs and is being provided by both EPUT and Vita Minds as a supportive collaboration. They operate a First Responder model and are testing efficient access pathways and the 'assessment to treatment' model for further improvement overseen by a local system steering group.

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 four 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 integrated care structure.

All PCN work is being overseen by a steering group in MSE and transformation Boards in North Essex and West Essex.

Another major component of community transformation work is Complex Care transformation, which comprises the review and redesign of the mental health community model. As part of this, the Care Programme Approach will be phased out and an alternative care management system and process introduced. This will be backed up by a new care plan and an outcome measures framework to demonstrate significant clinical change and an objective reporting framework. Family Group Conferencing, personalised strength based assessment and care planning, and carers support and care will be introduced.

West Essex is advanced in this work as a national early implemented model. Thurrock started the transformation work due for completion in late May 2022, and the rest of MSE will complete by the end of 2022/23.

North Essex has been transforming its community mental health team model over the last year and will complete by the end of 2022/23.

Workforce

Appraisal & Revalidation

Medical staff

The Board of the Essex Partnership University NHS Foundation Trust as a designated body has a responsibility to ensure that it is compliant with the Medical Professional (Responsible Officers) Regulation 2010 (as amended in 2013) Act.

The annual report is produced in the format stipulated by NHS England and includes details about the quality assurance, clinical governance, Trust's performance on revalidation, actions plans to strengthen the revalidation process, audits on concerns of doctors' practice and audits on the appraisals input and output.

Due to the ongoing Covid-19 pandemic, NHS England suspended the appraisal process for a large proportion of the 2020/21 appraisal year. However, a number of doctors with prescribed connection to EPUT, with support from the revalidation team, decided to complete their appraisal. The appraisal rate for the appraisal year was, therefore, much lower at 78.4 % compared to the appraisal rate of above 90% in the previous year.

As of 31 March 2021, there were 158 doctors with a prescribed connection to EPUT. Of the 158 doctors, 124 had an annual appraisal (78.4%). 67 doctors had a completed appraisal as per 'Category 1A' and 57 were defined as completed appraisals meeting 'Category 1B' during the appraisal year from 1 April 2020 to 31 March 2021.

Since the appraisals have been reinstated, a plan has been put in place for the completion of the appraisals with a view to achieving the target 90% by the end of 2021/22 appraisal year if not sooner.

EPUT has appropriate policies and procedures in place for appraisal and revalidation. EPUT has established good governance arrangements for medical appraisal and revalidation.

There are some areas to be improved upon regarding appraisal rates, namely improving the completion rate to get it back up to the expected 90% and to increase the 1A appraisal rate by reducing the completed 1B, approved missed and incomplete appraisals. This is being monitored by the Responsible Officer through an action plan.

The Board will need to continue its support for annual appraisal and revalidation process in order to maintain and improve upon current processes, and to ensure compliance with the Responsible Officer Regulations Act.

Nursing staff

Every three years nurses are required to renew their registration with the Nursing and Midwifery Council (NMC) by demonstrating they have met certain requirements showing they are keeping up to date and actively maintaining their ability to practise safely and effectively. They are also required to pay an annual fee to remain on the register.

EPUT currently employs 1,595 substantive and 266 bank NMC registrants who are required to undergo revalidation. All NMC registrants, hospital and community based, are contacted and offered support and all confirmers provided with training.

In addition 57 substantive and 529 bank NMC registrants work in the mass vaccination centres.

Workforce

International recruitment

In support of our People Strategy, the Trust has successfully internationally recruited a number of nurses who are being supported to enhance the delivery of care across all areas of the Trust. In addition, six successful appointments were made through the Advanced Fellowship in Psychiatry.

Apprenticeships

We have apprenticeships covering a range of roles such as business administration, pharmacy, healthcare support worker, healthcare assistant practitioner, nursing degree apprenticeship, occupational therapy, and podiatry.

We offer a number of development pathways both clinical and non-clinical. The clinical pathways include a fully supported pathway to Nursing and Occupational Therapy (OT) and excitingly we are currently developing pathways for further Allied Health Professionals such as Speech and Language Therapy (SLT) and Physiotherapy.

To celebrate National Apprenticeship Week from 7 to 13 February 2022, EPUT highlighted apprenticeship opportunities within health and social care services in Essex.

Activities included online and in person events, and a week-long #AskAnEPUTApprentice social media campaign.

EPUT hosted a free drop-in information session for aspiring health and social care apprentices at Anglia Ruskin University, Chelmsford Campus on 10 February 2022.

The Trust also held a virtual panel discussion event on Monday 7 February 2022. The

panel featured representatives from a range of professional backgrounds to give an overview of different apprenticeship routes available at EPUT, including:

- Health and social care
- Psychological professions
- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Podiatry

Panelists covered key information including what each apprenticeship involves, entry requirements, how to apply, future career progression, and a 'question and answer' session. A recording of the session has been posted on the EPUT NHS YouTube channel for those who were unable to join live.

Sean Leahy, Executive Director of People and Culture at EPUT, said: "We are proud to offer a wide range of apprenticeships at EPUT, open to people of all ages and backgrounds.

"Our paid apprenticeships offer amazing opportunities to learn on the job and to make a difference to patients' lives right from the very start."

"I would encourage anyone interested in pursuing a career in health and social care to consider kick-starting their journey with an apprenticeship at EPUT."

#AskAnEPUTApprentice



What our apprentices have to say

"I work in an older adult acute psychiatric ward and I love my job. The apprenticeship is well structured, challenging yet rewarding. I have learnt so much about the role. I am very much enjoying my time as an apprentice and am excited to see where the journey takes me."

Tracey, Occupational Therapy Apprentice

"Being an apprentice isn't just about studying and earning a qualification, it is also about making a difference. The skills and experience I have gained wouldn't have been possible from just sitting in a classroom."

Pamela, Occupational Therapy Apprentice

"Being on the apprenticeship course has brought my dream of becoming a mental health nurse that one step closer. With the support of the apprentices and the team who deliver the course, I am enjoying the challenge."

Tracey, Level 5 Healthcare Assistant Practitioner Apprentice

Workforce

Looking after our staff and volunteers

Looking after our staff, volunteers and students

In 2021, our Here for You staff support service celebrated one year since its launch.

In just one year, the Here for You team have responded to more than 2,000 contacts via the Here for You helplines: both telephone (0344 257 3960) and email (hereforyou@nhs.net).

Here for You outreach events, including webinars, virtual groups and roadshows were joined by more than 10,000 attendees.

The team has transformed psychological support services for NHS, care and voluntary sector staff in our area, and received the 2021 Positive Practice in Mental Health Award for Mental Wellbeing of the Workforce in recognition of their success.

Here for You wouldn't be what it is today without the hard work of dozens of colleagues both on the frontline and behind the scenes.

During the first week of Stress Awareness Month, we focussed on supporting staff's financial wellbeing, including holding MoneyHelper webinars on the intranet.

In week two, we focussed on work life and some of the things which can cause stress at work, as well as how the Trust can support staff to manage them.

For staff, students and volunteers with a needle phobia but who wish to receive Covid-19 vaccination, Here for You can arrange a one-on-one conversation with a qualified psychological

therapist. In this confidential, supportive discussion staff are supported to talk through their history of needle phobia and come to a decision about whether attending a dedicated needle phobia session would be the right decision. The three-hour needle phobia session gives staff the opportunity to take part in evidence-based cognitive behavioural therapy (CBT) for managing needle phobia. At the end of the session, vaccination is offered in a safe, supportive and nurturing environment.

ACT4You - NHS training (previously ACT4NHS) aims to improve wellbeing and enhance an individual's ability to cope with challenges, both in the workplace and at home. One colleague who recently completed ACT4You was full of praise, describing the workshops as "fun, engaging and thought-provoking".

Delivered through a series of four online half-day workshops and based on Acceptance and Commitment Therapy techniques, ACT4You helps develop psychological flexibility and resilience.

ACT4You invites participants to reflect on their values and those of the wider organisation, enabling better understanding of what motivates you, and why. Having a clear understanding of values and goals can help individuals when faced with challenges at work or in their personal life.

Schwartz Rounds

Schwartz Rounds create a structured forum where all staff, clinical and non-clinical, can come together regularly to discuss the emotional and

social aspects of working in healthcare.

The monthly sessions encourage staff to share the challenges and rewards that are involved in providing care and evidence shows that staff who take part feel less stressed and isolated, and feel an increased sense of appreciation for and insight into, others' roles.

Schwartz Rounds help to reduce hierarchies between staff and help us focus on the relational aspects of providing care. They are not a forum to solve specific problems or discuss clinical aspects of care.

Recent sessions include 'Why I come to work', 'In at the deep end' and 'Making mistakes'.

Volunteering opportunities

Volunteering opportunities have increased through the launch of Kinetic. This online volunteer patient management system has received positive feedback from users. The need to make the volunteer process easier to sign up to followed a patient led policy review.

Since the review, forms have been edited and Kinetic has been utilised to ensure the sign up process has become more accessible and easier to complete.

Since the launch of Kinetic in October 2021 we have increased volunteering opportunities at EPUT by 131.5%.

Please note the tables on the next page do not include mass vaccination centre volunteers.

Workforce

Looking after our staff and volunteers

Our key achievements

- ✓ Tailored support for staff, with Long Covid and Menopause support groups.
- ✓ Wellness plans linked to performance management to ensure managers are having conversations around wellbeing during 1:1s and appraisals.
- ✓ Development and introduction of an internal domestic abuse pathway to enable staff affected to access bespoke support.
- ✓ Launch of a new monthly Engagement and Wellbeing newsletter with tailored communications focused on staff engagement and wellbeing.
- ✓ Monthly wellbeing updates during monthly engagement champion events to encourage staff feedback and continuous listening.
- ✓ Updated flexible working policies to align with national guidance and improve flexible working opportunities.
- ✓ Work-life balance guidance developed and promoted to encourage a healthy balance.
- ✓ Wellbeing presented at induction to encourage self care and increase education on our wellbeing offer.
- ✓ Using awareness weeks to promote our mental and physical health offers.
- ✓ Staff health checks relaunched with good attendance across multiple sites.
- ✓ Time to Talk Day with our Executive Nurse discussing her own mental health.
- ✓ Refresh of health and wellbeing intranet page - consistently updated with new resources and initiatives.
- ✓ Initiated statement on anti racism support after the England football game. Promoted Here for You support to those affected.
- ✓ Management Development Programme and Leadership Development Pathway sessions regularly delivered on wellbeing to empower and educate managers and those aspiring to be managers.
- ✓ Compassionate conversation training with a wellbeing focus delivered alongside development of wellness plans and updated 1:1 support policies and procedures.

Chart 18 - Volunteering figures



Statements from key stakeholders

EPUT Council of Governors' Statement on the Quality Account 2021/22

We have been invited to review the draft Quality Account for 2021/22. 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 2021/22 have been met and are continuing to be taken forward.

We quote from the Quality Report:

Strategy and vision

While it has been a challenging year it's also been one where we have been able to build on the achievements of the last couple of years, which saw investment in our services as well as the development of a three-year safety strategy 'Safety First, Safety Always'.

We continue to focus on the recovery of our services post pandemic, as well as looking to the future with the launch of a new vision, purpose and strategic objectives. At the heart of this is our new vision –

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

The Council of Governors wish to endorse these points. We have reviewed the Quality Report with this Safety Strategy in mind.

Looking through the Report we are concerned that the planned outcome for Out of Area Placements in mental health, despite being postponed on a number of occasions is still not at zero, at the end of the year. We have questioned the Board on this missed target and have been assured that it will be met during the coming year, that other Trusts in the region are also experiencing this difficulty, and that a significant contributory factor has been the increased acuity of those who are admitted into our care. We accept this explanation but will be keeping a close eye on progress. It is not in the best interests of our patients to be away from their families. We will be monitoring how this zero target is achieved during the coming year.

We have for some time been concerned at some of the low scores achieved in the Annual Staff Survey. Our staff are the lifeblood of the Trust. Examples in the Quality Report have recognised their exemplary dedication and motivation. While many of the results have been excellent there are still a number of staff poor experiences which continue to be at unacceptable levels. We note that the Board has established a number of staff working groups to try to understand then address these issues. The weekly staff update has published key points "You asked; we delivered", demonstrating improvements which will allow us to monitor the effectiveness of the resultant actions.

The Governors hold the view that the Trust Board actively engages in the processes relating to quality in the Trust, and treats Quality as a top priority. Governors have been unable to undertake any 15 step Quality visits during the year but were able to take part in some PLACE visits with Estates staff (undertaken without the benefit of any Non-Executive Directors being present). We look forward to the 15 step Quality visits being resumed shortly, so that we can see for ourselves what services are being provided and where possible discuss the safety and clinical care with patients/service users and/or their carers.

Statements from key stakeholders

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 writing continues to be generally very high. We are also pleased that the Chief Executive, Paul Scott, has continued the practice of using the occasion of each of the Council meetings to address the Governors informally on an issue of interest. His close involvement with the Council is much appreciated.

A basic tenet for any NHS Foundation 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. The examples show a Trust which continues to be high performing. The Board of EPUT have agreed a set of priorities which will continue to support the essential requirement that safety and quality come first.

John Jones
Lead Governor
June 2022

Statements from key stakeholders

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.

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 ongoing challenges from the Covid 19 pandemic. Staff continue to respond with professionalism, energy and adaptability. Their team work and continued energy has enabled the care of patients and their families to continue.

EPUT have made progress with last year's priorities of improvement, transformation and innovation. There have been some outstanding improvements to care particularly the introduction of the 24-hour crisis mental health phone line (NHS 111), reductions in the use of prone restraint, improved use of technology to support care and progress with the extensive transformation programme.

In west Essex the development of urgent community response, the care coordination centre, virtual wards and Primary Care Network (PCN) aligned teams are a significant step forward in supporting the community of west Essex remain at home, cared for professionally without the need for a hospital admission.

The pandemic has led to the transformation of many services and driven innovation. Which has demonstrated to staff and patients how services can be changed and adapted within a short space of time.

The learning from deaths information within the account identifies the extent of the work carried out to review the care of service users who died and learning from their care. It is clear that this process is maturing and although none of the patient deaths during the reporting period, were judged to be due to problems in the care provided, there has still been the opportunity to enhance processes and improve care. This is specifically in relation to: review of engagement guidelines and actions to take if a service user does not attend an appointment, handover, documentation and observation and engagement.

The Trust has been transparent about the outcomes from CQC visits in year including a Section 31 notice related to Child Adolescent Mental Health Services. They have explained the steps they have taken to address the concerns raised and the governance of the action plans.

The Trust is currently the subject of an independent inquiry into the deaths of mental health inpatients in Essex between 2000 and 2020.

EPUT are continuing with their 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

Statements from key stakeholders

of the quality of care. The priorities for 2022/23 are clearly articulated, the CCG is particularly supportive of the work being undertaken to embed the Patient Safety Incident Response Framework (PSIRF) process to manage patient safety incidents and the development of human factors training.

The learning for the Trust from being an early adopter of PSIRF has been significant – the cultural change for staff and service users/families has been positive and lead to constructive engagement in investigations particularly those that require multi agency participation.

We would like to congratulate the Trust on the developments that have been made to services for people with learning disabilities and the establishment of the Learning Disability and Autism focus group.

Patient Experience and involvement is showcased within the account detailing the involvement of patients within decisions about care and pathways and being part of changes within the organisation.

The CCG fully support EPUTs quality priorities for 2022/23, particularly the focus on improving patient safety.

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.

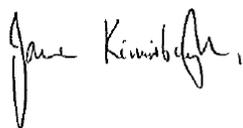
We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available; it is accurate in relation to the services provided.

The explanation by the Trust of why certain data sets are as they are have 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 how care has been delivered 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
May 2022

Statements from key stakeholders



**ESSEX PARTNERSHIP UNIVERSITY TRUST COMMUNITY AND MENTAL HEALTH SERVICES,
MID AND SOUTH ESSEX CCG's**

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 2021/22.

The CCGs fully support the 'Priorities for Improvement' outlined within the Quality Account.

The CCGs are pleased to note that Patient Safety features strongly within the identified priorities.

Patient Safety Priority 1: 'to improve the physical health of our patients', focuses on sustaining independence in to prevent deterioration, which contributes to the reduction of harm acquired through falls and pressure ulcers.

Patient Safety Priority 2: 'To continue the implementation of the Patient Safety Strategy'. Focussing on developing systems for learning from patient safety events and incidences and promoting improvement of workforce skills and resources.

Clinical Effectiveness; 'To implement Goal Attainment Scaling Care Planning - a focus on developing and articulating patient-centred outcomes rather than volume of work, with an emphasis of regular planned reviews and monitoring of progress.

Patient Experience; to increase the use of patient feedback and experience data, including complaints processes. There is also the opportunity here, with regard to the implementation of the Patient Safety Strategy, to involve patients in their own safety and the involvement of 'Patient Safety Partners' in organisational Safety, which all NHS organisations are required to develop.

The CCGs acknowledge that despite National pandemic and workforce pressures EPUT has still 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. EPUTs is now into year two of its three-year safety strategy '*Safety First, Safety Always*' as it builds on the previously defined priorities.

Statements from key stakeholders

The CCGs are also pleased to acknowledge EPUT was an early adopter for the Patient Safety Incident Response Framework (PSIRF) for which NHSE is currently undertaking the evaluation and the wider health and care system looks forward to working collaboratively with EPUT to ensure a consistent uptake across the local Health & Care system, which changes the way we consider Patient Safety assessment, monitoring, and learning.

The CCGs are pleased to note the solid progress achieved following CQC review and subsequent publication and would wish to reiterate the invitation for the CCGs Nursing & Quality teams to continue work with EPUT developing opportunities for improved and sustainable, personalised patient safety and experiences.

Mental Health - Mid & South Essex Clinical Commissioning Groups

The CCGs would like to note and acknowledge EPUT's commitment to the Mental health transformation with the work undertaken during 2021/22 in the development of Integrated primary and community health care model, At Risk Mental State (ARMS) and Early interventions in Psychosis, Serious Mental Illness (SMI) Health checks, Psychological services for people with Severe Mental illness, Older People's services and a Crisis House provision in conjunction with the third sector.

EPUT's work in committing to reducing ligature risks as a priority for the Trust is noted as reiterated within the report, with the intensive support groups that have been in place to review environments, care and drive learning from incidents seen as a helpful step in progressing this national priority.

The CCGs wishes to highlight and acknowledge EPUT's work in continuation of the implementation of strategies to reduce use of restraint. This as articulated and evidenced with further work that was undertaken to embed progress made resulting from the Restrictive Practice Inpatient Collaborative aimed at reducing levels of restraint and violence and aggression within inpatient wards.

The CCGs notes EPUT's performance against the national ambition of zero out of area placements and whilst ambition has not met the trajectory, it wishes to acknowledge the work that the Trust has been doing to make improvements. It is further noted that during 2021/22 the Trust, as with other providers, faced significant challenges in reducing the number of out of area (OOA) placements due to the Covid-19 pandemic impacting on demand and capacity issues.

The CCGs are pleased to note that EPUT has continued with monitoring of deaths within the Trust throughout the Covid-19 pandemic during 2021/22, noting the challenges the Trust managed whilst during their Level 4 pandemic response.

EPUT's ambition to implement Goal Attainment Scaling Care Planning (GAS) as part of launch of the care plan 31/3/2023 and the commitment to develop local digital systems to enable local system and patient electronic access is acknowledged, as this will enable greater integration across all local health providers enabling enhanced patient outcomes.

Community Services - South East Essex

The CCGs acknowledge the continued extraordinary circumstances over the last two years due to the pandemic, but also the subsequent impact upon the workforce across the local health and care system and continue to consider EPUT to be an integral and essential to support the development of an integrated community health and care service for the people who receive services within the CCG's footprint. The CCGs

Statements from key stakeholders

would also like to acknowledge the deployment of the vaccination programme and the good progress to date working closely with North East London NHS Foundation Trust (NELFT) and Provide Community Interest Company (CIC). The signing of a collaborative agreement will solidify closer working relationships between the three organisations and will also support the development of an integrated service that combines the strengths of all three organisations, whilst truly embedding learning across our community services.

EPUT performance over the last two years has indicated good performance and particularly identifies a reduction of prone restraint incidents and an overall reduction for inpatient secured and unsecured ligature incidents, albeit with a more recent upswing against the trend.

EPUT was also part of a successful bid for the development of a whole system approach to wound management, which received special note from NHSE/I, and continues to make good progress.

Going forward EPUT's ambition to continue to improve the nature and delivery of community health services is evidenced within this report, the pandemic 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 2022/23.

During 2021/22 the work continued during the latter part of the pandemic and the following 'reset' process. There were lessons learned 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 continued challenge for community services to take the lead with hospital discharge functions and developing a robust workforce strategy.

The CCGs fully support the publication of EPUT Quality Accounts and the opportunity to formally response as part of their publication.



Rachel Hearn
Executive Director Nursing and Quality
Mid and South Essex Clinical Commissioning Groups

June 2022

Statements from key stakeholders



North East Essex Clinical Commissioning Group

EPUT Annual Quality Account

Date: 08 Jun 2022

The North East Essex (NEE) Commissioning Group confirm that EPUT have consulted and invited comment regarding the Annual Quality Account for 2021/2022. This has been submitted within the agreed timeframe and the CCG are satisfied that the Quality Account provides appropriate assurance of the service.

The CCG have reviewed the Quality Account (and enclose some feedback for your consideration). 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 NEE 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.

A handwritten signature in black ink that reads 'Lisa Nobes'.

Lisa Nobes
Chief Nursing Officer

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

Statements from key stakeholders



Healthwatch Southend is the independent voice of Southend residents in matters relating to NHS and adult social care services.

Healthwatch Southend is pleased to be asked to comment on the Quality Account for 2021-22. We wish to place on record our appreciation of the tremendous efforts made by staff at EPUT during another challenging year for us all. The staff awards throughout the document are testimony to their hard work and inventiveness.

The Quality Account sets out an impressive range of initiatives which the Trust has undertaken and plans to undertake for the benefit of patients, carers and the staff who care for our residents. It would be helpful to see how the experiences of patients and carers have influenced the prioritisation of these initiatives. We appreciate some prioritise will link with the national agenda, but given the wealth of soft information you will have from patients and carers, it would be good to see how these have been, or could be, turned into action.

Similarly, we hope that the Trust is able to use both quantitative and qualitative data in evaluating progress against the initiatives planned.

The Trust's performance in enrolling in clinical audits is to be welcomed. What does not come across is the impact this has had on patient outcomes. We appreciate that the results may not be immediate, but I am sure readers will be interested in the conclusions. It is encouraging to see the numbers of cases submitted to some of the audits, but this gives local people no indication of how practice has changed as a result.

We welcome the Trust's openness in summarising both CQC reports and the cases adjudicated by the Parliamentary & Health Services Ombudsman. Although these are available elsewhere, it is good to see them included here.

We look forward to working with EPUT over the next year as a resource, facilitator and critical friend.

Owen Richards
Chief Officer

Statements from key stakeholders

No statement received.



Essex Health Overview Policy and Scrutiny Committee

No statement received.



Response to stakeholder comments

Essex Partnership University NHS Foundation Trust thanks its stakeholders for their comments on the 2021/22 Quality Account.

Since the stakeholder comments have been received, typographical errors have been corrected, and where data was unavailable at the time of issuing the draft Quality Account to stakeholders, this has now been added.

Statement of assurance from the Board of Directors

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2021/22* and supporting guidance *Detailed requirements for quality reports 2019/20*;
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - ◇ board minutes and papers for the period April 2021 to March 2022;
 - ◇ papers relating to quality reported to the board over the period April 2021 to March 2022;
 - ◇ feedback from commissioners dated 19 May 2022, 8 June 2022, and 23 June 2022;
 - ◇ feedback from governors dated 28 June 2022;
 - ◇ feedback from local Healthwatch organisations dated 27 June 2022;
 - ◇ feedback from Overview and Scrutiny Committee dated *No feedback received*;

- ◇ The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints regulations 2009, dated 25 May 2022;
- ◇ the 2021 national patient survey, published March 2022;
- ◇ the 2021 national staff survey, published March 2022;
- ◇ the Head of Internal Audit's annual opinion of the trust's control environment dated 26 May 2022; and
- ◇ CQC inspection report dated 15 September 2021.

- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the quality report.

By order of the Board



Professor Sheila Salmon
Chair
Date: 30 June 2022



Paul Scott
Chief Executive
Date: 30 June 2022

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measurement of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

Glossary

A&E Accident and Emergency	GP General Practitioner	NHSD - SDCS NHS Digital - Strategic Data Collection Service
AWOL Absent Without Leave	HealthWatch Champions the views of local people to achieve excellent health and social care services in Essex.	NHSE/I NHS England/Improvement
BB Basildon & Brentwood CCG	HEE Health Education England	NICE National Institute of Health and Care Excellence
CAMHS Child and Adolescent Mental Health Services	HPFT Hertfordshire Partnership University NHS Foundation Trust	NIHR National Institute of Health Research
CAT Cognitive Analytic Therapy	HRA Health Research Authority	NPSA National Patient Safety Agency
CCC Care Coordination Centre	IAPT Improving Access to Psychological Therapy	NRLS National Reporting and Learning System
CCG Clinical Commissioning Group	ICS Integrated Care System	NSFT Norfolk & Suffolk NHS Foundation Trust
CEO Chief Executive Officer	IPC Integrated Personal Commissioning	OT Occupational Therapist
CHS Community Health Services	LAS Locum Appointment for Service	OOA Out Of Area (placement)
CICC Cumberlege Intermediate Care Centre	LD Learning Disabilities	PACTS PCN Alignment of Community Teams
CPA Care Programme Approach	LTFT Less Than Full Time Training	PCN Primary Care Network
CPR Castle Point & Rochford CCG	MCA Mental Capacity Act (2005)	PEACE Proactive Elderly Advance Care Plan
CRN NT Clinical Research Network - North Thames (NIHR)	MEWS Modified Early Warning System	PHSO Parliamentary and Health Service Ombudsman
CQC Care Quality Commission	MHCP Mental Health Care Provider	PLACE Patient-Led Assessments of the Care Environment
CQUIN Commissioning for Quality and Innovation: framework enables commissioners to reward excellence by linking a proportion of the Trust's income to the achievement of local quality improvement goals.	MH Mental Health	POMH-UK Prescribing Observatory for Mental Health - UK
CT Core Trainee doctor	MSE Mid & South Essex	PPE Personal Protective Equipment
DBT Dialectical Behavioural Therapy	MTI Medical Training Initiative	PSIRF Patient Safety Incident Response Framework
Dementia A set of symptoms which include loss of memory, mood changes, and problems with communication and reasoning.	NACAP National Asthma and COPD Audit Programme	PU Pressure Ulcer
DNACPR Do Not Attempt Cardiopulmonary Resuscitation: A formal decision made when it is not in the best interests of the patient to be resuscitated in certain circumstances.	NACR National Audit of Cardiac Rehabilitation	QI Quality Improvement
DSPT Data Security and Protection Toolkit	NAIF National Audit of Inpatient Falls	Q1/Quarter 1 April-June 2021
ECC Essex County Council	NCAPOP National Clinical Audit Patient Outcome Programme	Q2/Quarter 2 July-September 2021
EEAST East of England Ambulance Service Trust	NCEPOD National Confidential Enquiry into Patient Outcome and Death	Q3/Quarter 3 October-December 2021
EIP Early Intervention in Psychosis	NCISH National Confidential Inquiry into Suicide and Safety in Mental Health	Q4/Quarter 4 January-March 2022
EOE East of England	NDFA National Diabetes Foot Care Audit	RCA Root Cause Analysis
EOL End of Life	NED Non-Executive Director	RfPB Research for Patient Benefit
EPUT/the Trust Essex Partnership University NHS Foundation Trust	NEE North east Essex	RT Rapid Tranquilisation
ESNEFT East Suffolk & North Essex NHS Foundation Trust	NELFT North-East London NHS Foundation Trust	SBC Southend Borough Council
FEP First Episode of Psychosis	Never events Serious, largely preventable patient safety incidents which should not occur if the available preventative measures have been implemented.	SFFT Staff Friends & Family Test
FFFAP National Falls and Fragility Audit Programme	NHS National Health Service	SI Serious Incident
FFT Friends and Family Test		SMI Severe Mental Illness
FLO Family Liaison Officer		SNEE Suffolk & North East Essex
FY Foundation Year doctor		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
		WE West Essex
		YTD Year to Date

Find out more about the hospital by visiting
our website at www.eput.nhs.uk

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