

# Final Quality Account 2019/20



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## Part 1: Statement on quality

“I am taking this opportunity to record how extraordinarily proud I am of our staff for their outstanding delivery of care and services during the Covid-19 pandemic. We will never be able to thank them enough. Even in an unprecedented global health emergency, they worked together brilliantly, pulling out all the stops to deliver care for our patients and in wider local communities. This Quality Account was prepared in the midst of the pandemic. My heart goes out to all those across the world who have lost loved ones during this time.”



This Quality Account for 2019/20 shows how Essex Partnership University NHS Foundation Trust (EPUT) met our quality commitments for 2019/20, our third as a newly merged organisation, and it outlines our quality priorities for 2020/21.

Each year, we set ourselves different quality priorities to help us to achieve our long-term quality goals. We base these annual priorities on the feedback about our services we have received during the previous year from our service users, carers, staff and stakeholders. We also use findings from our Trust-wide learning from incidents, complaints and Care Quality Commission (CQC) inspections. Finally, as EPUT’s senior leadership team, we bring our own knowledge of our services to bear.

During this year, the CQC rated our services as ‘Outstanding’ overall for Caring. As CEO, I have visited many Trust services at all times of the day and night. This is one of the most rewarding parts of my job. I have always been welcomed and made to feel at home on the frontline of our care provision, even when I have startled staff by popping into their ward unexpectedly in the early hours! I am delighted their care of the people using our services is recognised and, as ever, I am extremely proud of them.

We set ourselves eight quality priorities for 2019/20. In line with NHS England/ Improvement guidance, we ensured these priorities covered indicators from the three areas of service user quality – safety, effectiveness and patient / carer experience. To ensure quality is core to running EPUT, we align our quality priorities with our corporate objectives.

We check in throughout the year on how we are doing in meeting our quality priorities. We have a range of forums and events, which promote and maintain engagement between our service users, carers, staff, Board of Directors, Council of Governors, NHS Foundation Trust membership and stakeholders. At these, we have monitored progress against our current quality priorities and sought views on proposed quality priorities for 2020/21.

Most of our priorities for 2019/20 related directly to improving the care we provide in our services. Our top quality priority was to provide harm-free care. This reflects our determination that our services will improve sufficiently to be rated as ‘Good’ overall for Safety at our next Trust-wide CQC inspection. A number of sub-priorities were set here, covering areas such as reducing pressure ulcers and falls, patients missing fewer doses of their medication, improving the physical health of



our mental health patients and introducing new ways to support our staff in picking up early warning signs that a patient's condition may be deteriorating.

In addition to this harm-free care top priority, we also set ourselves direct patient care priorities on reducing restrictive practices in mental health services; rolling out comprehensive suicide prevention training to our community mental health teams and improving the care we provide for people at the end of their lives.

I am pleased to report that we achieved all these quality priorities, sometimes by exceeding our ambitious achievement targets. For instance, I am particularly pleased that the CQC rates our End of Life services as 'Outstanding' overall.

Our remaining four quality priorities supported our determination to improve patient safety and our ambition to enable our staff to develop their innovative skills for their patients' benefit. Developing collective leadership means EPUT is not 'top-down' but we work together as leaders to enhance performance and improve practices. Continuous improvement means we never rest on our laurels, but are always on the lookout for ways to make our best even better. Effectively using modern technology is central to transforming outcomes for our patients. It enables us to find, use and share more and better data quickly, safely and widely across EPUT. Embedding a just and learning culture at EPUT means individuals, teams and the organisation as a whole learns more widely and deeply from mistakes, which leads to us being able to make real life improvements to the safety of our patients.

I am pleased to report we achieved these quality priorities too. I am particularly pleased with our growing cohort of homegrown Quality Champions, rising to those challenges often faced by trailblazers and are a significant influence on our quality improvement programme.

This report details many more achievements of which EPUT is justifiably proud. It also details our improvement plans for this year. I hope it gives a clear understanding of how seriously we take our responsibilities and how determined we are to provide safe, effective, caring, responsive and well-led NHS services.

### **Statement of Accuracy**

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



**Sally Morris**  
**Chief Executive (as at 31 March 2020)**  
**Essex Partnership University NHS Foundation Trust**



## Part 2: Our Quality Priorities for improvement during 2020/21 and Statements of Assurance from the Board

### What services did EPUT provide in 2019/20?

During 2019/20, we provided hospital and community-based mental health and learning disability services across Essex as well as a small number of specialist mental health and/or learning disability secure services in Essex, Bedfordshire and Luton. We also provided community health services in South East Essex and West Essex as well as some specialist children's services Essex-wide.

### How have we prepared this Quality Account?

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

On 1 May 2020, regulations revising Quality Account deadlines for 2019/20 came into force. While primary legislation continues to require providers of NHS services to prepare a Quality Account for each financial year, the amended regulations meant there was no fixed deadline by which providers must publish their 2019/20 Quality Account. NHS England and NHS Improvement recommended to NHS providers that a revised deadline of 15 December 2020 would be appropriate, in light of pressures caused by Covid-19. EPUT's Interim Quality Account sent to stakeholders (for 'document assurance' as required by the Quality Accounts regulations) on 15 October allows for scrutiny and comment. Responses received are included in Annexe A.

EPUT agreed to continue with its original timetable except for the partner consultation and submission to the Secretary of State for Health and Social Care. In this way, we have discharged our responsibility to our public in terms of reporting on quality and the final draft version approved at the May Board meeting by publishing an Interim Quality Account on our website. This final Quality Account has Board approval as at 25 November.

This Quality Account would normally align itself to the Quality Report section of our Annual Report. Due to the Covid-19 pandemic, no Quality Report appears in the EPUT Annual Report thus, there is no external audit of the Quality Account this year.



## 2.1 Key actions to maintain and/or improve the quality of services delivered in 2020/21

### How have we developed our priorities for the coming year?

Each year we set annual Quality Priorities to help us to achieve our long-term quality goals. We identify them through feedback from service users, carers, staff and partners, as well as information gained from incidents, complaints and learning from Care Quality Commission findings.

Our Quality Priorities represent the greatest pressures that EPUT is currently facing. Following the unprecedented period of Covid-19, there are changes to the healthcare system on a macro and micro scale that impact on quality priorities moving forward. The Covid-19 pandemic brought with it potentially disruptive transformation of services. However, together with system partners EPUT has implemented many transformation initiatives at pace and made significant adaptations and improvements to services.

As an organisation, moving forward through the recovery from the first wave of the Covid-19 pandemic EPUT is seeking to use this phase as an opportunity to transform and reform services while learning from the improvements, innovations and adaptations that introduced at speed to protect both our communities and our workforce. As a mental health and community service Foundation Trust, we are aware that this pandemic will have an unprecedented impact on our communities moving forward.

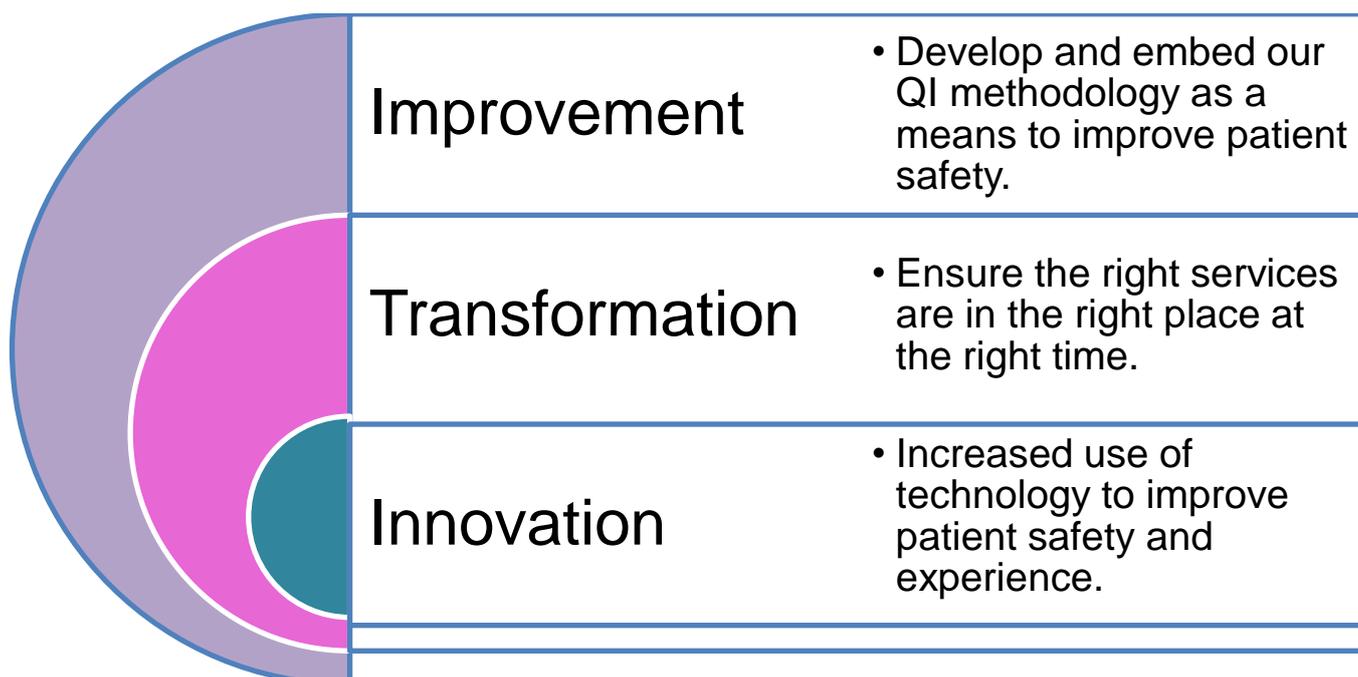
We will build on the changes brought about by the pandemic to enhance patient care and lock in operational improvements, whilst also identifying the longer-term challenges to protect and improve the wellbeing of our communities. As a result, our strategic quality priorities relating to innovation, improvement and transformation are the best fit for EPUT now. Due to the unprecedented changes required, we acknowledge that the content of our quality priorities will respond to the needs of our communities and our workforce; EPUT will ensure processes are in place to adapt to the challenges we face.

We have provided an in year update of progress against our quality priorities. Through a range of forums and engagement events incorporating EPUT Board, governors, service users, carers and staff we have monitored the progress against the 2019/20 quality priorities and sought views on proposals for new quality priorities driving progress into 2020/21.

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

The quality priorities for 2020/21 agreed by the EPUT Board of Directors are as follows:



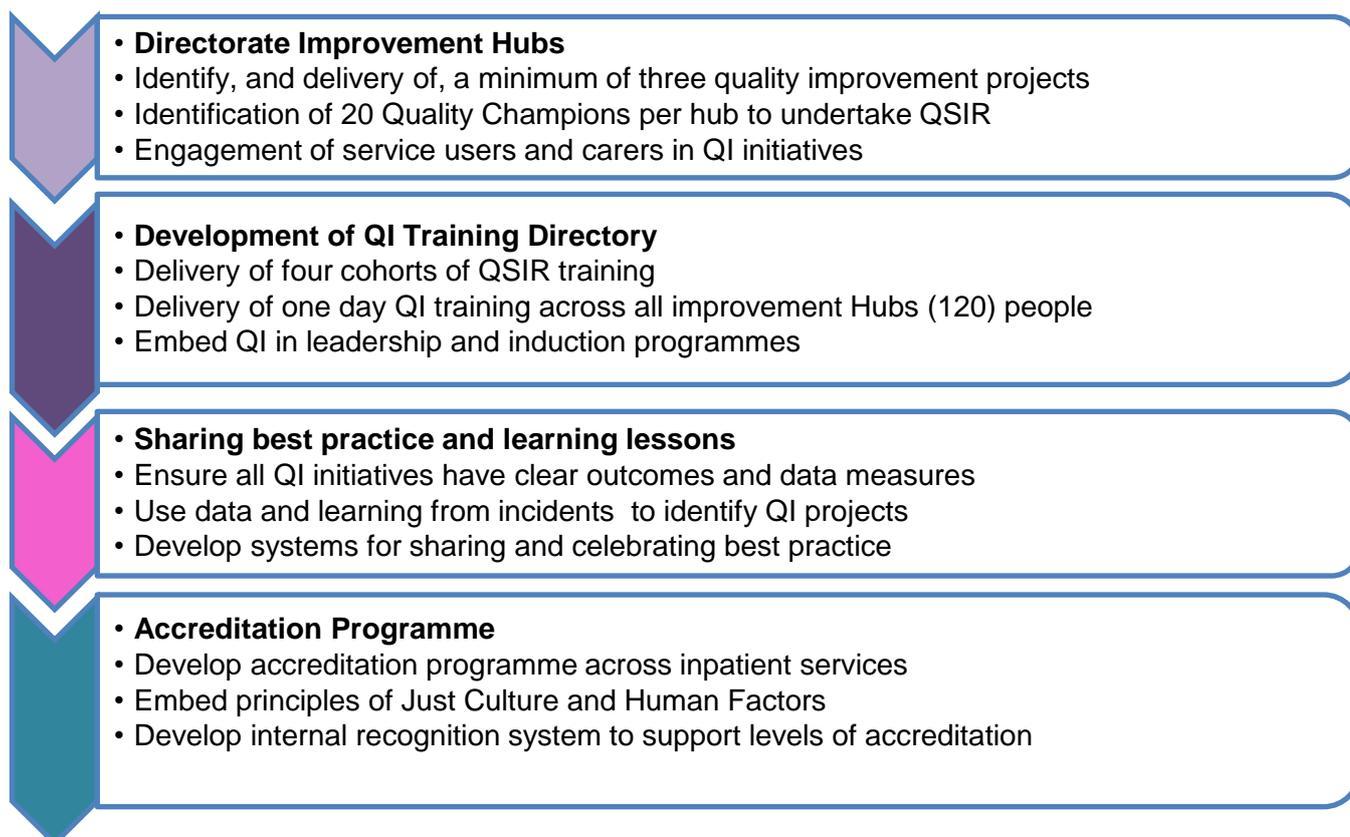


### 2.1.1 Priority 1 – Develop and embed QI methodology as a means to improve patient safety

EPUT sees quality improvement as a key enabler to transform services and bring about changes to deliver person centered care that is better, safer, more effective and efficient. The goal is to standardise best practice, ensuring that the workforce have the skills, resources and capabilities to implement proven and better ways of delivering care. The impact of Covid-19 has seen the introduction of quality improvements across all services in extremely accelerated timeframes due to the need to build improvements and solve problems at pace.

During this year, we will evaluate and learn from improvements made during this unprecedented time, leveraging our connectivity to identify new solutions to providing healthcare. We will build on our current approach to improving quality and patient safety, delivering a mixture of centrally commissioned projects in line with EPUT priorities and service/individual level initiatives delivered through Directorate QI Hubs. We will test, refine and continue the journey of embedding a quality improvement methodology based on well-established continuous improvement techniques. This will support the delivery of sustainable improvements at scale and pace.





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

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

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

The Mental Health and Community Transformation Portfolio comprise four major programmes and within these, 18 projects and over 20 programmes in community services. Since the implementation of the STPs some of these programmes have remained broadly, Essex wide whilst others will reflect the 'PLACE' based care and the individual needs of each locality.



Within each STP the four major programmes for mental health transformation are:

### Emergency Response and Crisis Care Service:

People facing a mental health crisis should have access to care 7 days a week and 24 hours a day in the same way that they are able to get access to urgent physical health care. Getting the right care in the right place at the right time is vital. Analysis of RAID and occupied bed days data indicates an increasing system pressure for acutely unwell mental health patients. The ambition for implementing the MH5YFV is that by 2020/21:

- All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admissions
- Out of area placements will essentially be eliminated for acute mental health care for adults
- All acute hospitals will have ‘all-age’ mental health liaison teams in place, and at least 50% of these will meet the ‘Core 24’ service standard as a minimum

### Personality Disorders:

The Business Case for this programme of work proposes a Personality Disorder and Complex Needs pathway, which integrates with wider primary care services and provides evidence-based interventions and enhanced self-care. It emphasises prevention of crisis episodes through linking with both urgent care and primary care pathways, delivering multiple benefits for patients and the system.

Key actions are as follows:

- Development and delivery of a bespoke training programme to improve awareness and ensure the diagnosis of Personality Disorder is provided
- Remodeling of current psychotherapy and Personality Disorder services into an Essex-wide specialist MDT
- Expansion of Personality Disorder treatment interventions
- Enhanced clinical skills training
- Enhance integration with system partners

The outputs expected are an improvement in service user feedback, clinical improvements, positive attainment of specific individual goals using GAS goals, reduction in hospital stays (reduction in admissions, and length of stay) and improved movement through services in the system, and reduction in waits for treatment.

### Older People and Dementia:

This programme was first introduced in Mid and South Essex STP. It is a model of dementia care that ensures early diagnosis and good post-diagnostic support. It is an optimum community model with system partners in primary care, and is able to respond proactively to those with dementia or suspected dementia and their carers in their own homes and community settings. S dementia inpatient model provides for those with the most complex needs. To embed and expand we will



take the following actions:

- Implementation of new ways of integrated working
- Increased use of telemedicine
- Introduction of collaborative assessment, review, treatment and care interventions
- Embed inpatient service model
- Develop systems to enhance carer support

The outputs expected are an increase in dementia diagnosis rates, a reduction in inpatient admissions, and reduced length of stay in inpatient settings and improved service user experience and outcomes.

### Community (Primary) Care:

This programme will deliver on a locality basis ensuring services meet the needs of local populations.

Across **Community Health Services** in both South East Essex and West Essex, a range of transformations will deliver in partnership. EPUT alongside system partners has developed a road map with clear milestones for all transformation projects.

Key programmes - EPUT is developing 'system' programme documentation to support transparent and shared control documents for the future ensuring implementation is in line with agreed timescales and success measures which incorporate the following:

- **Community Crisis Response:** Enhance the SWIFT Crisis response team established in 2019/20 to align with the Intermediate Care Transformation programme to improve integration and collaboration across all Intermediate Care services

To enhance the current service provision work will be undertaken with NELFT and PROVIDE with SWIFT team member attending EEAST hub to deliver Category 3/4/5 calls direct to community services. The outputs expected are significant admission avoidance activity, reduction in falls and neutropenic sepsis response.

- **Comprehensive Community Palliative Care Offer in South East Essex:** Establish a comprehensive population-health management model for Community Palliative Care/EOL Services that includes management of an EOL register and delivery of high quality front line EOL care.

This will require a consolidated service focus delivering on achieving a 1% population target for End of Life Register meeting all challenging contractual KPIs and work with community care and local hospices to develop pathways that maximise access to new hospice beds scheduled to open during 2020.

- **Case Management of Frail and Complex Patients:** In West Essex, a programme to standardise the system offer/ specification for case management links directly with services



across the system. Work with system partners will reduce A&E attendance and non-elective admissions.

- **Development of West Essex Intermediate Care:** A business case includes a full options appraisal to develop systems that reflect the needs of local populations.

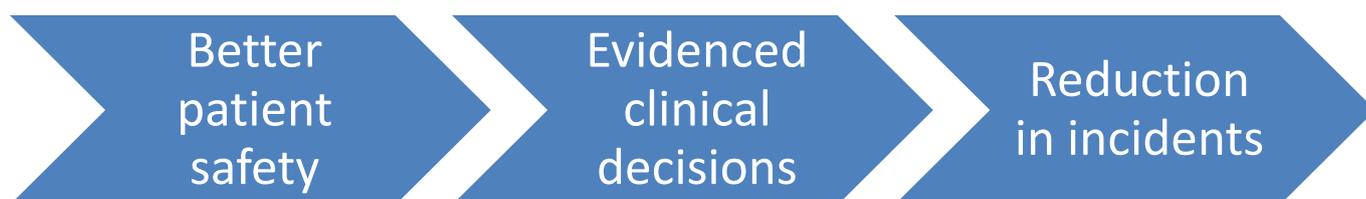
EPUT is working with system partners to build a transformation model that meets the needs of local populations. At this stage that some of the transformations set out may develop or transform into different specifications through engagement with system partners and stakeholders.

### 2.1.1 Priority 3 – Innovation: Increased use of technology to improve patient safety and experience

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

EPUT Lab is in place as one forum to present and evaluate innovative treatment solutions and staff have the opportunity to receive credit for their solutions and sponsor any projects that emerge.

EPUT has an ambition to engage with the Model Hospital in order to provide the best patient care in the most efficient way. EPUT will review, access and implement a range of digital tools that will compare productivity and identify opportunities to make improvements to clinical services. During 2020/21 EPUT Lab will identify a range of technological innovations for evaluation in respect of the following areas:



## 2.2 Statements of Assurance from the Board for 2019/20

### 2.2.1 Review of services

**During 2019/20, EPUT provided and/or sub-contracted 141 relevant health services.**

**EPUT has reviewed all the data available to them on the quality of care in 141 of these relevant health services.**

**The income generated by the relevant health services reviewed in 2019/20 represents 94% of the total income generated from the provision of relevant health services by EPUT for 2019/20.**

The data reviewed aimed to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. During 2019/20, monthly data quality reports produce a consistent format across all services. These reports monitored timeliness of data entry and data completeness. There has been excellent clinical engagement with a clear understanding of the importance of good data quality across the clinical areas. Further information about data quality is included in the data quality section 2.2.7.

### 2.2.2 Participation in clinical audits and national confidential inquiries

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

**During 2019/20 11 national clinical audits and 2 national confidential inquiries covered relevant health services that EPUT provides**

**During that period EPUT participated in 100% national clinical audits and 100% national confidential inquiries of the national clinical audits and national confidential inquiries, which it was eligible to participate in**

**The national Clinical Audits and national confidential inquiries that EPUT was eligible to participate in during 2019/20 are as follows:**

National Audit of Care at the End of Life Round 2(NACEL)  
National Sentinel Stroke National Audit Programme Round 6 (SSNAP) 2019/20  
UK Parkinson's Audit 2019  
National Audit of Cardiac Rehabilitation (NACR)



National Asthma and COPD Audit Programme (NACAP)  
National Audit of Inpatient Falls (NAIF) - National Falls and Fragility Audit Programme (FFFAP)  
National Diabetes Foot Care Audit Round 5 (NDFCA) 2019/20  
POMH-UK Topic 19a: Prescribing for depression in adult mental health services  
POMH-UK Topic 17b: Use of Depot/LA antipsychotic injections for relapse preventions  
POMH-UK Topic 9d: Antipsychotic prescribing in people with learning disability  
National Clinical Audit of Psychosis 2019/20 (EIP)

### National Confidential Inquiries:

- CAMHS
- National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The national clinical audits and national confidential inquiries that EPUT participated in during 2019/20 are as above.

The national clinical audits and national confidential inquiries that EPUT participated in, and for which data collection completed during 2019/20, are below alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry:

National Clinical Audits	No. of cases submitted as a % of the number of registered cases required by the terms of the audit/ inquiry
<i>*POMH - Prescribing Observatory for Mental Health</i>	
National Audit of Care at the End of Life Round 2 (NACEL)	100% of required cases had information provided to national organisers
National Sentinel Stroke National Audit Programme Round 6 (SSNAP) 2019/20	Data collection is on-going and continuous
UK Parkinson's Audit 2019	100%
National Audit of Cardiac Rehabilitation (NACR)	Data collection is on-going and continuous
National Asthma and COPD Audit Programme (NACAP)	Data collection is on-going and continuous
National Audit of Inpatient Falls (NAIF) - National Falls and Fragility Audit Programme (FFFAP)	100% of required cases had information provided to national organisers
National Diabetes Foot Care Audit Round 5 (NDFCA) 2019/20	Data collection is on-going and continuous
POMH-UK Topic 19a : Prescribing for depression in adult mental health services	100% of required cases had information provided to national organisers
POMH-UK Topic 17b : Use of Depot/LA antipsychotic injections for relapse preventions	100% of required cases had information provided to national organisers
POMH-UK Topic 9d : Antipsychotic prescribing in people with learning disability	100% of required cases had information provided to national organisers.
National Clinical Audit of Psychosis 2019/20 (EIP)	100% of required cases had information provided to national organisers



**The reports of nine national clinical audits were reviewed by EPUT in 2019/20 and we intend to take the following actions to improve the quality of healthcare provided (examples listed)**

### **NACEL 1**

- Complaints related to EoLC to be quarterly reported to EPUT wide EoLC Group
- Care of the Deceased Patient Guideline revised to include domiciliary teams. Information included in the leaflet relating to Last Days of Life
- Tools/prompts to recognise and provide palliative care for patients whose recovery is uncertain (e.g. AMBER Care Bundle)
- Processes to create personalised recommendations for a person's clinical care in a future emergency (e.g. ReSPECT)
- Opportunities for staff to reflect on emotional aspects of their work (e.g. Schwartz rounds)
- Guidelines for referral to 'Pastoral care/Chaplaincy team'
- Guidelines to promote dignity evidenced within the EoL Care Guideline around holistic individualised care with dignity and compassion
- End of Life Care Clinical Lead developed a leaflet to be included in EPUT wide Induction
- Department of Work and Pensions (DWP) leaflet 1027, 'What to Do After a Death in England and Wales' included in EoL and Bereavement leaflets
- Carers are provided with information on bereavement services

### **SSNAP Round 5**

- Working relationship between CICC and Essex ESD Team to be robust
- Team to ensure timely submission of complete data set to SSNAP
- Close working relationship with Beech Ward (St Margaret's Hospital) and West Essex ESD Team and timely submission of complete data set sent to SSNAP
- Project Group to contact SSNAP regarding incorrect patient data allocation

### **NAIC 2018**

- IT issues at CICC to be resolved; relocation from CICC to Rochford site and training will solve the access problems to SystemOne
- More feedback to be collected from service users; PREM to be completed in CICC, MNC, SWIFT service and ESD teams
- Review the Caseload for Home based teams; Review of the therapy caseload in June

### **NDFAs Round 4**

- Provide faster expert first assessment in SE and SW Essex Team
- Work with CCG to increase accuracy and appropriateness of referral from General Practice
- Discuss findings at the Diabetes network meetings
- Promote timely electronic referrals
- Implementation of the Hot Foot tool (System wide stratification tool for referral of urgent foot problems)



### **POMH Topic 18a**

- Clinicians to ensure all necessary documentation including discussion with the patient and/or carers completed for off label prescription and to discuss in the annual review
- Clinicians to make sure all patients on Clozapine have annual general physical examination with BP, body weight, glycemic control and plasma documented on notes
- Physical Health forms in Mobius and Paris to be updated/modified to record annual checks
- Pharmacy to ask CCG's to remind GP's to add Clozapine information to Summary Care Record (SCR)

### **POMH Topic 6d**

- Inpatient service ward managers to review existing processes to ensure reviews take place
- Community Deputy/Associate Directors with responsibility for community services to initiate with Team Managers/Leads a review of processes in depot clinics/ administration to enable regular monitoring of physical health to take place
- Inpatient service ward managers to review use of checklists or side effect rating scales (physical health monitoring tool for patients on psychotropic medication)
- Community Deputy Directors/ Team Managers to work with community team managers /leads to ensure Lunsers checklists or other rating scales as part of depot clinic/ depot administration processes incorporated into clinical reviews.

### **POMH Topic 7f**

- Community team managers/leads review of processes and availability of equipment to enable regular monitoring of physical health
- Patients are reviewed with checks undertaken and recorded
- Use of checklists or rating scales as part of physical health clinic administration processes
- Feedback to NPSA re current information packs to patients to be reviewed
- NPSA packs to be re issued to all community clinics and re-order packs when low

### **POMH Topic 19a**

- Comprehensive treatment histories to be undertaken and clearly documented for all patients referred into EPUT services, to include any comorbid conditions, alcohol and substance use, physical and psychiatric disorders
- Crisis/care plans for patients with depressive illness to have potential triggers/ stressors identified with strategies identified incorporated within the patient's management plan
- Annual reviews undertaken and recorded for patients managed long term by the CMHT; including assessment of symptoms, severity and frequency of their depressive episodes, responses, adherence and side effects to medication

### **NCAP EIP Spotlight Audit**

- All service users allocated to care co-ordinator within 48 hours of referral acceptance
- Care co-ordinator to make contact within 12 days and agree a plan for further engagement
- Conduct gap analysis and discuss results with commissioners to agree an approach to address any shortfall in family interventions



- Obtain feedback from service users/ families on hesitance to receive family interventions
- Look at adaptations that can be made to interventions to accommodate the feedback
- Revisit the option of family interventions with each service user and their family
- Ensure that teams have sufficient staff trained to deliver family interventions
- All service users to have a full physical health assessment based on the Lester Tool
- Service users to receive annual physical health check if in the service for >1 year
- Physical health data to be shared with service user's GP
- Team now has 2 x Wellbeing Clinics which will increase compliance
- Team to have sufficient equipment to undertake physical health checks
- Systems and processes in place ensuring that clinical staff identify triggers for physical health screening and provide interventions appropriately
- Electronic tools available for staff to collect outcome measures for HoNOS, DIALOG, QPR
- Operational managers to ensure that care coordinators carry out a baseline and subsequent score every six months for at least two of the EIP outcome measures

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

The reports of 28 local clinical audits were reviewed by the provider in 2019/20, and EPUT intend to take the following actions to improve the quality of healthcare provided (examples only are listed)

- Achieve 100% compliance in notifying relative / carer / NOK on each episode of seclusion
- Medical and multidisciplinary reviews to take place in line with policy requirements
- Relevant paper work to be completed by staff with scanning ability
- Care plans to include specific care requirements during each episode of seclusion
- Task and Finish Group convened to support Longview in achieving overall compliance
- MH Inpatient Safety and Quality Group to work with individual Teams
- Monthly data submission to Clinical Audit Department from all adult MH to be consistent
- Restrictive Practice Grp members to advise on terminology and consider raising awareness of BSP's and potential use across wider practice areas
- Staff competencies and training in end of life care
- SystemOne review of end of life care data recording, templates and care plans
- Redesign of last days of life care plan to include robust training and implementation plan
- Seek assurance from our partners and learn from system approaches to care
- Ensure staff record information given to patients
- Provide process for staff to ensure patient handheld records of administration of medications scanned into SystemOne following their death for future audit/review
- Audit/review of patient's medication charts and symptom management post death
- Project lead/ audit team liaise with business analysis / performance team re finance data
- ECG's carried out and recorded as routine on admission and repeated quarterly
- Debrief arranged, followed through and document following each episode of RT
- Ensure physical observations documented; document refusal on Datix/ Nursing shift noted
- Standardisation of EoL care across services to update systems to record DNACPR status
- Ensure DNACPR is included in End of life training



- Clinical supervision to ensure all EOL patients on caseloads have a DNACPR in place
- Ensure DNACPR reviewed for all patients admitted to community hospital for both step down and step up beds
- Raise awareness in medical teams to complete the delirium screening tool on admission
- The medical team on Roding/ Kitwood wards to use inpatient admission assessment form
- Delirium screening tool to be added to SystmOne electronic records
- Staff to screen all patients on admission for continence problems using EPUT screening tool and if applicable, complete full continence assessment form, and record on SystmOne
- Clear documentation that a medication review for falls risk has been carried out
- Nursing and therapy staff to be reminded to do lying and standing BP
- CHS Nursing staff to document falls advice given to patients, relatives/ carers
- Ensure relevant records completed and updated as required by the Record Keeping Policy
- Rainbow Ward manager to address lack of carer involvement / crisis planning in care plans
- Team Managers to address issues relating to involvement of carers and Crisis planning through supervision with their staff teams
- MH Inpatient Safety and Quality Group to work with individual Teams (Gosfield, Grangewaters, Ipswich Road, Kelvedon, Peter Bruff, Stort and Hadleigh)
- Ward level Audit findings to be shared with respective team at Team Meetings for discussion and team level consideration on how to improve their performance
- Monthly dashboard discussed as standing agenda item at monthly Community Services Safety and Quality Group meeting

### 2.2.3 Clinical Research and Innovation

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

The total number of patients receiving and staff delivering relevant health services provided or sub-contracted by EPUT in 2019/20 recruited during that period to participate in research approved by a Research Ethics Committee and the Health Research Authority (HRA) was 669. This number of recruits was from participation in 33 research studies opened to participation at EPUT in 2019/20.

Our research portfolio 2019/20 included the National Confidentiality Inquiry into Suicide and Safety in Mental Health (NCISH), recruiting 42 participants, and suicide by middle-aged men study, recruiting six participants.

EPUT aligns with the National Institute for Health Research (NIHR) Clinical Research Network (CRN) North Thames (NT). It provides regional support for researchers and funds a number of EPUT research delivery staff to run studies on the NIHR CRN portfolio, a database of high quality peer reviewed clinical research studies meeting CRN eligibility criteria and expected to lead to significant changes in the NHS within five years.



EPUT continues to collaborate locally with Anglia Ruskin University (ARU), University of Essex (UoE), University of Hertfordshire, University of East Anglia (UEA), University of Bedfordshire and acute Trusts through University College London Partners (UCLP), the Eastern Academic Health Science Network (EAHSN) and the NIHR North Thames Applied Research Collaborative (ARC).

In 2019/20, we have submitted two NIHR Research for Patient Benefit (RfPB) grants as follows:

- The development of a patient and public involvement framework for acute mental health inpatient settings – collaborating with UoE
- Implementing a new specialist community mental health team for preconception advice for women with severe mental illness (SMI) - collaborating with RAND Europe

EPUT is working on a partnership research proposal with NIHR to fund the commissioning of a joint project between adult health and social care organisations in Camden, Essex and Edinburgh to promote and evaluate Family Group Conferencing. EPUT is supported by Professor Martin Webber at the University of York with whom we have developed a close alliance following successful completion of the evidence-informed social intervention research study based in the psychosis service pathways known as ‘connecting people’.

In February 2020 EPUT commenced the one year ODESSI research trial of the newly delivered treatment in Thurrock known as Peer Open Dialogue (POD); the trial is being conducted in close association with UCL and will consider how POD compares to ‘Treatment as usual’. Research in Finland, where it originated, has shown that patients who were under POD needed significantly fewer admissions and in some cases came off their medication and remained stable, for example patients with psychosis.

## 2.2.4 Goals agreed with Commissioners for 2019/20 (CQUINs)

The CQUIN (Commissioning for Quality and Innovation) payment framework aims to support a cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions. It continues to be an important lever, supplementing Quality Accounts, to ensure discussion and agreement at Board level and between organisations of local quality improvement priorities. It makes a proportion of the provider’s income dependent on locally agreed quality and innovation goals.

**A proportion of EPUT’s income (1.25% of contract value) in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between EPUT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. *In light of the Covid-19 pandemic, the Commissioners have stated that they will be making payments for all the 2019/20 CQUINs.***

Our CQUIN programme for 2019/20 included schemes negotiated with commissioners across the areas in which we operate services on their behalf. The CQUIN programme consisted of mainly national schemes and valued at just under £3 million, which represents 1.25% of contract value for



EPUT. This compares to the 2018/19 CQUIN programme, which represented 2.5% of contract value equating to just under £6 million. Although these CQUINs were nationally mandated, there is local agreement on quarterly milestones Trusts need to meet on the journey to achieving the final CQUIN requirement. This supported the need for different Trusts to work in different ways over the duration of the CQUIN, while working towards a common goal.

Our CQUIN programme included:

- staff flu vaccinations
- alcohol and tobacco screening
- alcohol and tobacco - tobacco brief advice
- alcohol and tobacco - alcohol brief advice
- 72hr follow up post discharge
- mental health data quality - quality maturity index
- mental health data quality – interventions
- use of anxiety disorder specific measure IAPT
- three high impact actions to prevent hospital falls
- six month review for stroke survivors
- healthy weight in adult secure mental health services
- tier four CAMHS staff training
- provision of a catheter care passport (local CQUIN agreed with South Essex Community CCG)

Our dedication to continually improving services endures; and teams have proven to be committed to and adept at managing resources to meet the stretching goals for quality improvement within the national CQUINs that have been set by commissioners in previous years as well as locally negotiated schemes.

## 2.2.5 Stretching goals for quality improvement – 2020/21 CQUIN programme for EPUT

Commissioners have incentivised us to undertake 15 CQUIN projects in 2020/21. The value of our 2020/21 CQUIN scheme will equate to 1.25% of Actual Annual Contract Value, as defined in the 2020/21 NHS Standard Contract.

The schemes agreed for 2020/21:

- CCG2: Cirrhosis and fibrosis tests for alcohol dependent patients
- CCG3: Malnutrition screening
- CCG4: Oral health assessments
- CCG5: Staff flu vaccinations
- CCG6: Use of anxiety disorder specific measures in IAPT
- CCG7a: Routine outcome monitoring in CYP and community perinatal MH services
- CCG7b: Routine outcome monitoring in community MH services
- CCG8: Biopsychosocial assessments by MH liaison services
- CCG11: Assessment, diagnosis and treatment of lower leg wounds
- CCG12: Assessment and documentation of pressure ulcer risk



- CCG17a: Data security protection toolkit compliance
- CCG17b: Reported access to NHS mail
- PSS2: Adult Secure healthy weight
- PSS3: CAMHS Tier 4 Needs Formulations
- PSS5: Outcome reporting in Perinatal services (Mother and Baby Unit)

All national CQUINs have now moved over to using denominator and numerator figures to calculate percentages of achievement, measured against a minimum and maximum achievement threshold.

### Note on the impact of Covid-19:

*Commissioners have confirmed that they are standing down 2020/21 CQUINs until July 2020 because of the Covid-19 pandemic. EPUT will receive the value of the 2019/20 CQUIN scheme in full.*

## 2.2.6 What others say about EPUT

### Care Quality Commission

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

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

Essex Partnership University NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2019/2020.

The Care Quality Commission completed two inspections during 2019/2020:

#### CQC Focused Inspection (April 2019)

The CQC completed an unannounced inspection of Adult Acute Inpatient services on three and 11 April 2019. The CQC completed the inspection following a number of concerns raised by various sources to the CQC about care and treatment of individuals on acute wards. The concerns included how staff managed patient risk and how staff supported patients when they were ready for discharge from hospital.

The inspection took place on seven wards across three sites:

Basildon Mental Health Unit (Basildon Assessment Unit, Grangewaters Ward, Thorpe Ward)  
The Derwent Centre (Chelmer Ward, Stort Ward)  
The Linden Centre (Finchingfield Ward, Galleywood Ward)

The report confirmed that the inspection did not affect the overall rating of EPUT. The report provided positive assurance in relation to the reasons why the inspection was completed, including:



- Staff worked in collaboration with patients to plan their discharge and started discharge planning at the right time. The CQC saw examples of robust and detailed discharge plans.
- EPUT employed staff specifically to support patients moving on from hospital and the CQC saw evidence of staff supporting patients with visits to the community in relation to their housing.
- Staff completed detailed and individualised risk assessments and care plans with patients and patients were involved in creating ‘my care, my recovery’ plans to manage their own risks.
- All staff spoken with, including agency staff, took time to make themselves aware of patient risks and needs by looking at care notes and receiving thorough handovers.

However, the report identified five ‘Must Do’ and two ‘Should Do’ actions that EPUT needed to address. An action plan identified 69 individual internal actions addressed by end December 2019.

### CQC Well Led Inspection (July-August 2019)

The CQC completed an unannounced inspection of six core services within EPUT over a three-day period commencing 29 July 2019 and carried out the planned ‘Well Led’ inspection 19 – 22 August 2019. The report confirmed that EPUT had upheld the overall rating of ‘Good’ and had achieved a rating of ‘Outstanding’ for the Caring domain and ‘Good’ in the Effective, Responsive and Well-Led domain. The ‘Safe’ domain has received a rating of ‘Requires Improvement’:

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

This is an improvement from the previous rated inspection in April – May 2018 with one domain (Caring) moving from ‘Good’ to ‘Outstanding’. The ratings for the other four domains have remained the same.

During this inspection, the CQC visited the following core services:

- End of life care
- Child and adolescent mental health wards
- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Specialist mental health services – substance misuse

Out of the six core services inspected, three (50%) have improved, two (33%) have remained the same and one (17%) has declined. CAMHS and End of Life Service have improved to an overall ‘Outstanding’ rating, with End of Life moving from ‘Requires Improvement’ to ‘Outstanding’ overall. The CQC report confirmed that inspectors found a number of examples of outstanding practice across EPUT:

- They identified that staff respected and valued patients as individuals and empowered them to be partners in their care.



- Staff promoted people’s dignity and offered care that was compassionate, supportive, and person centred. Staff went the extra mile to care for patients and feedback from families and carers indicated that the care exceeded their expectations.
- Staff were committed to working in partnership with patients, and their carers to achieve positive outcomes, they made this a reality for each person and staff consistently displayed EPUT values in the care they delivered.
- Staff valued the emotional and social needs of their patients and embedded them in care and treatment. For example in end of life services, staff had gone food shopping for the relative of a person who had lost weight because they would not leave home in case their relative died whilst they were out. Staff made such offers effortlessly and did so with the sole aim of ensuring the people they looked after, and those important to them, were cared for.
- The CQC identified that staff recognised that patients need to have access to, and links with, their advocacy and support networks in the community, and they supported patients to have easy access to independent advocates.
- Staff involved patients and carers in risk assessment and care planning to ensure treatment addressed patient need, in a way that was preferable to them.
- Staff demonstrated a strong person-centred culture and inspired to offer care that was kind and promoted dignity.
- Leaders valued the strong, caring and supportive relationships formed between staff, patients and relatives.
- On the children and adolescents’ wards, staff identified areas on the ward where patients could express their feelings including via blackboards and white boards. Staff issued patients with a resource box on admission whereby the patients could personalise the content of their resource box and use the chosen items when upset or anxious. Patients had led the redesign of an area of the ward, staff and patients now use this area for de-escalation, and patients refer to this area as ‘the snug’. Patients had completed ‘patient reported outcome measures’, which led to meaningful involvement and co-production. The areas covered in the patient reported outcome measure were: ‘having hope’, ‘having an equal say in my care’, ‘being a part of improving the service’, ‘understanding my mental health and how to manage it’ and ‘feeling good about myself’
- EPUT valued feedback on the services they received from patients and carers. Staff monitored responses and took steps to change services based on feedback provided, to overcome obstacles to delivering care. Staff empowered people who used the services to have a voice and to realise their potential.

Community Health Services (CHS):						
Community end of life care	Good ↔ Oct 2019	Good ↑ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑ Oct 2019	Good ↑ Oct 2019	Outstanding ↑↑ Oct 2019
Overall*	Good ↔ Oct 2019	Good ↔ Oct 2019	Outstanding ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019



Mental Health:	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↔ Oct 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Oct 2019	Requires improvement ↓ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019
Wards for older people with mental health problems	Requires improvement ↓ Oct 2019	Good ↑ Oct 2019	Good ↔ Oct 2019	Requires improvement ↓ Oct 2019	Good ↔ Oct 2019	Requires improvement ↓ Oct 2019
Child and adolescent mental health wards	Good ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019
Substance misuse services	Requires improvement ↔ Oct 2019	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↔ Oct 2019
<b>Overall</b>	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019

The report also contained a number of positive themes throughout the inspection, including where EPUT:

- Addressed many of the issues identified at the last inspection in May 2018
- Increased the oversight, monitoring and recruited leaders in service such as end of life care and substance misuse
- Staff confidently described knowledge of risk areas in services such as acute mental health wards, they described areas of risk and how they mitigated it to increase patient safety
- Made improvements to medicines management processes and resolved issues with stock rotation
- Staff ensured that they applied for deprivation of liberty safeguard applications in good time and assessed patient's mental capacity where appropriate
- Leadership was strong and had a clear sense of direction. The leadership and governance of EPUT promoted the delivery of high quality, person centred care
- Took opportunities to improve services and provide better care and outcomes for people using services
- Had a clear and robust governance structure to oversee performance, quality and risk.
- Used a variety of tools to monitor and assess risk
- Staff assessed the needs of patients in a timely way and used information to develop holistic, person centred care plans
- Staff cared for patients in line with national guidance and best practice
- Staff had access to regular supervision and specialist training
- Staff respected and valued patients as individuals and empowered them to be partners in their care.
- Valued feedback on the services they received from patients and carers

The CQC inspection report identified four key areas where EPUT must improve:

- Learning lessons
- Equalities
- Data quality
- Restrictive practice



The report identified 18 'Must do' and 29 'Should do' actions that EPUT needed to address. An action plan identified 223 individual internal actions.

As at the end of March 2020, 193 internal actions were completed (87%) which confirms that progress continues with the actions agreed to address the findings of the inspection.

## 2.2.7 Data quality

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

Internal audit carried out a data quality audit on randomly selected KPIs across EPUT during October 2019 and advised there was 'moderate assurance' on the controls that were in place.

EPUT achieved an average Data Quality Maturity Index score of 90.1% for Q1, 93.8% for Q2, 96.5% for Q3, and 93.7%\* for Q4 compared to the NHSI Oversight Framework target of 95%. \*Q4 figure below target due to introduction of seven new indicators in March 2020.

EPUT's Information Governance Data Security and Protection Toolkit (DSPT) overall score for 2019/20 was compliant across all assertions.

Essex Partnership University NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

Essex Partnership University NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Service. These are included in the Hospital Episode Statistics and the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number was:

- 99.8% for admitted patient care (Apr 19 – Mar 20)
- 100% for outpatient care (Apr 19 – Mar 20)
- N/A for accident and emergency care

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

- 96.0% for admitted patient care (Apr 19 – Mar 20)
- 99.12% for outpatient care (Apr 19 – Mar 20)
- N/A for accident and emergency care

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

- Awareness raising throughout EPUT of importance and impacts of data quality



## 2.2.8 Learning from deaths

### 1. Background and context

The effective review of mortality is an important element of our approach to learning and ensuring the quality of our services continually improves. ‘National Guidance on Learning from Deaths – A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care’ was published by the NHS National Quality Board in March 2017 and set out extensive guidance for Trusts in terms of approaches to reviewing mortality, learning from deaths and reporting information. Its aim was to help initiate a standardised approach that would evolve as national and local learning in respect of mortality review approaches increases.

During 2019/20, we continued to strengthen our approaches to mortality review in line with national guidance. We take every death of a person in our care very seriously. We expect our staff to be compassionate and caring at all times. The aim of reviewing the care provided to people who have died is to help improve care for all our patients by identifying whether there were any problems, understanding how and why these occurred and taking meaningful action to implement any learning. The reporting of mortality data is part of this review process and continues to be an evolving, challenging, process across the whole NHS both nationally and locally, to gather and analyse the data. The review of mortality and reporting of data will continue to evolve over time to become more meaningful as we learn from our own experiences and those of other NHS Trusts.

As Trusts have been able to determine local approaches to undertaking mortality reviews and defining deaths that should be in scope for review, mortality data is not comparable between Trusts. As such, we use data locally to monitor the review of mortality and to assist in the ultimate aim of learning from deaths and improving the quality of services. Due to the nature of the services we provide, there will be a number of deaths that will be ‘expected’. Nevertheless, we are always mindful that even if the person’s death was ‘expected’, their family and friends will feel deeply bereaved by their loss, and we strengthened our processes to support those people. We undertook a review of a sample of ‘expected’ deaths to identify any learning on the quality of the care we provide to people at the end of their lives.

### 2. Explanatory notes

\* Please note, all figures stated in the section below relate to deaths ‘in scope’ for mortality review. EPUT’s Mortality Review Policy 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 with recorded learning disabilities
- Meeting the criteria for a serious incident, either within our inpatient services or in a community setting
- Any other deaths of patients 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 deaths in a community setting which have been the subject of a formal complaint and/or claim by bereaved families and carers
- Any patient deaths in a community setting for which staff have raised a significant concern about the quality of care provision



- Any deaths of patients deemed to have a severe mental illness in a community setting. For the purposes of this policy, this is any patient with a psychotic diagnosis (schizophrenia or delusional disorder) recorded on electronic clinical record systems that are recorded as having been under the care of EPUT for over two years
- Any deaths identified for thematic review by the Mortality Review Sub-Committee (including a random sample of 20 expected inpatient deaths per annum). Please note, information relating to these deaths is reported separately in section 9 below

Figures reflect Q1 – Q3 of 2019/20. Information in relation to Q4 reports to the Board of Directors in June 2020. Q4 2019/20 information reports in EPUT's Quality Account for 2020/21. The reporting schedule was the same last year; and, therefore, information relating to Q4 2018/19 reports in this Quality Account.

At the time of preparing this Quality Account, the thematic reviews and expected inpatient death review sample for 2019/20 are in the process of being defined and commissioned and figures are therefore not included within the data below. Information in relation to thematic reviews of 2019/20 deaths will therefore be reported in EPUT's Quality Account for 2020/21. Information relating to the thematic reviews of 2018/19 deaths (which have been undertaken during 2019/20) is included in this Quality Account.

The figures contained in this section of the Quality Account are consistent with the agreed approach for reporting quarterly information to the Board of Directors as at 4 March 2020.

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

2018/19 Q4: The number of deaths within scope for mortality review in Q4 2018/19 was 65.

2019/20 Q1 – Q3: During 2019/20 (Q1 – Q3\*), 162 EPUT patients died. This comprised the following number of deaths occurring in each quarter of that reporting period:

Q1	53	Q2	56	Q3	53
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### 4. National Guidance Ref 27.2 - Number of these deaths subjected to case record review/investigation

2018/19 Q4:

By 4 March 2020, 3 Grade 2 case note reviews and 16 Grade 4 Serious Incident investigations took place in relation to 19 of the Q4 2018/19 deaths. Note: In addition, one case record review and zero Serious Incident investigations are in progress.

For the full year 2018/19, by 4 March 2020 12 Grade 2 case note reviews and 69 Grade 4 Serious Incident investigations reflect 81 of the 235 2018/19 deaths. Note: In addition, seven Grade 2 case record reviews and zero Grade 4 Serious Incident investigations are in progress.

2019/20 Q1 – Q3:

By 4 March 2020, 2 Grade 2 case record reviews and 41 Grade 4 Serious Incident investigations



reflect to 43 of the Q1 – Q3 2019/20 deaths included above.

Note: in addition to the above, three Grade two case record reviews, 1 Grade 3 Critical Incident review and 13 Grade 4 Serious Incident investigations are in progress.

The number of deaths in each quarter 2019/20 with a case record review or an investigation (including those in progress) was:

Q1	18	Q2	27	Q3	15
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The grade of review for 41 of the 162 deaths is under determination.

Explanatory note:

- 61 closed reviews at Grade 1 (do not fall within the category of case note reviews/ investigations)
- 43 closed reviews at Grade 2 - 4 (case note review/investigation)
- 17 reviews in progress at Grade 2 - 4 (case note review/investigation)
- 41 final grade of review still under determination

Total = 162 deaths

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

2018/19 Q4:

- One, representing 1.5%, of the patient deaths during Q4 2018/19 are judged more likely than not to have been due to problems in the care provided to the patient.
- Please note, three reviews are still in progress as well as a judgement in terms of problems in care at the date of preparing this information.
- For the full year 2018/19, by 4 March 2020, six (representing 2.5%) of the patient deaths during the reporting period are judged more likely than not to have been due to problems in the care provided to the patient.

Please note, for the full year 2018/19, 21 reviews are still in progress as well as a judgement in terms of problems in care at the date of preparing this information.

2019/20 Q1 – Q3:

Three, representing 1.8%, of the patient deaths during the reporting period are more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- zero - representing 0% for the first quarter
- three - representing 5.3% for the second quarter
- zero - representing 0% for the third quarter

Please note 63 reviews are still in progress or is a judgement in terms of problems in care is at the date of preparing this information.

The above judgements use a tool designed locally by EPUT, 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.

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

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

- A communication plan, including contact with next of kin, should be agreed prior to a patient's discharge
- Clinical teams must ensure follow up with patients 48 hours after discharge; and undertake a further risk assessment if contact is not achieved
- The Glasgow Coma Scale (GCS) Observations competency should be added to the induction of bank and agency registered nursing staff
- Guidance on the use of high/low and floor line beds should be added to EPUT's Falls Guideline
- A revised bedrail risk assessment form should be uploaded onto the clinical system, including mental capacity questions
- Guidance for staff completing care plans for patients at risk of ligature. This should explain key elements and minimum standards for consideration within these plans to aid in their formulation and recording
- The Basic Life Support training programme includes identification of all equipment contained in the emergency grab bag to ensure that all staff are familiar.

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

We have taken the following actions from the examples of learning detailed above:

- Reviewed the processes used for follow up of patients after discharge and introduced new enhanced protocols. These include the community teams undertaking follow up to ensure this occurs on a timely basis as well as actions to take if contact attempts have been unsuccessful. Compliance with the new protocols monitors achievement.
- The induction for bank and agency registered nursing staff now includes competence in Glasgow Coma Scale (GCS) Observations.
- Guidance on the use of high/low and floor line beds added to EPUT's Falls Guidelines.
- The revised 'bedrail risk assessment form' includes the addition of mental capacity questions, and uploaded onto the clinical system.
- At the time of writing this report, enhanced guidance in terms of care plans for patients at risk of ligature is under development.
- EPUT's Basic Life Support training includes information in terms of EPUT's emergency grab bags and their contents.

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

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

- A strengthened process for following up patients discharged from inpatient units after 48 hours includes actions if contact has been unsuccessful. It is anticipated that this will assist the effective discharge of patients successfully into the community with appropriate support
- All bank and agency registered nursing staff are required to be competent in Glasgow Coma Scale (GCS) observations if working within EPUT



- There is clear written guidance for staff enabling them to act appropriately in terms of high/low and floor line beds
- Comprehensive bed rail risk assessments can be undertaken utilising the form available electronically for all clinical staff
- On completion, there will be detailed guidance available for staff in terms of care plans for patients at risk of ligature to ensure care plans are of a high standard
- Via completion of EPUT's Basic Life Support training, all EPUT staff will be familiar with the contents of EPUT's emergency grab bags and thus be able to identify contents and take appropriate action in the event of any emergency

### 9. Learning from other deaths subjected to mortality review/investigation

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

- Risk assessment
- Documentation/record keeping
- Communication
- Discharge and assertive follow up
- Disengagement
- Family and carer involvement
- End of life care / physical healthcare

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

- A sample of expected inpatient deaths
- A sample of EPUT's nursing homes patient deaths (Clifton Lodge and Rawreth Court)
- A sample of deaths classified as serious incidents

A review of a sample of deaths of patients diagnosed with a Severe Mental Illness and not classified as serious incidents occurring in 2018/19 was also underway at the time of writing this report.

The above reviews have resulted in 45 deaths subject to overarching thematic review. We have also undertaken an audit of a random sample of seven deaths closed at Grade 1 review (desktop review).

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

- Inclusion of a separate specific end of life care plan on patient's records accessible by all staff involved in decision making for the patient
- Review of record systems to ensure all records are easily accessible on electronic systems
- Ensuring that the discussion and agreement of Do Not Attempt resuscitation (DNACPR) with patient / family is appropriately documented in clinical records as per EPUT guidance
- Exploring further the reasons for transfer of patients from EPUT inpatient units to the acute Trusts in the final phases of their lives to identify whether there is any learning for EPUT in terms of being able to meet the patient's preferred place of death request
- Strengthening communication between the acute Trust and EPUT inpatient units when deaths occur within the acute Trust following discharge from EPUT to ensure timely notification of



deaths, thus improving the support that EPUT can offer to bereaved families / carers

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

We are unable to report on the following mandated information in the Quality Account 2019/20; we will report on this in the Quality Account 2020/21:

- The number of case record reviews or investigations finished in 2020/21 which related to deaths during 2019/20 but were not included in the Quality Account for that previous reporting period (Q4 information)
- An estimate of the number of deaths included above which we judge as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, 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)

#### *Larkwood Ward*

A huge thank you to you all for looking after my daughter and being the people to ignite her recovery.

She was a very poorly, sad girl when she came to you and I am now seeing my girl again, trying so hard and taking responsibility, which is all down to you.

Please give my thanks also to the OTs, school, and Danielle. What you are able to do is a wonderful and life-affirming change to kids who cannot see the light at the end of that tunnel.

My gratitude also, for how supportive you have been to me and other family and friends.

## 2.2.9 National mandated indicators of quality

Since 2012/13 NHS Foundation Trusts have been required to report performance against a set of



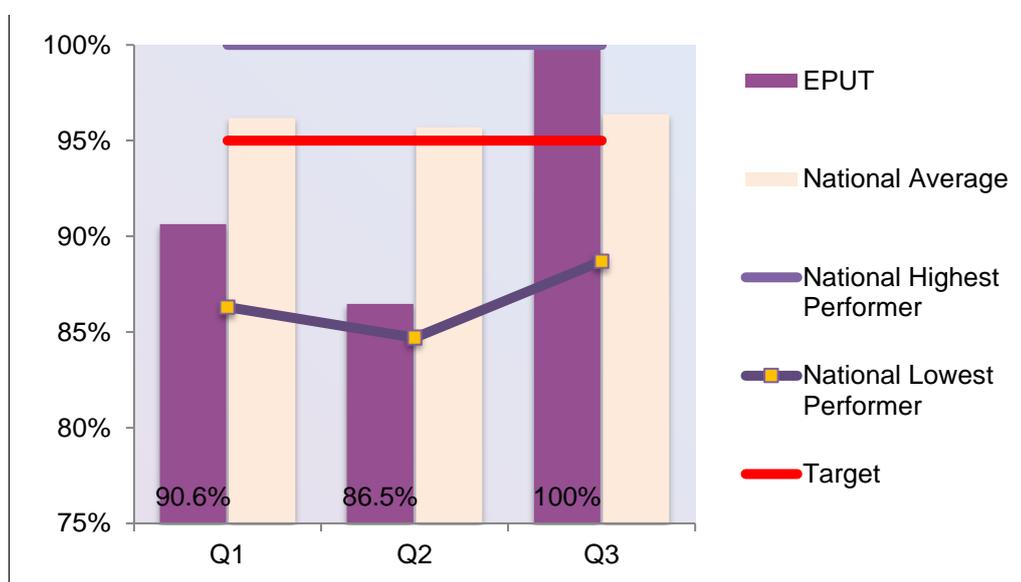
core indicators, using data made available to EPUT by NHS Digital. This section outlines how we have performed as a Trust along with data for the highest and lowest performing Trusts and the National average, where available.

The information presented extracts from nationally specified datasets and reported at an EPUT-wide level.

**1. Patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay**

This indicator measures the percentage of patients followed up (either face to face or by telephone) within seven days of their discharge from a psychiatric inpatient unit.

Data source: NHSD Strategic Data Collection Service (SDCS) – MHPrvCom via NHS Digital  
National Definition Applied: Yes



2019/20	Q1	Q2	Q3
EPUT	90.6%	86.5%	100%
National Average	96.2%	95.7%	96.4%
National Highest Performer	100%	100%	100%
National Lowest Performer	86.3%	84.7%	88.7%

EPUT has achieved this target in Quarter 3 however; EPUT failed to achieve the target in Quarters 1 and 2 and performed below the National average for the same period. This was due to a change in internal monitoring to bring indicator construct in line with national constructs. A Rapid Response Action plan ensured compliance achieved consistently throughout Quarter 3. In Quarter 4, the



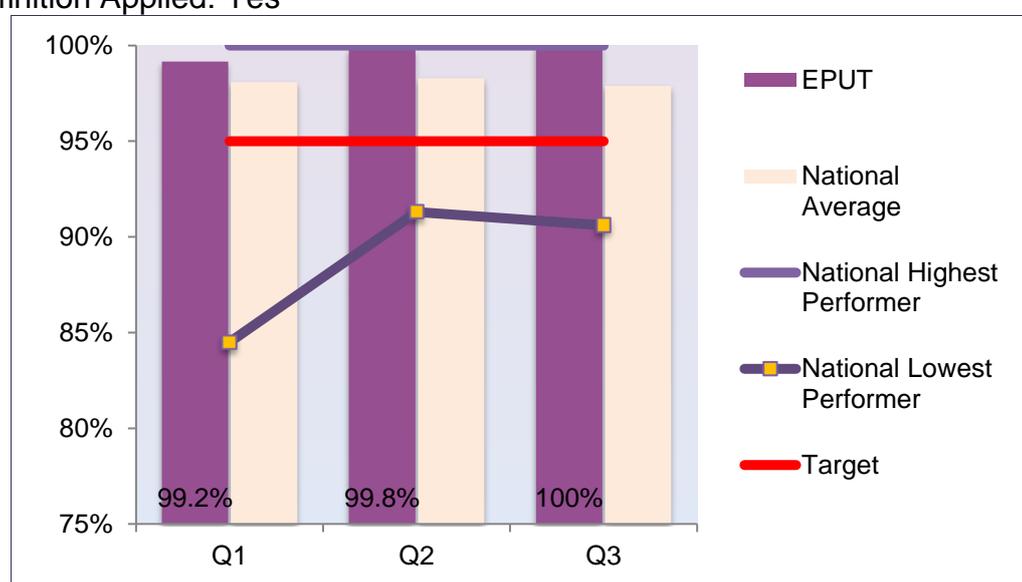
submission and publication of this National data ceased due to Covid-19 to release capacity across the NHS to support the response.

We have taken a number of actions to improve service quality for this indicator including provision of a live dashboard for operational services to self-monitor and enhanced data quality checking with routine reporting. There is sharing of learning across all appropriate services.

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

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

Data source: NHSD Strategic Data Collection Service (SDCS) – MHPrvCom via NHS Digital  
National Definition Applied: Yes



2019/20	Q1	Q2	Q3
EPUT	99.2%	99.8%	100%
National Average	98.1%	98.3%	97.9%
National Highest Performer	100%	100%	100%
National Lowest Performer	84.5%	91.3%	90.6%

In 2019/20 EPUT consistently surpassed the target of 95% and performs above the National average for each quarter. There is routine monitoring and reporting of performance on this indicator as part of our Quality and Performance reporting.

Quarter 4 data is unavailable due to the suspension of this submission and its publications; this submission was paused due to Covid-19 to release capacity across the NHS to support the response.

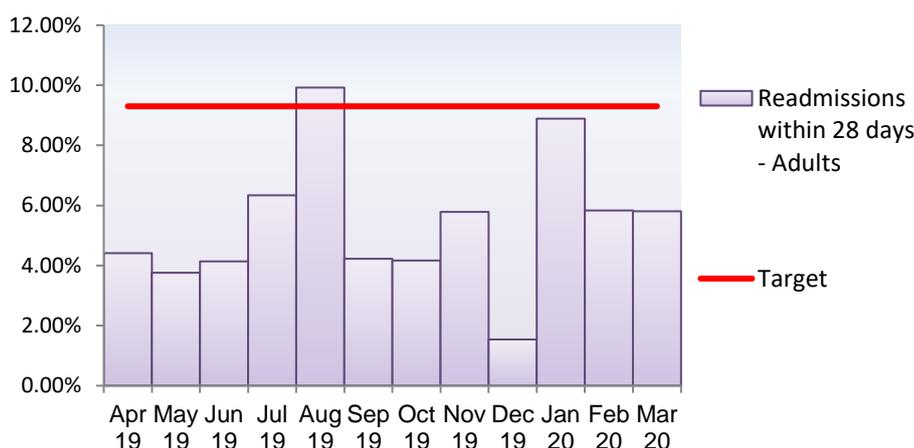


### 3. Readmissions

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

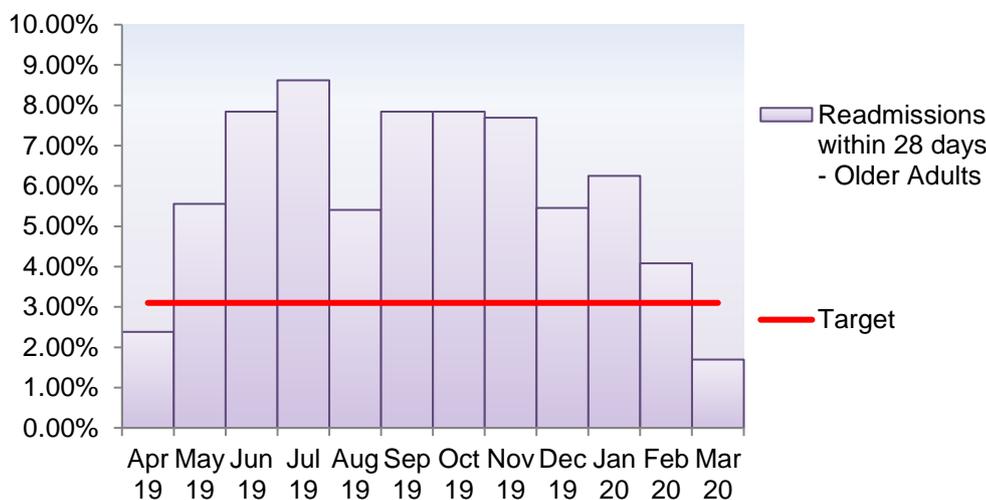
Data Source: EPUT systems (Mobius and Paris)  
National Definition applied

The graphs below illustrate good performance by levels of activity below the target line.



The percentage of adults readmitted within 28 days has performed below the target of less than 9.3% for all months with the exception of a surge in August 2019. In August 2019 performance rose to just above target at 9.9%.

The percentage of older adults readmitted within 28 days has breached the target of less than 3.1% for all months with the exception of April 2019 and March 2020.



In 2019/20 EPUT was consistently below national target of 9.3% for Adults with the exception of one month in August 2019.

In 2019/20 EPUT was almost consistently above the national target of 3.1% for Older Adults. Analysis looks at why Older Adult readmission rates are above national average and a high proportion of the discharges and readmissions relate to acute hospital care.

Routine monitoring and reporting of performance on this indicator takes place as part of our Quality



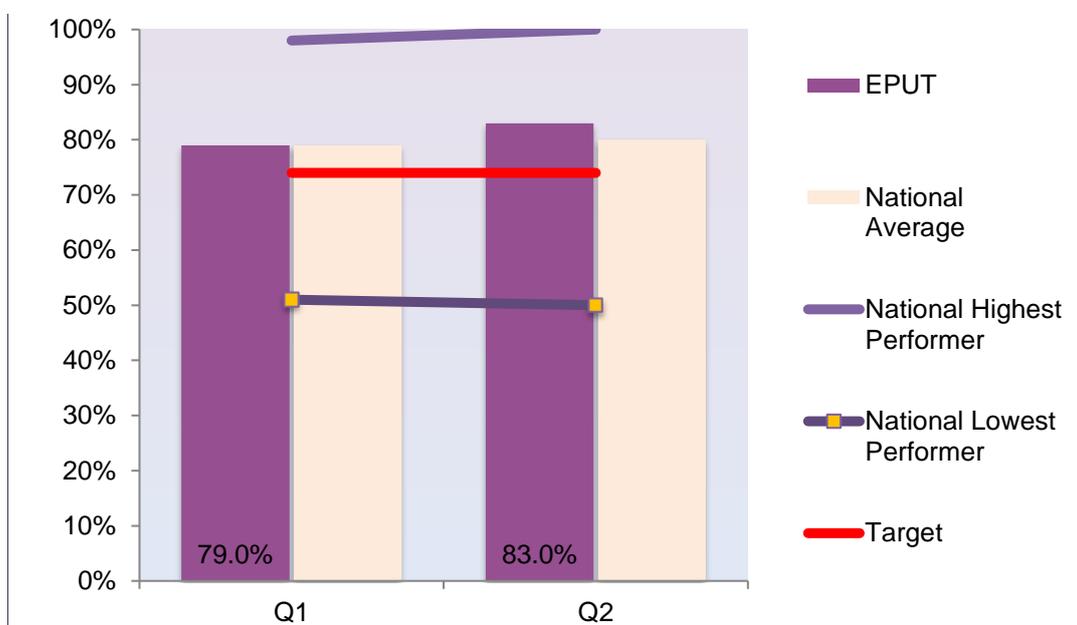
and Performance reporting.

#### 4. Staff recommended score of EPUT as a place to receive treatment

The Friends and Family Test is available to staff anonymously records whether they would recommend EPUT to their family or friends, as a place to work or as a place to receive care. This section details what percentage of staff would recommend EPUT as a place to receive treatment. The aim of the Staff Friends and Family Test is for all staff to have the opportunity to feed back their views on their organisation at least once per year.

Our staff were able to record their views from 1 April 2019 to 31 March 2020, however please note that there are no responses reported for Q3 as this coincides with the National NHS Staff Survey. Due to the Covid-19 outbreak, this submission ceased to release capacity from March 2020 and we therefore do not have Quarter 4 information.

**Data source: Staff Friends and Family Test (FFT) survey      National definition applied: Yes**



2019/20	Q1	Q2
EPUT	79%	83%
National Average	79%	80%
National Highest Performer	98%	100%
National Lowest Performer	51%	50%

The above information outlines that EPUT has performed in line and above average in Quarters 1 and 2. The Staff Friends and Family Test (SFFT) is helping to promote a big cultural shift in the NHS, where staff have both the opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon. EPUT produces regular reports following each publication of the survey results and works to introduce measures for improving our scoring.



### 5. Patient experience of community mental health services

The Care Quality Commission (CQC) conducts an annual survey for clients who have received care from community mental health services in England. In this section, you will find the results of the 2019 EPUT survey.

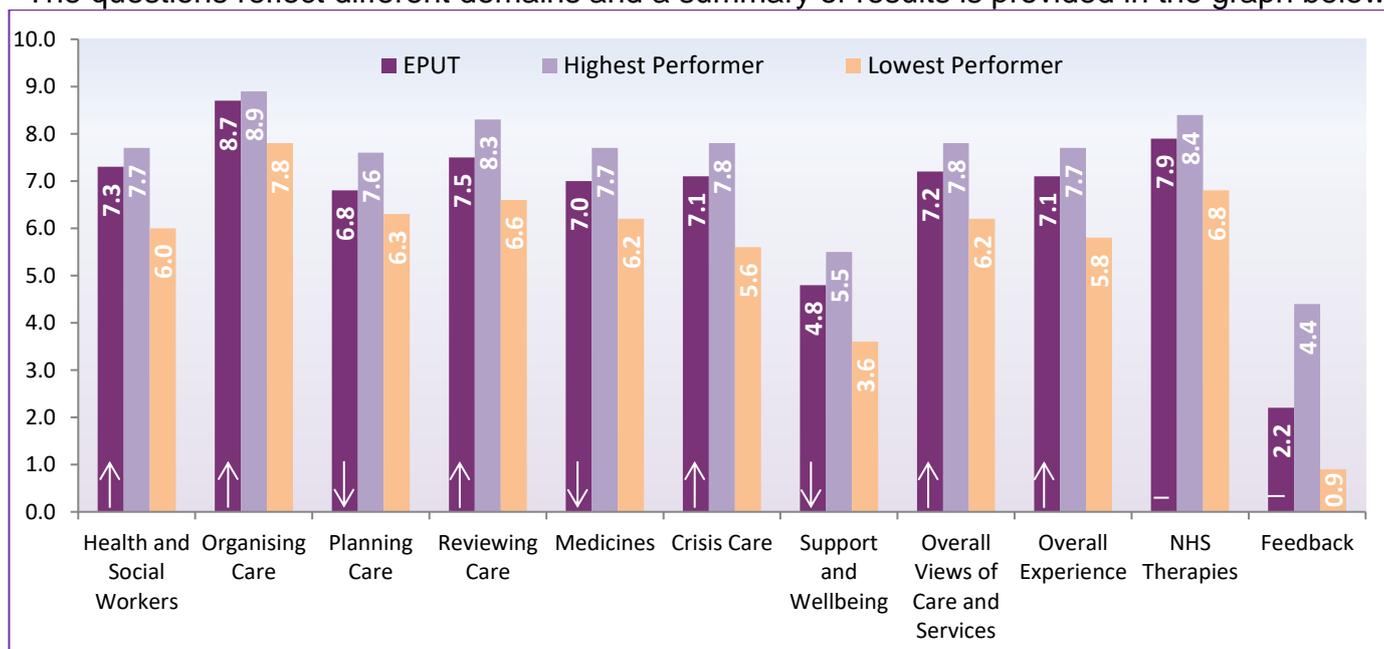
EPUT is continuously working to improve our service and client feedback drives a large part of that work, so that we can understand what clients think about their care and treatment.

The survey, commissioned by the CQC, resulted in responses from 12,551 people, a response rate of 27%.

Our 2019 report shows how we scored for each evaluative question in the survey, compared with the lowest and highest Trusts. Scores are on a scale of 0 to 10.

Data source: CQC Community Mental Health Services Survey  
National Definition Applied: Yes

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



Arrows in the above graph highlight which domains have improved or declined from the 2018 survey results. Comparing the 2018 and 2019 scores, EPUT improved in six domains and declined in three. There are two new domains for 2019 and comparison analysis therefore cannot be undertaken.

A full action plan includes making improvements in all areas below national average and all areas where a decline is noted.



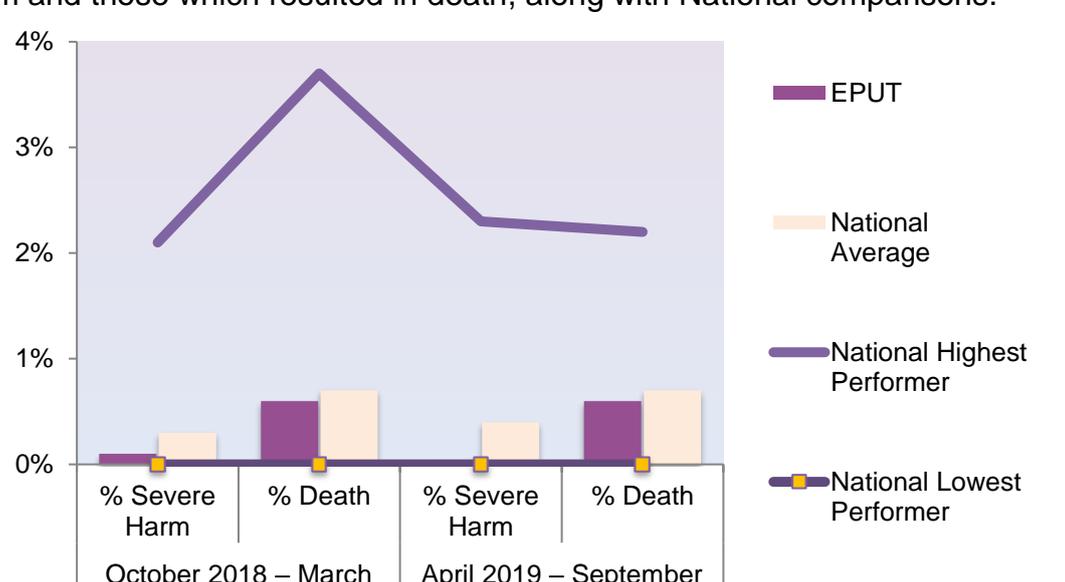
### 6. Patient safety incidents and the percentage that resulted in severe harm or death

This indicator measures the number of incidents to occur in EPUT and the percentage of those that result in severe harm or death.

*Data source: NRLS NPSA Submissions      National definition applied: Yes*

Reporting Dates	1st October 2018 - 31st March 2019 (Published September 2019)			1st April 2019 - 30th September 2019 (Published March 2020)		
	All incidents	Severe harm	Deaths	All incidents	Severe harm	Deaths
EPUT	7,603	5	43	8,170	3	48

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



2019/20	October 2018 – March 2019			April 2019 – September 2019		
	Incident Rate	% Severe	% Death	Incident Rate	% Severe	% Death
EPUT	70.6	0.10%	0.60%	64.2	0.04%	0.60%
National Average	57.3	0.30%	0.70%	62.9	0.40%	0.70%
National Highest Performer	118.9	2.1%	3.7%	130.8	2.3%	2.2%
National Lowest Performer	14.9	0%	0%	17.2	0%	0%

The above graph and table highlights that EPUT has consistently performed below the national average for patient harm resulting in severe harm or death. EPUT has however performed above the National average in overall incident rates per 1,000 bed days.

There is robust governance within EPUT to ensure no harm/ low harm rates including benchmarking ourselves against national averages and other Trusts within our cluster group.



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

- Training ward managers in the running of their own incident reports for monitoring purposes of their respective area
- Routine reporting of incident rates and patient harm through a number of internal reports
- Undertaking six monthly auditing of incident reporting to ensure all Patient Safety incidents are on the incident recording system.

Incident system training is ongoing, and work is planned (once the Covid-19 threat has passed) to work with Service Managers to improve the quality of lessons learned from incidents. Quality Priorities for the coming year have been set to improve patient safety.

## 2.2.10 Doctors' Rota Gaps

### Annual Report on Safe Working of Junior Doctors 2019/2020

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

#### Doctors in Training Data:

Number of doctors in training (total inclusive of GP and Foundation)	122
Number of doctors in psychiatry training on 2016 Terms and Conditions (average)	50
Total number of vacancies (average over reporting period)	31
Total vacancies covered by LAS and MTI (average over reporting period)	21

#### Annual data summary:

##### Trainees within EPUT

Specialty	Grade	Q1	Q2	Q3	Q4	Total gaps (average WTE)
Psychiatry	CT1-3	32	31	31	29	13.25
Psychiatry	ST4-6	22	18	18	19	17.75
<b>Total</b>		<b>54</b>	<b>49</b>	<b>49</b>	<b>48</b>	<b>31</b>

##### Trainees outside EPUT overseen by the LET guardian

Specialty	Grade	Q1	Q2	Q3	Q4	Total gaps (average WTE)
GP trainees	ST1	13	13	13	15	1.75
Foundation	FY1	12	12	12	12	0
Foundation	FY2	12	12	14	14	2

#### Agency Usage:

EPUT does not use agency workers and relies on the medical workforce to cover out of hours i.e. 5pm to 8:30am at internal locum rates. There are varied reasons for covering out of hours ranging from sickness, the additional out of hours that less than full time trainees cannot contractually cover, and vacant posts.

#### The total number of shifts covered in reporting period:

Locum bookings (internal bank) by reason
--



Reason	No. of shifts requested	No. of shifts worked	No. of agency shifts	No. of hours requested	No. of hours worked
Vacancies/ Maternity Leave/ Sickness/ LTFT cover	471.5	471.5	0	5054.5	5054.5
<b>Total</b>	<b>471.5</b>	<b>471.5</b>	<b>0</b>	<b>5054.5</b>	<b>5054.5</b>

### Exception Reports:

Trainees via the Allocate reporting system from April 2019 to March 2020 raised 15 exception reports.

### Issues Arising

- Gaps in rota from April 2019 – March 2020
  - Core Trainee (CT) Grade – total of 30 WTE
  - Specialty Trainee (ST) Grade – total of 89 WTE
- Filling of gaps at CT level is with internal doctors paid an internal locum rate. The gaps at ST level are unfilled; on occasions Consultants, especially in the North of EPUT, had to step down to cover the gap. We generally avoid the use of Agency locums. There are no particular reasons or patterns observed for these gaps and national recruitment seems to be the issue.
- Junior doctors expressed concern at lack of facilities in on call rooms especially at Colchester, Epping and Gloucester Ward.
- Junior Doctors requested an updated 'Stepping Down Policy'.
- Health Education England has granted £30,000 to our Junior Doctors.

### Actions taken to resolve issues

- Rolling adverts on NHS jobs are in place and EPUT has recruited a number of MTI and LAS doctors who are covering the gaps in the rota.
- GPs and FY2s have the opportunity to express an interest in joining the bank to participate in on-call when they leave EPUT.
- Facilities in on calls rooms at various sites have improved after escalating the issues to the relevant Managers.
- The HEE funding amount has now been finalised and signed off at the Junior Doctors Forum; Junior Doctors have decided on how they are going to utilise the money to improve the facilities at their work site.

### Key issues from host organisations and actions taken

- There are no specific key issues within EPUT with regard to vacancy rates. There is a National recruitment issue.

### At the Junior Doctors Forum, Doctors have raised the following issues:

- Facilities in on call rooms and doctor's room
- Lack of rooms and facilities to carry out their daily tasks at Gloucester ward at Thurrock
- Doctors requested access to blood results from pathology labs
- Senior Doctors requested laptops

Issues addressed are as follows:



- Facilities in their on call and doctors' room have improved
- Gloucester Ward Doctors have been identified a room to carry out their tasks
- Laptops have been distributed to the Senior Doctors
- More improvements to their working environment are in progress via the HEE funding, which Doctors had autonomy to decide on how to use the money. This has been finalised and signed off at the last Junior Doctors Forum.

EPUT had a very good pass rate in the last MRCPsych examination and there is hope that these Doctors will become Senior Trainees in the near future.

## 2.2.11 Staffing in adult and older adult community mental health services

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

### Perinatal Services

EPUT perinatal services have received additional funding that has increased staffing. This is progressing well ahead of an agreed business case. Better quality services have resulted from system working with midwifery and integrated physical and mental health pathways

#### Perinatal Mental Health

By 2023/24:

- At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies. Their partners will be able to access an assessment for their mental health and signposting to support as required;
- Maternity Outreach Clinics will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

### Community (Primary) Care

There are a small number of Trusts acting as early implementers and West Essex is one of these. An evaluation of this model should result in a roll out between 2021 and 2024. EPUT is a leader in delivery and other pilots will take place in Southend, Castle Point and Thurrock, operated by senior clinical staff. Again, this is whole system working between physical and mental health, including GPs. Mid/South Essex and Brentwood/Basildon will come on line in Quarter four with a full roll out the following year. There are exceptional calls on this funding.

### Personality Disorders

For people with a diagnosis of personality disorder there is an agreed business case for an Essex system wide model funded by three System Transformation Partnerships (STPs). However, it should be noted that only Mid/South Essex have agreed funding at present, with West Essex



withdrawn for 2020/21 and North Essex still negotiating. This has resulted in the need to review the start and rollout of this major model. Training, consultation and a special case holding team aims to reduce out of area bed number. The model will reduce admissions and provide care that is more effective locally rather than out of area.

### Adult Severe Mental Illnesses (SMI) Community Care

By 2023/24:

- All STPs/ICSs will have received funding to develop and begin delivering new models of integrated primary and community care for adults and older adults with severe mental illnesses, incorporating care for people with eating disorders, mental health rehabilitation needs and complex mental health difficulties associated with a diagnosis of a 'personality disorder', among other groups. These new models of care will span both core community provision and also dedicated services, where the evidence supports them, and they will be built around Primary Care Networks. By the end of 2023/24 every STP/ICS will have at least one new model in place, with care provided to at least 370,000 adults and older adults per year nationally, giving them greater choice and control over their care, and supporting them to live well in their communities.
- A total of 390,000 people with SMI will receive a physical health check.
- A total of 55,000 people a year will have access to Individual Placement and Support services.
- The 60% Early Intervention in Psychosis (EIP) access standard will be maintained and 95% of services will achieve Level 3 NICE concordance.

### Urgent and Emergency Care

Three services have launched in North Essex, West Essex and Mid/South Essex. A 24-hour public facing crisis helpline is now in place, enabling mental health assessment and safe tele coaching. This has involved an additional 50 staff across Essex and recruitment continues.

### Mental Health Crisis Care and Liaison

By 2023/24:

- There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including:
  - 24/7 Crisis Resolution Home Treatment (CRHT) functions for adults, operating in line with best practice by 2020/21 and maintaining coverage to 2023/24;
  - 24/7 provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions [see also *Children and Young People's Mental Health*];
  - A range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) within all local mental health crisis pathways;
  - A programme for mental health and ambulances, including mental health transport vehicles, training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services.
- All general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults.

Additionally, appropriate access and waiting time standards for urgent and emergency mental health care will be field tested during 2019/20, with trajectories for introduction over the course of the LTP to be confirmed thereafter.

### Older People and Dementia/Frailty

New, fully integrated health and social care and frailty models are in place in Mid and South Essex and are having a positive impact on admission rates. Two wards closed as a direct result of this integration. Agreement with Clinical Commissioning Groups through business cases will improve and roll this out in due course.



## Older People's Mental Health

The implementation of the Long Term Plan provides a unique opportunity to ensure consistent access to 'functional' mental health support for older adults and address the mental health needs of older adults wherever they may arise or present<sup>1</sup>. Older people's mental health (OPMH) is embedded as a 'silver thread' across all of the adult mental health ambitions, including IAPT, community-based services for people with severe mental illnesses (SMI) and crisis and liaison mental health care.

### Note on the impact of Covid-19:

Although the current Covid-19 pandemic may divert attention away from these transformation projects, they will continue and the impact may be a slight pause or slowing down rather than any cessation.

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

The policy and procedure does not replace existing policies and procedures regarding grievance or complaints, or dealing with patient events as described in the 'Being Open and Duty of Candour policy', nor is it intended to replace the normal lines of communication between staff and their managers. Matters of concern should still be dealt with through normal management and/or clinical advisory channels

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

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

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



propose to handle it and provide a timeframe for feedback.

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

- unsafe patient care
- unsafe working conditions
- inadequate induction or training to staff
- lack of, or poor, response to reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter fraud team)
- a bullying culture (across a team or organisation rather than individual instances of bullying)

### **How does the Freedom to Speak Up agenda support staff?**

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

#### *Roding Ward*

To all the nursing staff on Roding ward, a very big thank you!

You all were so very kind to me, especially Jenny - so very patient! I miss having you all around, although it is lovely to be home again.

I would also like to thank all the staff in the kitchen, who were never impatient with me.

## **Part 3: Review of quality performance 2019/20**

### **3.1 Progress against the quality priorities we set for 2019/20**



Quality priority 1: EPUT will aim to achieve a minimum 95% harm free care through the national Safety Thermometer data collection with the aim to drive continuous improvement to move towards zero:

- Pressure ulcers
- Avoidable falls
- Medication omission
- Physical health of mental health patients and
- Early warning systems for deteriorating patients

AREA	PRESSURE ULCERS
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• Pressure ulcers represent a major burden of sickness and reduced quality of life for people and their carers with the most vulnerable people being aged 75</li> <li>• The presence of a pressure ulcer creates a number of significant difficulties psychologically, physically and clinically to patients, their families and their carers. They have a profound impact on a person's overall wellbeing and can be both painful and debilitating</li> <li>• Pressure ulcers can be serious and lead to life-threatening complications</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• Develop a trajectory for a reduction in category 2 pressure ulcers (2018/19 outturn 669)</li> <li>• Zero category 3 and 4 pressure ulcers acquired as a result of omissions in care with a 50% reduction in year against current performance (2018/19 outturn 6)</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• Developed trajectory for reduction in category 2 pressure ulcers</li> <li>• Developed and embedded RCA Pressure Ulcer Guidelines across all clinical services</li> <li>• Rolled out NHSI recommendations in relation to the revised definition and measurement of pressure ulcers</li> <li>• Reviewed incident reporting system to ensure consistency in reporting</li> <li>• Reviewed and revised guidelines on prevention and management of pressure ulcers to ensure consistency and standardisation of practice across EPUT</li> <li>• Revised training programmes and information packs cascaded to all teams with face to face training to support implementation of NHSI recommendations</li> </ul>
<b>Future actions</b>	<ul style="list-style-type: none"> <li>• Further update of PU guidelines required to clarify and simplify some key areas (reporting process and frequency of risk assessments)</li> <li>• Develop quick reference and FAQ guide for the PU reporting process</li> <li>• Develop minimum data set guide for frequency of risk assessments as a resource for EPUT teams</li> <li>• Undertake 'deep dive' of all pressure ulcer incidents to identify themes, trends and lessons learned</li> </ul>
AREA	FALLS
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• Across England and Wales, over 36,000 falls are reported from mental health units and 28,000 from community hospitals</li> <li>• They are the most commonly reported type of incident in community hospitals and the third most commonly reported type of incident in mental health hospitals</li> <li>• Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK</li> </ul>



<p><b>What were our aims?</b></p>	<ul style="list-style-type: none"> <li>• 15% reduction in all falls against 2018/19 outturn 1620 (2017/18 1552)</li> <li>• 10% reduction in the number of falls resulting in a serious incident against 2018/19 outturn 7</li> <li>• 50% reduction in the number of falls as a result of omissions in care against 2018/19 outturn 6</li> </ul>
<p><b>What actions did we take?</b></p>	<ul style="list-style-type: none"> <li>• Reviewed Falls Guidance and provided clarification regarding the requirement to complete a Falls Risk Assessment in people under the age of 65</li> <li>• Introduced Falls: Supportive and Safe Observation Guidelines and output measures in relation to a reduction in the number of falls</li> <li>• Implemented a procedural guideline for Delirium</li> <li>• Continued participation in the National Audit of Inpatient Falls</li> <li>• Undertook learning events with falls champions</li> <li>• Reviewed guidance in relation to safe use of bedrails</li> </ul>
<p><b>Future actions</b></p>	<ul style="list-style-type: none"> <li>• Continued participation in the National Audit of Inpatient Falls to include mental health wards</li> <li>• Implement the Delirium Guideline to include a Delirium Pathway</li> <li>• Undertake a local audit to examine post-falls management</li> </ul>

*Byron Court*

I would like to take the opportunity to extend my appreciation to the entire staff Team at Byron Court for all their hard work and dedication in supporting JR through his treatment while an inpatient. The time and diligence demonstrated through their collaborative partnership working instilled the processes to establish effective transition and discharge planning thus ensuring the successful outcome that JR presently enjoys within the community to date.



AREA	Omitted Doses
<p><b>Why did we set this priority?</b></p>	<ul style="list-style-type: none"> <li>Over the last 12 months omitted doses have featured within the top three subcategories of medication incidents, both for mental health and community health services</li> <li>A review of medication incidents by the National Patient Safety Agency (NPSA) identified that omitted and delayed medicines was the second largest cause of medication incidents reported to the National Reporting and Learning System (NRLS)</li> <li>Omitted doses affect patients by reducing chances of successful treatment and tend to increase length of stay that affects financially on EPUT.</li> </ul>
<p><b>What were our aims?</b></p>	<ul style="list-style-type: none"> <li>To reduce the incidence of omitted doses by 50% where no reason code is annotated</li> <li>To provide assurances that medicines are being used safely and effectively across EPUT</li> </ul>
<p><b>What actions did we take?</b></p>	<ul style="list-style-type: none"> <li>Recruitment of a Trust Medication Safety Officer (MSO) in Q1 of 2019/20</li> <li>Thematic analysis of incidents relating to omitted doses and identification of high risk medications</li> <li>Omitted doses captured on inpatient units as part of a weekly pharmacy checklist and auditor is required to report this using the DATIX incident reporting system</li> <li>An annual omitted doses audit is undertaken as part of the pharmacy audit programme</li> <li>The MSO works with the risk management colleagues to improve usability of the DATIX system for staff when submitting medication-related incidents</li> <li>Reinvigoration of EPUT Medication Safety Group in quarter two 2019/20 at which omitted doses is a standing item on the agenda</li> <li>Funding for EPMA secured with a plan to roll out to start in 2020/21</li> </ul>
<p><b>Future actions</b></p>	<ul style="list-style-type: none"> <li>Development of an algorithm for staff on the actions to be taken if a dose is missed</li> <li>The Medication Safety Group will update guidance on time critical medicines to improve the understanding of staff on the impact of omitted doses</li> <li>The MSO will continue to follow up DATIX reports of medication incidents involving a delayed or omitted dose to ensuring appropriate action has taken place</li> </ul>

*Holly Wheelchair Team*

I am writing to thank you so much for your efforts on my behalf with the wheelchair, which are much appreciated.

It is so much more manageable than the previous one, besides giving me more control.



AREA	PHYSICAL HEALTH OF MENTAL HEALTH PATIENTS
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>It has been shown that the most successful systems for improving physical health care of patients with serious mental illness are those where physical and mental health care is integrated</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>To support nursing and support staff in the development and maintenance of physical health competencies</li> <li>To implement the competency framework</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>Put in place physical health training programme based on competency framework incorporating management of diabetes and Coronary Vascular Disease</li> <li>Reviewed and implemented physical health audit incorporating a qualitative outcome baseline</li> </ul>
<b>Future actions</b>	<ul style="list-style-type: none"> <li>Continued delivery of physical health training to nursing and support staff</li> </ul>

*Robin Pinto Unit*

To all the wonderful staff at Robin Pinto

Thank you so much for the exceptional care and support you have given to Adam over the last two years.

We are truly grateful from the bottom of our hearts.

AREA	EARLY WARNING SYSTEMS FOR DETERIORATING PATIENTS
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>The Modified Early Warning System has been implemented within EPUT inpatient services to support staff in the detection of physical deterioration</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>To ensure that patients physical health is monitored and deterioration is recognized and treated promptly</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>Audit of MEWS charts and review of findings</li> </ul>
<b>How well did we do?</b>	<ul style="list-style-type: none"> <li>The audit findings indicate that MEWS recording is accurate across the inpatient setting. Improvement from previous audit is evident</li> </ul>
<b>Future actions</b>	<ul style="list-style-type: none"> <li>Action plan to be developed to improve escalation/recording of raised MEWS scores</li> <li>Delivery of face-to-face training on vital signs monitoring across inpatient areas where areas for improvement have been identified</li> <li>Review early warning scoring systems to ensure compliance with most appropriate model</li> </ul>



Quality priority 2: No Force First. We will seek to embed the principles of No Force First in order to reduce restrictive interventions

AREA	NO FORCE FIRST
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• ‘No Force First’ was originally an initiative within mental health inpatient units in the United States to dramatically reduce the number of, and ultimately eliminate dangerous restraint and seclusion events</li> <li>• It has a proven record of success in transforming healthcare environments and enhancing safety for service users and staff</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• EPUT has agreed to adopt No Force First as its restrictive practice reduction programme following significant success as a strategy in other mental health inpatient environments</li> <li>• The impact of No Force First on wards had shown to reduce conflict and restraint and associated work related sickness with significant benefits for service users and staff</li> <li>• In addition, two wards were selected to take part in a two year collaborative working with Royal College of Psychiatrists on restrictive practices</li> <li>• Through the Restrictive Practice Steering Group comprehensive and sustainable structures will be established to monitor, deliver and integrate the approach in clinical practice</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• Introduced ward level system ensuring compliance with new national data set</li> <li>• Active participation by two wards in RCP reducing restrictive interventions collaborative</li> <li>• Implemented a range of tools and techniques e.g. safety crosses and safety pods across a range of inpatient areas</li> <li>• Implemented a debriefing protocol at ward level and developed a psychological debriefing support system for staff</li> <li>• Held a reducing restrictive practice conference</li> <li>• Scoping exercise led by Executive Nurse across inpatient areas informing further actions</li> <li>• Reviewed in-house training programmes and undertook BILD accreditation</li> <li>• Developed dashboards from ward to board</li> <li>• Change in practice in relation to pharmaceutical management of restraint supported by training programmes</li> </ul>
<b>Future Actions</b>	<ul style="list-style-type: none"> <li>• Appointment of QI Facilitators working with front line teams to cascade implementation of a range of tools and techniques to change practice</li> <li>• Roll out learning from RCP collaborative</li> <li>• Roll out of OLM and BILD new training criteria</li> </ul>

*Access and Assessment Team*

I want to tell you how very much I have appreciated what you have done for me over the last several months. More than anything, though, I have so valued your warmth and sincerity. Since we first met, I have felt I had a friend on my side, which is something I have not been accustomed to.



**Priority 3: Suicide/Unexpected Deaths:** Following the publication of the NHS Zero Suicide Alliance EPUT has revised its Suicide Prevention Strategy taking recommendations from working groups to identify priorities for action

AREA	SUICIDE/UNEXPECTED DEATHS
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• Suicide is a significant public health problem and reduction and prevention is a major part of our role</li> <li>• The number of unexpected patient deaths (including deaths by suicide, neglect and misadventure has increased across mental health Trusts</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• As a result of the publication of EPUT's Suicide Prevention Strategy and recommendations from working groups the following priorities have been identified to ensure successful implementation and embedding of the strategy into EPUT services:               <ul style="list-style-type: none"> <li>• Suicide Prevention Safety Tools and communication</li> <li>• Suicide Prevention Learning Culture</li> <li>• Suicide Prevention Family and Carer Involvement</li> </ul> </li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• Appointed a dedicated suicide prevention trainer and are in the process of rolling out a comprehensive training programme</li> <li>• Revised Suicide Prevention Group underpinned by 3 work streams: clinical, Family and Carer Engagement and Learning Lessons Culture</li> <li>• Development of a dashboard to drive performance</li> <li>• Work streams have been established for Family and Carer Engagement and Learning Lessons Culture</li> <li>• Review of suicide and self-harm policy</li> <li>• Work undertaken with system partners to develop an integrated suicide plan</li> <li>• Membership of Zero Alliance</li> <li>• Partnership with Samaritans</li> <li>• Introduction of Staying Alive Suicide Prevention app on all EPUT mobiles</li> <li>• Three audits undertaken linked to Suicide Prevention Strategy – DNA, Meds on discharge and risk assessment prior or inpatient leave</li> </ul>
<b>Future actions</b>	<ul style="list-style-type: none"> <li>• Workshop to cascade learning for development of a learning culture</li> <li>• QI approach to be taken to reduction of self-harm</li> <li>• Audit and dashboard to inform future actions.</li> </ul>

**Priority 4: Collective Leadership**

AREA	COLLECTIVE LEADERSHIP
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• It is recognised that in order to operate as an outstanding organisation it is essential that EPUT works collectively with its staff, service users and system partners to plan, deliver and evaluate the quality of care and associated outcomes that is provided</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• To develop and embed systems of collective leadership to enhance EPUT performance and improve practices for staff and patients</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• System involvement in NHSI Transforming Change through System Leadership</li> <li>• Collective working to identify key transformation projects</li> <li>• Staff involvement in transformation and QI programmes</li> </ul>



	<ul style="list-style-type: none"> <li>• Collective leadership embedded in OD Frameworks</li> <li>• Review of leadership forums supporting wider engagement</li> </ul>
<b>Future Actions</b>	<ul style="list-style-type: none"> <li>• Further work will be undertaken to develop and embed EPUT Organisational Development programme</li> </ul>

### Priority 5: Continuous Improvement

AREA	CONTINUOUS IMPROVEMENT
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• Nationally and internationally a case has been made to change the way patient safety is approached in the NHS</li> <li>• QI provides a methodology to drive continuous and sustainable improvements in relation to patient safety</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• Our aim is to embed continuous improvement within the culture of the organisation and empower all staff, service users and carers to work together to enhance the reliability of service provision</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• EPUT board completed NHSI's Leadership in Improvement programme</li> <li>• Directorate QI Hubs introduced</li> <li>• Gained accreditation to deliver QSIR and implemented first cohort alongside other training programmes</li> <li>• Developed Gold level Quality Champions to provide coaching/mentorship</li> <li>• Develop dashboards against quality priorities</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Further development of QI Hubs</li> <li>• Development of training strategy</li> <li>• Ward accreditation schemes</li> <li>• Closer integration with research and innovation</li> </ul>

### Priority 6: Effective Use of Technology

AREA	Effective use of technology
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• As set out in national guidance and strategy published by National Information Board data and technology are central to transforming outcomes for patients and local populations</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• Through the effective use of technology, EPUT will implement improved mechanisms of acquiring, reviewing, understanding, analysing and exchanging patient safety data and knowledge.</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• Through EPUT Lab developed and reviewed and implemented a number of technological systems</li> <li>• Development of a dashboard against quality priorities</li> <li>• Strengthening of ward to board use of data to inform decision making</li> <li>• Introduction of Perfect Ward app to strengthen audit and systems of assurance</li> <li>• Implementation of SafeCare to improve Safer staffing</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Technological innovations driven through EPUT Lab to deliver against the Model Hospital</li> </ul>



### Priority 7: A Just and Learning Culture

AREA	A JUST AND LEARNING CULTURE
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• Patient Safety is of primary concern</li> <li>• Delivery is dependent on the development of a Just, and Learning Culture where individuals and organisations can learn from mistakes improving systems and processes to enhance patient safety</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• A just and learning culture will be developed to embed EPUT's agreed approach in response to incidents and errors to protect both staff and people that use our services.</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• Principles of just and learning culture and human factors embedded into induction, leadership and quality champion training</li> <li>• Process reviewed and enhanced to share 72 hour review of serious incidents within one week to relevant teams</li> <li>• Key messages and lessons learnt distributed monthly</li> <li>• Developing Learning Culture Group established to develop work plans and cascade learning.</li> <li>• Datix training and risk training updated to enhance focus on learning lessons.</li> </ul>

### Priority 8: End of Life Care

AREA	END OF LIFE CARE
<b>Why did we set this priority?</b>	<ul style="list-style-type: none"> <li>• Supportive End of Life care is critical for people in the last months or years of their life</li> <li>• Following a CQC inspection it was reported that some improvements could be made to Trust services</li> </ul>
<b>What were our aims?</b>	<ul style="list-style-type: none"> <li>• EPUT is committed to the provision of the very highest quality of care for people with advanced life threatening illnesses</li> <li>• They and their families should expect good end of life care, whatever the cause of their condition and all those identified as end of life should have the opportunity to discuss, plan and identify their preferences for their care at end of life and their preferred place of death</li> </ul>
<b>What actions did we take?</b>	<ul style="list-style-type: none"> <li>• Implemented 'national ambitions' through EPUT End of Life Care framework</li> <li>• Developed and implemented competency framework to enhance knowledge, develop skills and promote positive attitudes and behaviour in the delivery of care to patients at the end of life</li> <li>• Participated in National Audit for Care and End of Life for inpatient services</li> <li>• Undertook local audits relating to care at end of life and Do Not Attempt Cardiopulmonary Resuscitation</li> <li>• Developed dashboard to develop a set of measureable, person centred outcomes to ensure EPUT has a greater understanding of the impact of the care being delivered by teams and to monitor quality and performance</li> <li>• Developed information leaflets for Life Limiting and End of Life conditions, and Care in the Last Days of Life to supplement information for patients and carers</li> <li>• Participated in the national Dying Matters Campaign</li> <li>• Implemented the role of End of Life Champion across all teams</li> </ul>



<b>Future actions</b>	<ul style="list-style-type: none"> <li>• Undertake an analysis of audit findings to determine actions and implement recommendations</li> <li>• Strengthen feedback from carers by the development of a questionnaire</li> <li>• Explore options for a forum for carers</li> <li>• Continued working with system partners to develop a standardised approach to EoL care and frailty</li> </ul>
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*Beech Ward (Essex)*

Thank you for all the help you give  
 Thank you for being there  
 Thank you for all the things you do  
 Thank you for all your care  
 Thank you for standing by my side  
 Thank you for staying true  
 Thank you for giving me the strength  
 Thank you for being you!

Did we achieve the priority?

The Board of Directors considered the strategic context, their knowledge of EPUT and the feedback from staff and stakeholders during the planning cycle and identified eight Quality Priorities for 2019/20.

RAG (Red Amber Green) ratings have been applied to provide an accessible method of understanding the levels of performance. RAG ratings should be used in conjunction with the actual levels of performance which are also quantified in the charts that follow.



RAG rated **RED** to indicate that performance has not met the target by a significant margin.



RAG rated **AMBER** to indicate that performance is close to target.



RAG rated **GREEN** to indicate that performance has met or exceeded the target %.



AMBITION		YEAR END POSITION	
1	Achieve 95% harm free care through the national Safety Thermometer data collection	<ul style="list-style-type: none"> <li>March 2020 Performance 95.7%</li> </ul>	
1a	Reduce the number of avoidable category three and four pressure ulcers acquired in our care	<ul style="list-style-type: none"> <li>At year end there have been 6 Cat 3 / 4 pressure ulcers as a result of omissions in care (18/19 OT = 6)</li> </ul>	
1b	Reduce the number of avoidable falls that result in moderate or severe harm and a 15% overall reduction in falls	<ul style="list-style-type: none"> <li>Not in performance report. The reduction in all falls is 8% at year end and reduction in avoidable falls was 60% with 4 at year end compared to 10 18/19 OT)</li> </ul>	
1c	Reduce the number of omitted doses of medication across our services	<ul style="list-style-type: none"> <li>MH/LD - During the audit period, there were omissions of 5% of prescribed doses. However, we exclude doses omitted for a valid clinical reason and the omission rate falls to 1%. Therefore, 99% of doses were administered as intended</li> <li>CHS - During the audit period, there were omissions of 2.3% of prescribed doses. However, we exclude doses omitted for a valid clinical reason and the omission rate falls to 0.5%. Therefore, 99.5% of doses were administered as intended</li> </ul>	
1d	To improve the physical health of mental health patients	<ul style="list-style-type: none"> <li>85.9% of SMI inpatients had a physical health assessment</li> <li>91.8% of EIP patients had a physical health assessment</li> <li>39.1% of SMI community patients (in care + 1 year) had a physical health assessment in last 12 months</li> <li>45.7% of SMI community patients (in care &lt;1 year) have had a physical health assessment</li> <li>Please note physical health assessment does not include all requirements of a Cardio Metabolic Assessment</li> </ul>	
1e	Ensure early warning systems for deteriorating patients are in place	<ul style="list-style-type: none"> <li>The audit findings indicate that MEWS recording is accurate across the inpatient setting. Improvement from previous audit is evident</li> </ul>	
2	Implement 'No Force First' to reduce the number of restrictive practices including restraints	<ul style="list-style-type: none"> <li>20% reduction in use of seclusion</li> <li>12% reduction in restraints and 7% reduction in prone restraints</li> </ul>	
3	Roll out suicide prevention training to community mental health teams	<ul style="list-style-type: none"> <li>587 contact with Samaritans</li> <li>Dashboard developed</li> </ul>	



AMBITION		YEAR END POSITION	
4	To develop and embed systems of collective leadership	<ul style="list-style-type: none"> <li>• Completion of NHSI leadership programmes</li> <li>• System transformation partnerships in place</li> <li>• Improvement in staff survey results</li> </ul>	
5	To embed continuous improvement	<ul style="list-style-type: none"> <li>• Directorate Improvement Hubs in place</li> <li>• QSIR training in place with further cohorts planned</li> <li>• 120 Quality Champions trained, bronze level</li> <li>• 30 Quality Champions Coach/Mentors in place</li> </ul>	
6	Effective use of technology	<ul style="list-style-type: none"> <li>• EPUT Lab review and implementation of a number of technological advances</li> <li>• Implementation of Perfect Ward to provide increased assurance of practice</li> <li>• Roll out of SafeCare to increase accuracy of staffing levels in relation to patient acuity</li> </ul>	
7	To embed a just and learning culture	<ul style="list-style-type: none"> <li>• Staff survey results demonstrated improvement in patient safety, reduction in discrimination and respect at work</li> </ul>	
8	To improve End of Life Care	<ul style="list-style-type: none"> <li>• EPUT received CQC 'outstanding' rating in relation to End of Life Care in the Well Led Review 2019</li> </ul>	

## 3.2 Overview of the quality of care offered in 2019/20 against selected local indicators

As well as progress with implementing the quality priorities identified in our Quality Account last year, EPUT is required to provide an overview of the quality of care provided during 2019/20 based on performance against selected quality indicators. EPUT has selected the following indicators regularly monitored by the organisation. There is some degree of consistency of implementation across our range of services. They cover a range of different services and there is a balance between good and under-performance.

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

## PATIENT SAFETY

### 3.2.1 Restraints

#### Restraints

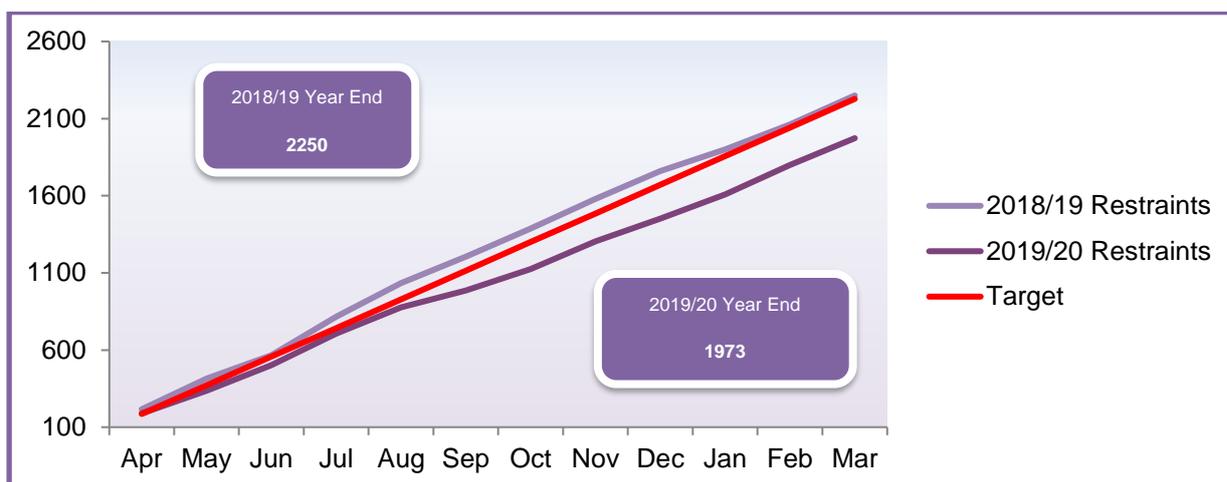
EPUT monitors the use of restraints by inpatient ward on a monthly basis, including the reason for restraint and the type of restraint. The most common reasons for restraint are self-harm, physical assault, anti-social behaviour and clinical care. The most common types of restraint are patient standing and in a supine position. We monitor the use of prone position restraints in detail.

The total number of restraints in 2019/20 was 1973; this is a positive reduction on year-end position



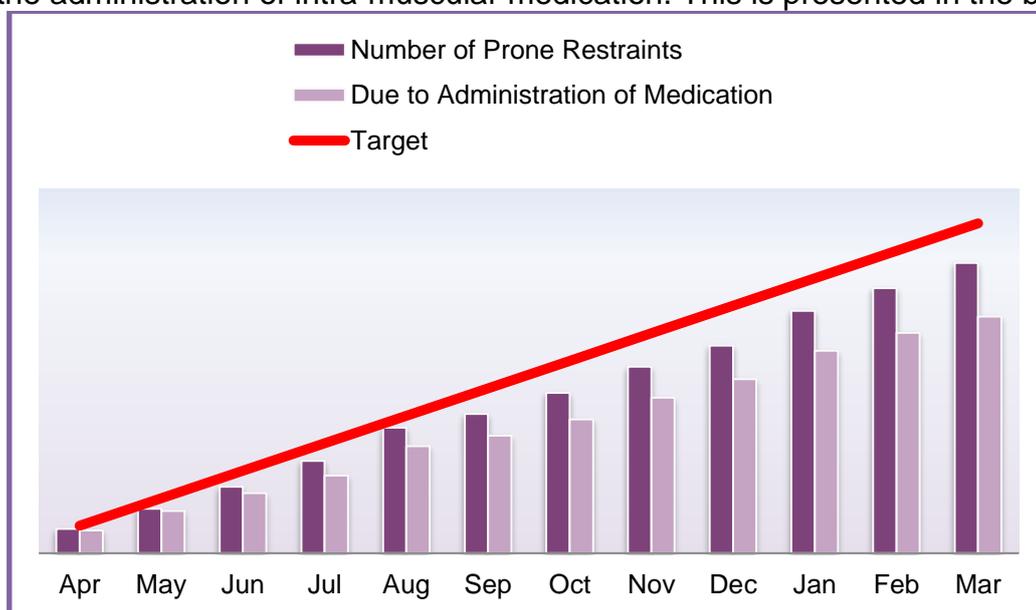
for 2018/19 which was 2256 (please note 2251 restraints were reported in the 2018-19 report however a further five incidents were identified after publication date). EPUT is also pleased to report that the rate of restraints per 10,000 beds is lower than the national benchmark.

The graph below demonstrates the reduction target set by EPUT against 2018/19 out turn and the 2019/20 performance against this target. Reduction started in July 2019 and shows sustainability across the year.



### Prone Restraints

In 2019/20 EPUT achieved a reduction in the number of prone restraints with the largest portion facilitating the administration of intra-muscular medication. This is presented in the below graph.

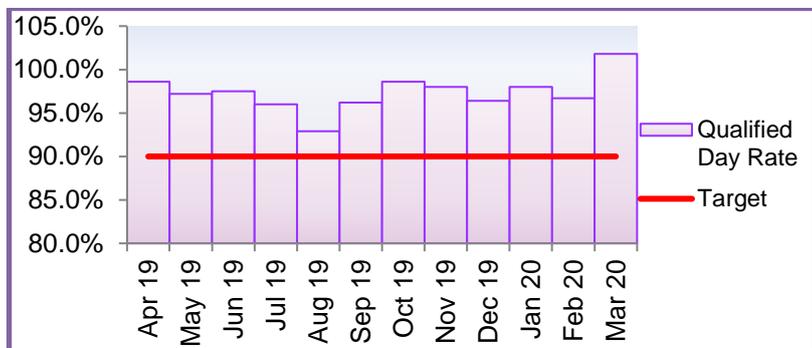


Reducing restrictive practices forms one of EPUTs Quality Priorities and shown in more detail in section 2.1.2.

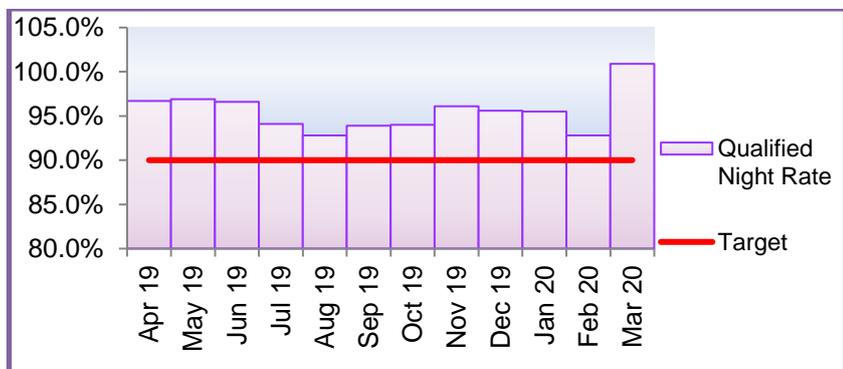
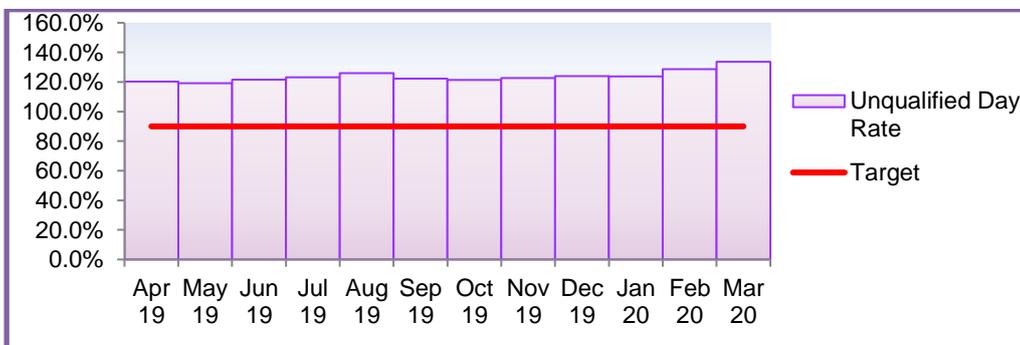


### 3.2.2 Safer Staffing

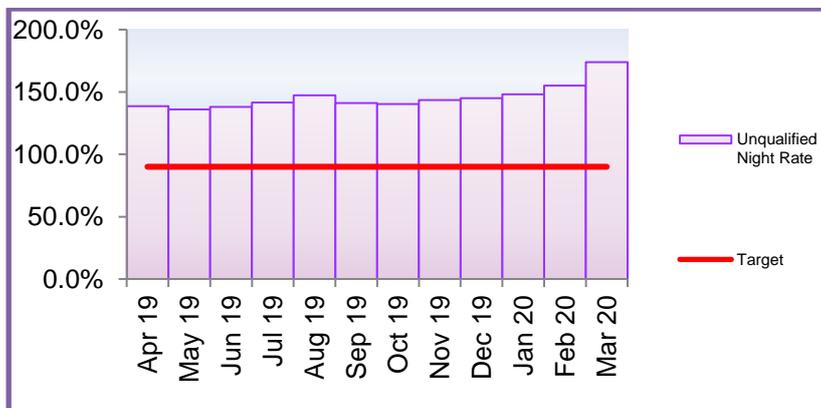
All Trusts are required to publish information on nursing staffing levels in ward based clinical areas, along with the percentage of shifts filled that meet safe staffing guidelines. EPUT monitors the actual levels of staffing compared to the established levels on a shift-by-shift basis.



In 2019/20 EPUT consistently surpassed our 90% target for four indicators



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



### 3.2.3 Serious Incidents

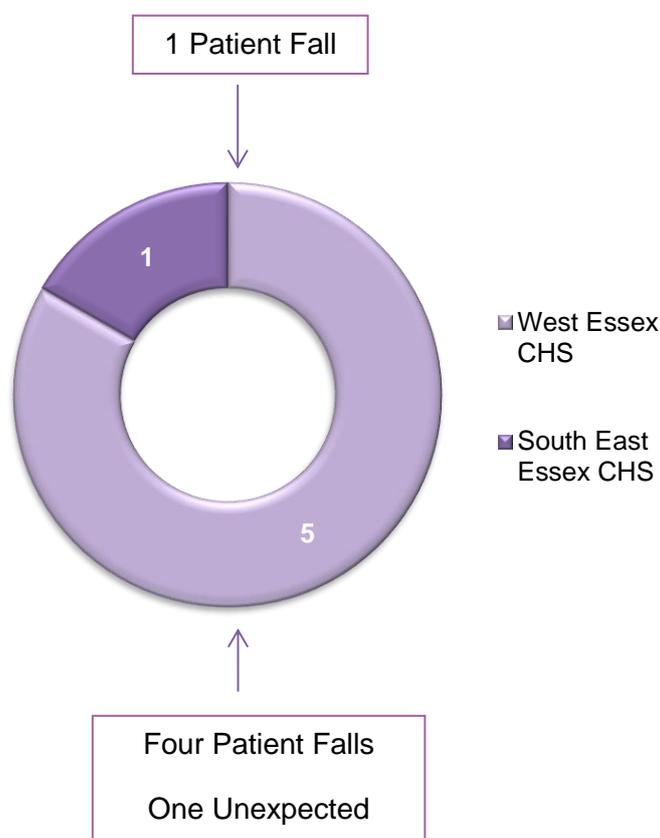
*Data Source: Datix*

*National Definition applied: East of England and Midland's definition applied*

A key part of EPUT's patient safety systems is the monitoring we undertake on all serious incidents; we learn from lessons and share following each incident to ensure we embed learning into clinical practice.

EPUT reported six serious incidents in Community Health Services in 2019/20 representing no change from the six reported in 2018/19.

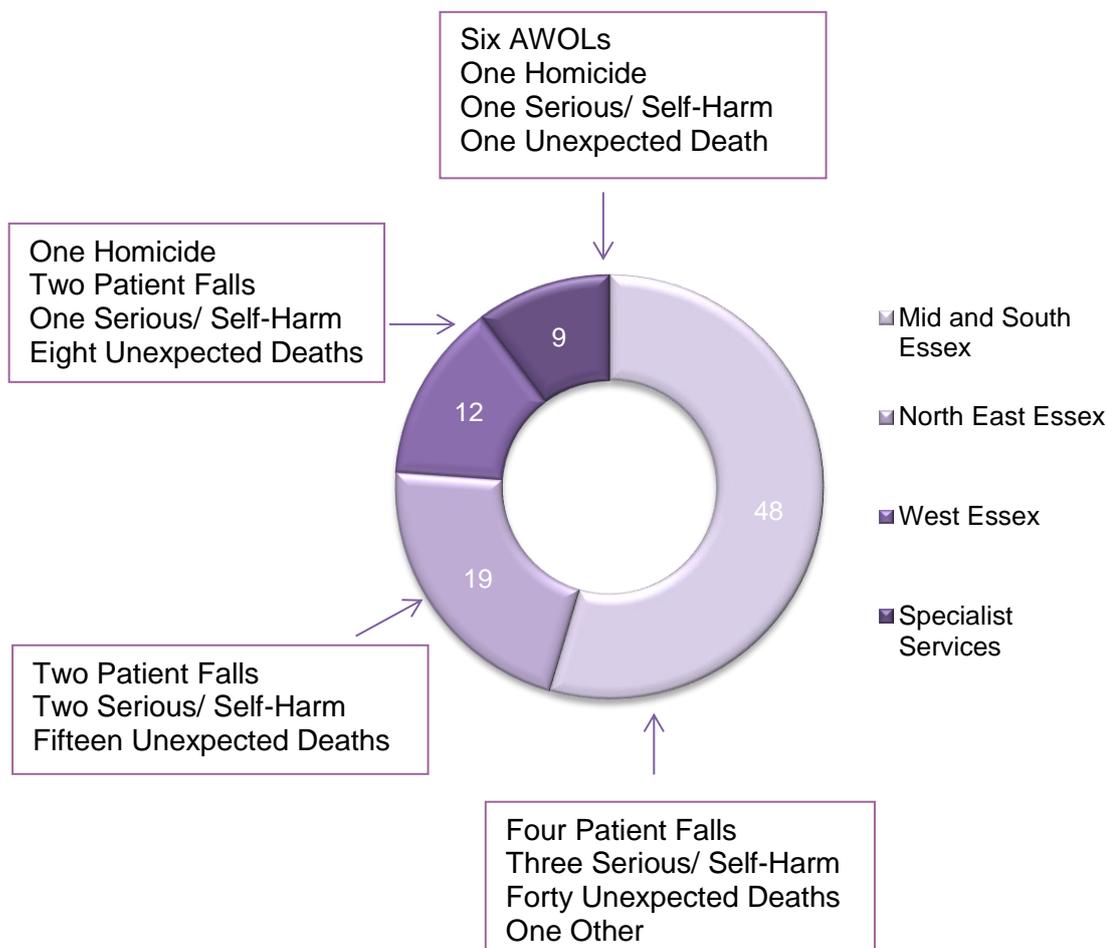
The diagram below details the number of serious incidents by area and the type of incident for Community Health Services.



In Mental Health Services we reported 88 serious incidents (SIs) in 2019/20, which is a positive reduction on the 109 reported in 2018/19 (please note that 113 SIs were reported in 2018/19 but 6 were downgraded following investigation after publication date).

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





There were six avoidable pressure ulcers reported in 2019/20 and four avoidable patient falls.

The most common type of serious incident is an unexpected death. EPUT had 65 unexpected deaths in 2019/20. EPUT has committed to reducing this number through its Suicide Prevention Strategy and set as a Quality Priority ambition, more details of which can be found in the Quality Priorities section of this report.

### 3.2.4 Complaints

*Data source: Datix*

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

#### Complaints referred to the Parliamentary and Health Service Ombudsman

During 2019/20, we referred 19 complaints to the Parliamentary and Health Service Ombudsman (PHSO). Of these 19 referrals, the PHSO decided not to investigate in 10 cases. Two cases closed with financial redress of £500 and £100 respectively, one is awaiting a final report and the remaining six are ongoing at either assessment stage or under investigation.

In addition to the 19 cases received this year, five cases from 2018/19 remained open at the start of this year and carried over. Of these, three closed with one of them receiving financial redress.



Provisional reports received for the remaining two and EPUT is awaiting final reports. One case upheld with recommendations, referred from the previous North Essex Trust prior to the formation of EPUT.

### Complaints closed within timescales

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

This year EPUT has achieved 93.1% for complaints closed within agreed timescale.

### Non-Executive Director Reviews

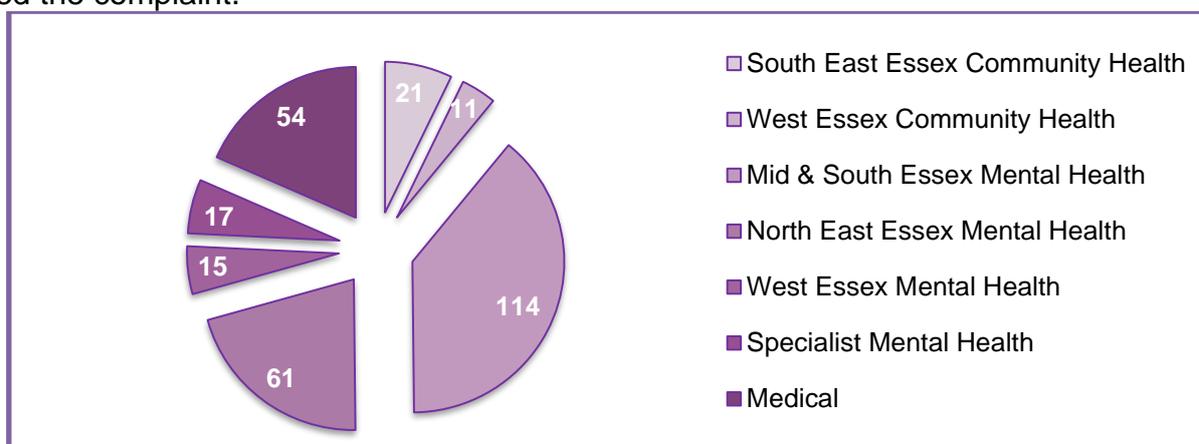
An important part of the complaints process is the independent review of closed complaints by the Non-Executive Directors (NEDs). We select complaints at random each month. The reviewer will take into consideration the content and presentation of the response, whether they feel EPUT has done all it can to resolve the complaint and if they think anything else could have been done to achieve an appropriate outcome. During 2019/20, the NEDs reviewed 27 complaint responses. The majority received a good or very good rating for how we handle the investigation and the quality of the response.

#### Formal complaints received

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

### Complaints Received by Locality

In 2019/20 EPUT received 293 complaints against numerous services across EPUT, eight of which were withdrawn. At year-end, the number of active complaints was 49. The next diagram represents the number of complaints received by EPUT. The complaints are by the locality and service that received the complaint.



### Number of complaints upheld/ partially upheld:

We closed 288 complaints during the year.

Upheld	Partially Upheld	Not Upheld	Not Investigated	Withdrawn
24	177	69	10	8

### Patient Advice and Liaison Service queries and locally resolved concerns:

EPUT received 959 Patient Advice and Liaison Service queries and 110 locally resolved concerns in 2019/20.

### Nature of complaints received:

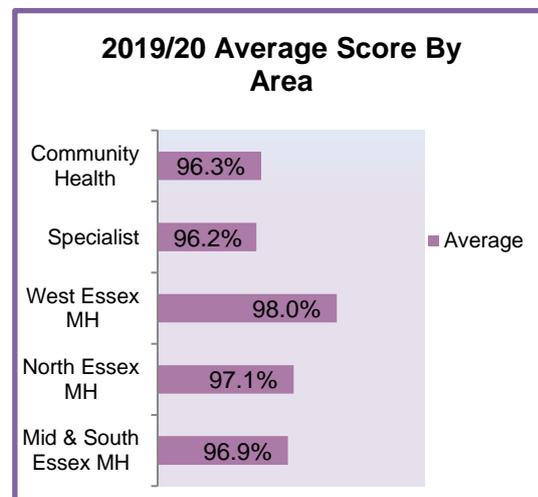
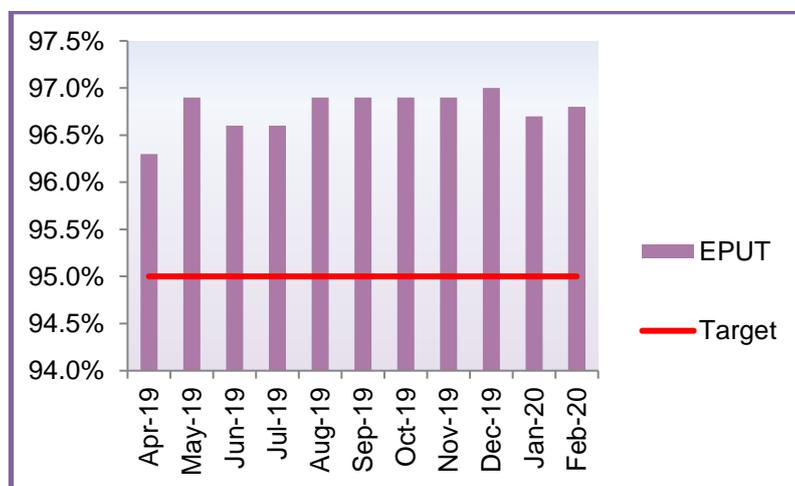
The top three themes for complaints for both mental health and community during 2019/2020 were Staff Attitude, Unhappy with Treatment, and Communication. The table below shows the outcomes of the closed complaints for each of these three themes:

2019/20	Staff Attitude	Unhappy with Treatment	Communication
Complaints Closed	85	24	28
Upheld	5	1	6
Partially Upheld	56	17	18
Not Upheld	16	5	3
Not Investigated	2	1	1
Withdrawn	6	0	0

### 3.2.5 Patient Environment

EPUT measures the environment of each inpatient ward and assigns monthly scores following these audits. In 2019/20 EPUT achieved the target of 95% for each month in the year, and no individual area fell below this target. A review undertaken of all EPUT cleaning schedules in accordance with the National Standard of Cleanliness 2019 concluded that EPUT met all National standards. The below graphs details EPUT's overall scores throughout the year as well as the average score for each individual area.

*Please note that due to the Covid-19 pandemic, audits were not carried out in March 2020.*



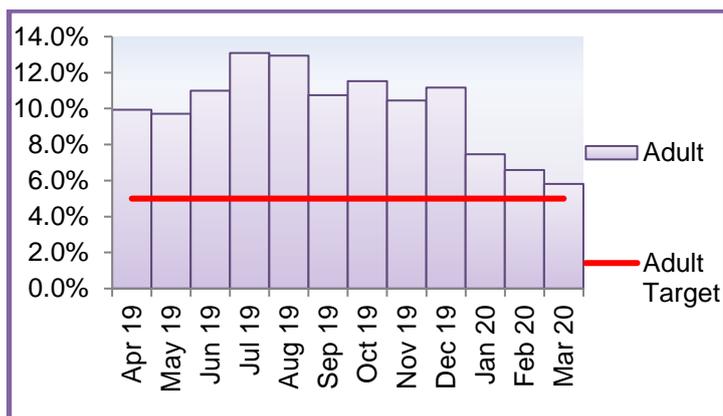
## CLINICAL EFFECTIVENESS

### 3.2.6 Delayed transfers of care

Data Source: EPUT systems (Mobius and Paris)

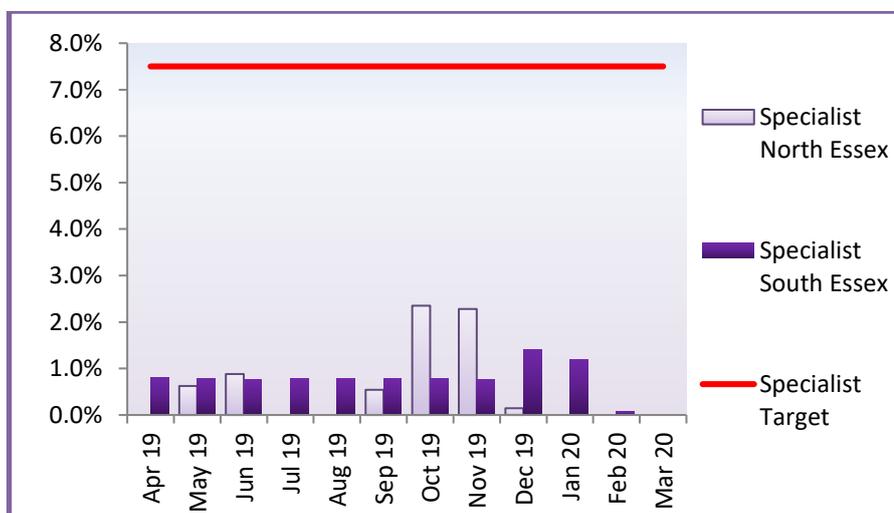
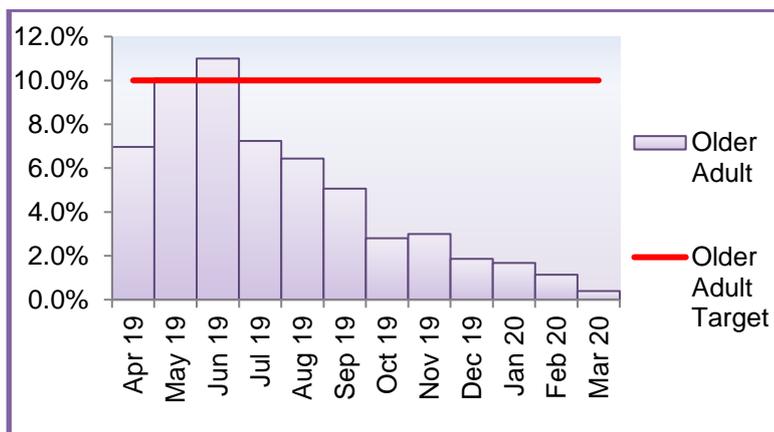
National Definition applied: Yes

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



EPUT's adult delayed transfers of care have consistently been above the target of less than 5%, however, work remains ongoing to reduce this and an improvement in performance is emerging.

EPUT has also been working to improve older adult delayed transfers of care and achieved this since July 2019 with performance below the target of less than 10%.



Specialist delayed transfers of care remain low and EPUT can consistently be below the target of less than 7.5% throughout 2019/20.



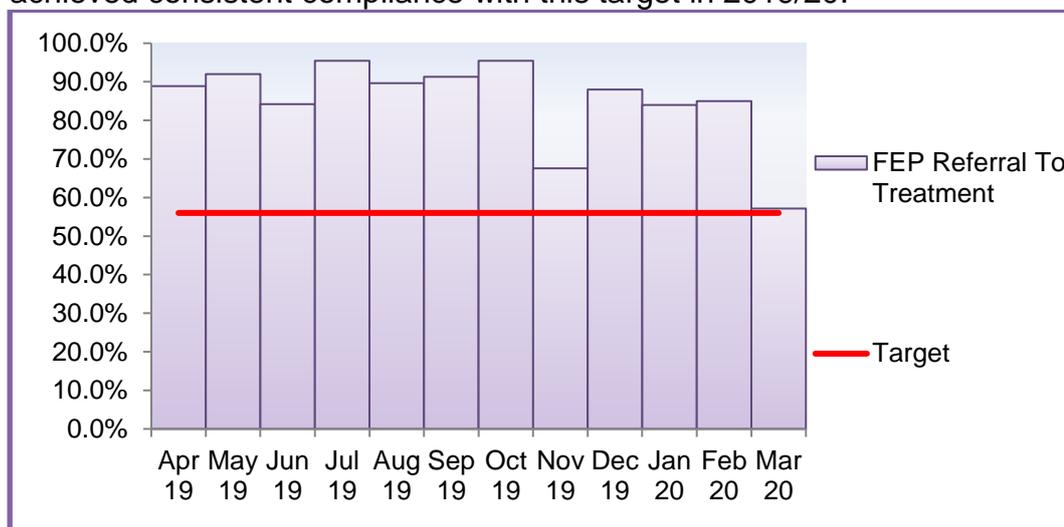
### 3.3 Performance against key national priorities (NHS oversight framework)

This section provides an overview of performance in 2019/20 against key national targets relevant to EPUT's services, contained in NHS Improvement's (NHSI) Oversight Framework in accordance with the national guidance issued by NHSI for Quality Accounts.

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

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

This indicator measures the percentage of referrals for people with a first episode of psychosis treated within two weeks. The current target measured against is performance above 56%. We achieved consistent compliance with this target in 2019/20.



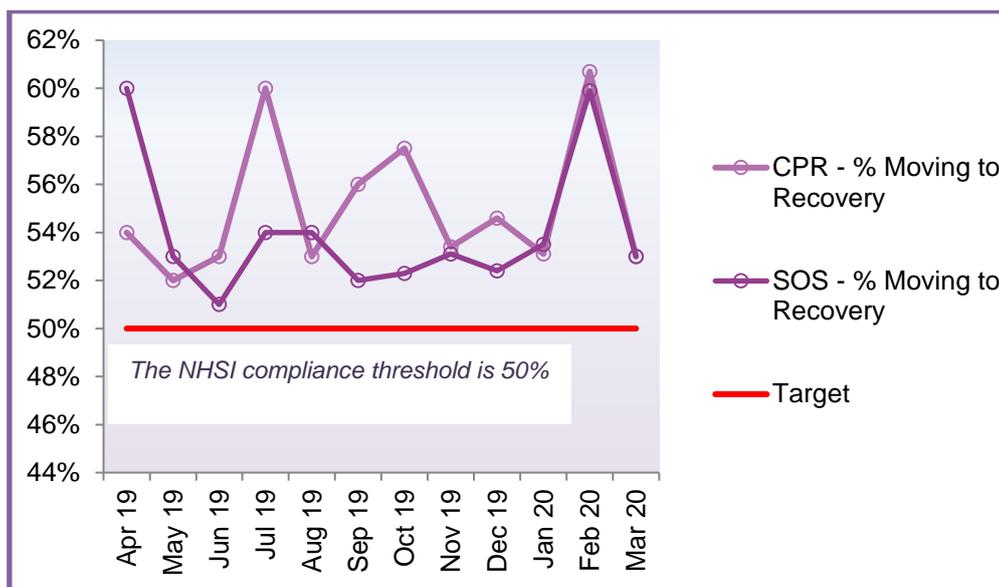
#### 3.3.2 Improving Access to Psychological Therapy Services: Recovery Rates above 50% and Access Targets

##### Recovery Rates:

This indicator measures the percentage of patients discharged from IAPT services who have moved to recovery. Two CCGs namely Castle Point and Rochford CCG, and Southend on Sea CCG commission IAPT services from EPUT.

Both of these CCG's have consistently surpassed the 50% threshold in 2019/20:



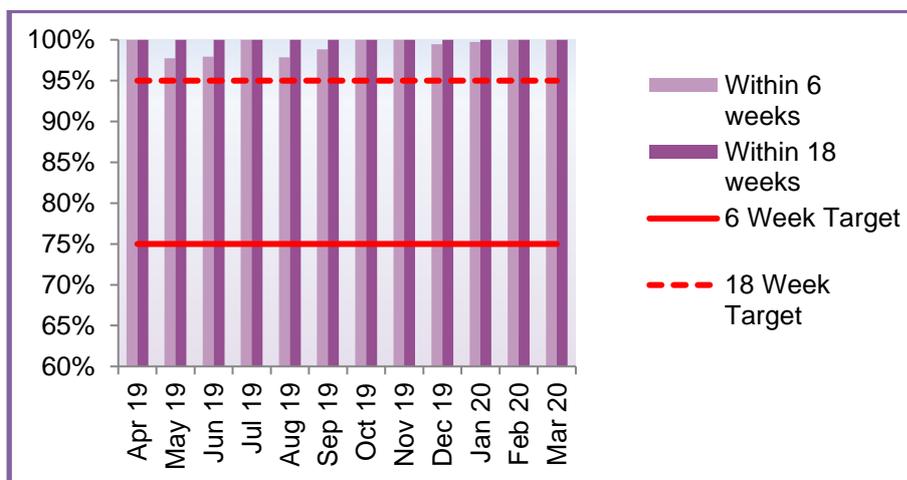


### Access Rates:

This indicator measures the percentage of referrals to IAPT services where treatment commences within: 6 weeks (Target 75%) 18 weeks (Target 95%). We achieved consistent compliance with both of these targets throughout 2019/20.

EPUT achieved an average of 99% for those starting treatment within 6 weeks

EPUT achieved an average of 100% for those starting treatment within 18 weeks

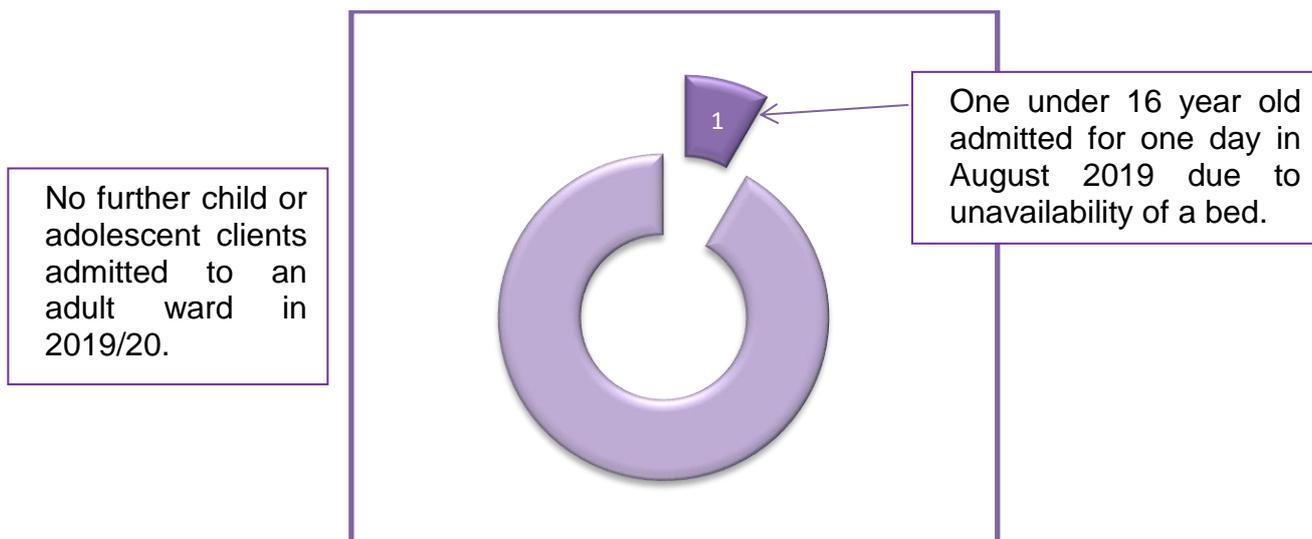


### 3.3.3 Under 16 Admissions to Adult Wards

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

In 2019/20 EPUT witnessed one under 16 year old admitted to one of its Adult Wards:

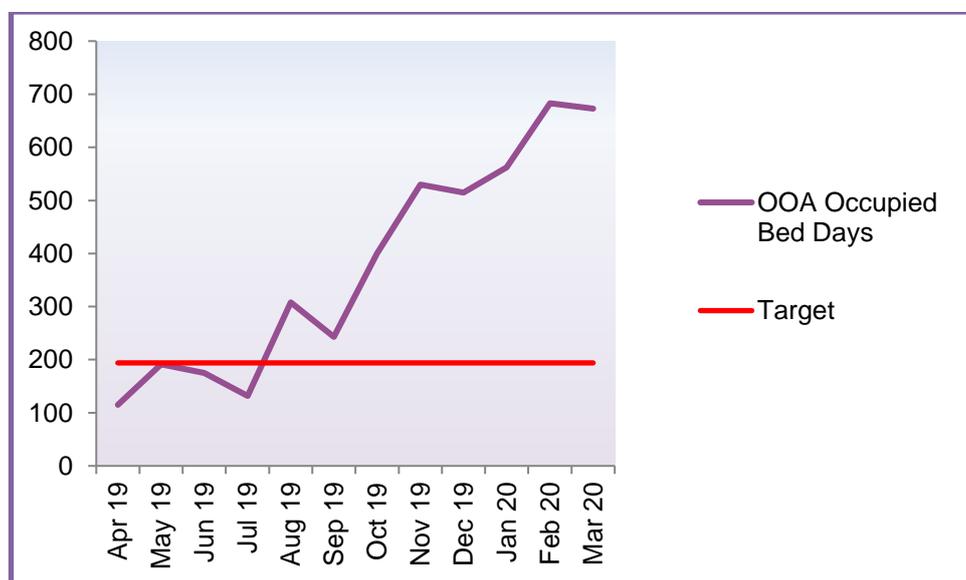




### 3.3.4 Out of Area Placements

This indicator has formed part of the NHS Oversight Framework since November 2017. The indicator measures the number of days that patients have spent in in-patient facilities that are out of area and therefore not part of our Trust.

EPUT has seen an increase from its 2018/19 position and a gradual increase month on month in 2019/20 resulting in failure to achieve the reduction target. Significant work has been undertaken to improve OOA rates with the establishment of a new Capacity and Flow work stream.



2019/20  
Year End

The average number of days EPUT clients spent in an out of area bed each month for 2019/20 was 377 days

### 3.4 Listening to our patients and service users

We believe that receiving and acting on feedback from our service users is crucial to maintaining the high quality standards we set ourselves and work continues to increase the feedback received. This section of our Quality Account outlines some of the ways in which we capture feedback from people who use our services together with some examples of changes we have made and



outcomes resulting from that feedback. Information in terms of the results of the Friends and Family Test (FFT) is included in the local quality indicators of this report.

### Patient Survey Feedback

EPUT has in place a unified patient survey. This draws together the national NHS Friends and Family Test (FFT) and a further series of local questions around key areas we identified together with people who use our services. Surveys go to all patients recently discharged, from either inpatient services or community caseloads as well as some patients who have chronic long-term conditions to ensure they continue to receive a good service. Carers may complete the survey for those unable to fill it in themselves.

In 2019/20 EPUT introduced online dashboards for Managers to access their service FFT results. They are then able to discuss feedback with their team or individuals, where appropriate, using it as an opportunity to reflect on practice and look for improvements. Managers are encouraged to use positive feedback to share and reinforce good practice, as well as encourage further participation in the survey.

Question	EPUT Scores 2019/20
To what extent did you feel you were listened to?	9.3
To what extent did you feel you understood what was said?	9.3
To what extent were staff kind and caring?	9.6
To what extent did you have confidence in staff?	9.4
To what extent were you treated with dignity and respect?	9.5
To what extent did you feel you were given enough information?	9.2
How happy were you with the timing of your appointments?	9.2
How would you rate the food?	7.7
To what extent would you say the ward/clinic was comfortable?	8.8
To what extent would you say the ward/clinic was clean?	9.3

We received 5,447 responses to the Survey in 2019/20. The results of the answers to the local questions are detailed in the table above (figures denote average score out of 10).

The lowest scoring area with an average of 7.7 was food. The Patient Experience Team attends Open Inpatient Meetings in order to listen to concerns from service users, and an item that does feature in some meetings is food. The Team contacts the Facilities Department to discuss any issues brought forward. This has led to menu changes in some areas. In addition, the Facilities Department undertakes their own surveys and audits in relation to food to try to improve the patient experience.

EPUT also participates in the National Community Mental Health Survey. The Community Mental Health Patient Survey 2019 went to patients who received treatment from EPUT from September to November 2018 to complete and return.

### Other Key Patient Experience Engagement Activities

**'Your Voice'**: The aim of these events is to give service users, carers, members of EPUT and Governors as well as the public a chance to speak directly to the Chief Executive about the services provided by EPUT. They take place across all localities and include different presentations from



teams relevant to the locality. The events also provide an opportunity to update everyone on EPUT's planning process. Feedback from these events is generally positive, although attendance does vary considerably from locality to locality.

**Community Mental Health Forums:** These are public forums, their purpose to provide the opportunity for service users, carers and staff to discuss services in their area and share feedback with EPUT. A locality lead for EPUT chairs the forums and supported by operational staff. These Forums are now in place across EPUT and well received by members of the public whose attendance continues to grow. Some smaller forums act more as discussion groups, which include patients, carers and local voluntary organisations.

**Stakeholder Reference Group:** One of EPUT's strategic objectives is to involve service users and carers more to play a meaningful role in current services and the future of EPUT services. The Stakeholder Reference Group was initially set up to discuss the merger and engage on Mental Health transformation work. This group remains in place and members receive updates on developments from operational leads. Many attendees continue in smaller working groups looking at specific service areas of transformation. The Stakeholder Reference Group offers the opportunity for attendees to feedback to others on the discussion topics.

**Training:** EPUT continues to involve both carers and service users at corporate induction. They present with a member of the Patient Experience Team to share their lived experiences. This session is a positive experience for both attendees and volunteers. In addition, service users give talks at the mental health first aid training, and service users and carers take part in some clinical staff interview panels. Service users also share their lived experiences with EPUT Health and Social Care Apprentices in the form of a workshop.

**Co-production:** The Patient Experience Team is responsible for driving EPUT's work to support co-produced projects. These include supporting operational services to set up Service User Groups and collaborate on projects such as 'Always Events'.

**Open Inpatient Meetings:** These are now in place across all mental health wards and work is ongoing to implement these in our Community Health wards. These meetings allow managers the opportunity to gather feedback from patients and relatives to improve services. We record good practice in order that it can be cascaded as learning throughout EPUT. As much as possible we encourage patients/service users to lead the meetings.

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

**Outpatient Surveying:** This attempts to increase FFT returns by service users who attend community based outpatient clinics and appointments. A member of the Patient Experience Team



together with a volunteer, where appropriate, will proactively hand out FFT surveys for service users to complete on arrival or on leaving the outpatient centres. The presence of a volunteer assists this as they can often engage with service users who may not wish to engage with someone from EPUT and are more comfortable talking to a person with lived experience.

**Patient Experience Framework:** During 2019/20, the Patient Experience Team undertook a project to engage with people who have lived experience in order to co-produce the new Patient Experience Framework for 2020-2023. Workshops took place across EPUT’s footprint with people who have lived experience invited and a working group set up to draw this up. This project is currently ongoing.

**Valuing people who have lived experience:** During 2019/20 EPUT made a commitment to reach best practice guidelines on valuing the contribution made by people who have lived experience by recompensing them for their time. A working group was set up including operational staff, support services and people with lived experience to draw up this policy. This project is currently ongoing.

**Targeted engagement:** The Patient Experience Team has traditionally held events that allow people who have used services to attend and feedback. We recognised in 2019/20 that this approach might miss people who would not normally attend these types of events. To alleviate this, the Team proactively seeks feedback from services by visiting places where people who use services attend, such as community centres and events.

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

The table below details some examples of the ‘You Said, We Did’ feedback gathered by the services. These are actions we have taken and outcomes achieved by listening to feedback from our patients, service users and carers over the past year. The Patient Experience Team collects this information on a monthly basis.

You Said	We Did
You asked for subtitles on TV as you were hard of hearing	We are putting up a notice advising that patients can ask for the subtitles to be used on the TV
You asked for a relaxation room for when you are stressed	We have changed the purpose of the Quiet room to a Relaxation room. It has bubble lights, relaxing chairs, soft floor, and relaxing music can be played
You would like to do some more cooking sessions	We provided baking sessions with support staff
Improve choice of sandwiches, desserts and availability of squash and fruit juice	We are organising regular three monthly reviews of the menu choice with Facilities Team
Patients asked for more access to their bedrooms	Bedrooms are now open 24/7 with access throughout the day



## Closing statement from Chief Executive

Thank you for your time and interest in reading EPUT's third Quality Account and my last one before I retire from EPUT at the end of November. I hope you have found it a clear, straightforward and informative report.

I have always valued highly the opportunities to meet with you directly but of course, under current national Coronavirus pandemic restrictions we cannot hold our public meetings. We hope to resume a schedule of engagement events in due course but, meanwhile, please share any quality improvement suggestions with us by contacting our Trust Secretary. We will take these forward as EPUT returns to 'business as usual'.

Thank you for supporting EPUT and other local NHS services while we are continuing to deal with this unprecedented global health emergency. On my retirement, EPUT's new Chief Executive will inherit a thriving Trust, with exemplary staff of whom I could not be more proud. Their services will remain essential as we help local people and communities to recover from the effects of this pandemic. Please continue to support them, as we could not do it without you.

Keep safe and keep looking out for one another. I send my very best wishes to you, your families and friends for the future.



Sally Morris  
Chief Executive (as at 31 March 2020)  
Essex Partnership University NHS Foundation Trust (EPUT)

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

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



## Annexe 1: Comments on the Quality Account

### EPUT Council of Governors' Statement on the Quality Account 2019/20

We have been invited to review the draft Quality Account for 2019/20. 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 2019/20 have been met and are continuing to be taken forward.

We are pleased to note that the independent inspection by CQC has rated the in-patient CAMHS and End of Life services as 'Outstanding', and that for the whole Trust Care was 'Outstanding'. This is very heartening and reflects the efforts put in by all the staff involved.

We continue to be concerned that Safety is still rated as Requires Improvement. We notice that there has been a reduction in Serious Incidents from 109 in 2018/19 to 88 during this year, and that prone restraints continue to fall (anticipated at 6%) and, although it is not clear from the graph as to the actual numbers, there is still some way to go before the Board's target of zero prone restraints is achieved. We are aware of the introduction of some 'pods' to assist in the administration of medication for those patients who are reluctant to co-operate and this has a significant effect on the prone restraints required, as the majority are for this purpose. We have been able to monitor these during our regular 'Quality Visits' to EPUT's facilities.

We do note that the other safety concerns of Omitted Doses are down, as are Avoidable Falls (down from 10 to four during the year to date), with All Falls showing an 8% reduction. Grade 3/4 Pressure Ulcers total six, which is the same as last year, against an ambition to reduce year on year.

We are pleased to see the mention in Priority 2 Transformation of 'co-producing healthcare to meet personal and individual needs of our populations.' We expect this increased focus on co-production to produce an increase in the quality of care.

We also note that out-of-area placements, which were at a high level of nearly 700 occupied bed days in March 2020 (average for the year was 377), have been reduced to zero since, following the request to reduce occupancy during the Covid-19 pandemic. It is now (as at April 2020) at 65%. This is a major factor in a patient's recovery journey and the staff are to be congratulated on this remarkable achievement. This issue of capacity for in-patient MH adults, which the Governors have raised during the year, appears to have been addressed as a result of the pandemic pressure on beds and we look forward to EPUT maintaining this position. Cardio-metabolic assessment targets, which have been a hotspot for some time, also appear towards the end of the year to have been resolved.

We look forward to the other hotspots mentioned being addressed in the coming months, including



timeliness of data entry and Care Programme Approach, and these improvements in quality and particularly in patient safety being maintained.

We are aware that patients regularly bring up the issue of food quality and that steps have been taken to try to address these. The Governors have been active in undertaking PLACE visits during the year when food is sampled and I can report that Governors were generally impressed with the quality offered.

The Governors hold the view that EPUT's Board engages in the processes relating to quality in EPUT, and treats 'Quality' as a top priority. We have attended EPUT stakeholder events, alongside service users and their carers, members of staff and senior staff from Local Authorities and Clinical Commissioning Groups, when time was spent considering the priorities for the coming year.

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 that we have received from Directors, whose standard of reporting continues to be generally very high. We are also pleased that the Chief Executive, Sally Morris, uses the occasion of each of the Council meetings to address the Governors on an issue of interest. Her close involvement with the Council is much appreciated.

We have been pleased to continue, on your behalf, to undertake 'Quality Visits' to a wide range of Trust facilities. These have enabled us to talk to staff as well as patients and to listen to any concerns there may be about quality. We can report that when these have been raised they have been immediately considered.

A basic tenet for any hospital trust is that a service user's physical condition should not be worsened by being in its care. We can give an assurance that the Quality Account is an honest commentary on the last year which shows a Trust which continues to be high performing, and the Board of EPUT have agreed a set of priorities which will continue to support the essential requirement that safety and quality comes first.

John Jones  
Lead Governor

June 2020





**BY EMAIL ONLY**

Civic Offices  
2<sup>nd</sup> floor  
New Road  
Grays  
Essex  
RM17 6SL

12.11.20

Paul Scott  
Chief Executive  
Essex Partnership University NHS Trust  
Head Office  
Runwell Chase  
Wickford  
Essex  
SS11 7XX

Dear Paul

I am pleased to forward to you, the Mental Health Mid and South Essex Health and Care Partnership joint response to the Quality Account for 2019/20 Coordinated by Thurrock Clinical Commissioning Group

This is the CCG Mandated Summary Statement relating to the Essex Partnership University Trust 2019/20 Quality Account. This summary was ratified by Committee in Common Quality and Patient Safety and Clinical Commissioning Groups Boards on behalf of the commissioning organisation of the Mid and South Essex Health and Care Partnership. The statement is a combined response on behalf of all contributing organisations

Commissioners request if there are any significant or material changes to the draft Quality Account 2019/20 that would require a review of the response prior to publication that Essex Partnership University Trust under take due diligence and notify us prior to publication of the final version in order for the Health and Care Partnership to ensure a consistent response to the final published report.

The Health and Care Partnership has provided a response that summarises commissioners views of achievements in 2019/20 and planned work streams and quality priorities for 2020/21. Commissioners consider that the Quality Account provides an accurate and balanced picture of the reporting period. The Health and Care Partnership will continue to seek assurance on performance and delivery of care by regular monitoring through its agreed contractual arrangements and via quality assurance visits and triangulation of local intelligence.



I would like to take this opportunity to recognise the significant work of Essex Partnership University Trust in its third year as a merged organisation. We have considerable transformation work to undertake in the coming year and this summary statement reflects our views of the future opportunities for continued development of high-quality patient services and partnership working.

Yours sincerely



Jane Foster-Taylor  
Chief Nurse

**ESSEX PARTNERSHIP UNIVERSITY TRUST COMMUNITY HEALTH SERVICES,  
SOUTH EAST ESSEX  
EPUT QUALITY ACCOUNT 2019/20 CCG MANDATED SUMMARY STATEMENT**

**ESSEX PARTNERSHIP UNIVERSITY TRUST COMMUNITY HEALTH SERVICE CONTRACT**

Response statement from NHS Castle Point & Rochford Clinical Commissioning Group on behalf of the two South East Essex Clinical Commissioning Groups (the CCG's).

The CCGs welcome the opportunity to review and comment on the Quality Account for Essex Partnership University Trust for 2019/20 and would like to offer the following commentary:

The CCGs are committed to working with Essex Partnership University Trust to develop sustainable and patient-focused services within the Health and Care services within South East Essex, to ensure that patient outcomes are improved by working collaboratively and striving to reduce duplication within the system and that personalisation increasingly becomes central to development of services.

The CCGs support the Trust's priorities for improving the quality of its services for its patients, and have continued to provide support but also challenge and scrutiny through the Clinical Quality Review Group (CQRG) meetings with the contractual monitoring, review and discussion of quality issues.

The opening statement on quality for 2019/20 references NHS England/Improvement guidance outlines, which has determined the development of the eight quality priorities. These priorities



incorporated three areas of service user quality – safety, effectiveness and patient / carer experience at the core that aligned the quality priorities with EPUT corporate objectives.

Commissioners acknowledge the CQC ratings from the unannounced 3-day inspection programme of six core services in July 2019 and the well-led inspection in August 2019. The achievement of upholding the overall rating of ‘Good’ and receiving a rating of ‘Outstanding’ for the Caring domain and ‘Good’ in the Effective, Responsive and Well-Led domains, for the End of Life services reflect significant work undertaken. The CCG will continue to work with EPUT; undertaking the continuous improvement journey regarding the safe domain which remains at requires improvement.

In March 2020 193 (87%) of internal actions to address the findings from the CQC inspection had been completed. Commissioner assurance has been provided that a reset and refresh meeting with the CQC has been held with the formulation of an action plan for the remaining outstanding actions signed off by the CQC.

The CCGs welcome the Quality Improvement (QI) methodology that EPUT are implementing to drive continuous and sustainable patient safety improvements.

The CCGs also welcome the development of clinical innovation by the “EPUT Lab” where clinicians and practitioners collaborate to identify technology that can impact on the delivery of care, improves clinical monitoring and decision making, exploring and promoting opportunities for greater independence and self-care models. As with all the organisations within the SEE Health and care systems, the pandemic has forced the use of technology and enabled speedy implementation of systems, which ordinarily would have taken far greater time to introduce. The CCG staff also participate in the forum and have promoted and been party to the development of processes to enhance patient care and safety.

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

EPUT has done well when compared to National statistics for the majority of the National mandated indicators of quality, with the exception of Older adult readmissions and patient harm resulting in severe harm or death. The fully integrated health and Social care models in place in Mid and South Essex as well as current work around improving destination transfers and outcomes associated with Discharge to Assess in SEE will help to address this trajectory.

The CCGs welcome the work undertaken, pre Covid, to align wound care services under one streamlined approach, making referral and triage simpler and enable individuals with wound issues to be assessed by an appropriate practitioner in a more timely manner and supporting the reduction of sepsis

Essex Partnership University Trust has developed it’s Quality Priorities for 2020/21 in response to the challenges and opportunities of the COVID19 pandemic these are:

- Innovation
- Improvement
- Transformation



During Q4 of 2019/20 there was significant impact upon the provision and delivery of health and care services, Essex Partnership University Trust have had to reconsider and prioritise service delivery and introduced technology at pace and to support virtual delivery options in partnership with the CCGs, Primary Care and Adult Social Care to minimise risks to vulnerable patients, whilst still enabling visibility and monitoring. Their community Care Home Support team has been a significant part supporting care homes with education packages around IPC and PPE to try to minimise the risk to the extremely vulnerable residents within the care homes; it is commendable that as well as commencing this programme nearly a month in advance of the NHSE mandate, the impact upon the residents within SEE care homes fared better than the national picture.

During 2020/21 the work commenced during the pandemic and lessons learned during the initial spike will need to continue to inform the transformation of services; greater emphasis on whole person/holistic care with closer integration of physical and mental health services,

as well as rising to the challenge for community services to take the lead with hospital discharge functions via the Discharge to Assess developments to promote safe, effective and efficient service delivery.

EPUT's ambition to continue to improve the nature and delivery of Community health service is evidenced within this report, the pandemic has forced a greater degree of collaboration to improve patient outcomes and whole system working, which continue to be foremost with future development as we move into 2020/21.

**Tricia D'Orsi**  
**Deputy Accountable Officer SEE and Chief Nurse**  
**Castle Point & Rochford**

**Thurrock**  
*Clinical Commissioning Group*

**ESSEX PARTNERSHIP UNIVERSITY TRUST MENTAL HEALTH MID AND SOUTH ESSEX**  
**EPUT QUALITY ACCOUNT 2019/20 CCG MANDATED SUMMARY STATEMENT**

**ESSEX PARTNERSHIP UNIVERSITY TRUST MENTAL HEALTH CONTRACT**

Response statement from NHS Thurrock Clinical Commissioning Group on behalf of (Southend Clinical Commissioning Group, Castle Point and Rochford Clinical Commissioning Group, Basildon and Brentwood Clinical Commissioning Group and Mid Essex Clinical Commissioning Group) Mid and South Essex Health and Care Partnership.

The Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the Quality Account for Essex Partnership University Trust for 2019/20 and would like to offer the following commentary:



The CCGs are committed to commissioning high quality services from Essex Partnership University Trust and collaborate diligently to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and central to the commissioning decision making and service development.

We have remained sighted on the Trust's priorities for improving the quality of its services for its patients, and have continued to provide robust challenge and scrutiny through the Clinical Quality Review Group (CQRG) meetings with the contractual monitoring, review and discussion of quality issues.

The opening statement from the Chief Executive clearly sets out the EPUT vision and Quality Strategy. It outlines the development of the eight quality priorities for 2019/20 in line with NHS England/Improvement guidance. These priorities incorporated three areas of service user quality – safety, effectiveness and patient / carer experience at the core that aligned the quality priorities with EPUT corporate objectives. The CQRG receive a quarterly quality report that includes narrative and data indicating progress with the identified quality priorities.

Commissioners acknowledge the CQC ratings from the unannounced 3-day inspection programme of six core services in July 2019 and the well-led inspection in August 2019. The achievement of upholding the overall rating of 'Good' and receiving a rating of 'Outstanding' for the Caring domain and 'Good' in the Effective, Responsive and Well-Led domains are to be commended. Commissioner will maintain their commitment to work with EPUT in undertaking the continuous improvement journey regarding the safe domain which remains at requires improvement.

In March 2020 193 (87%) of internal actions to address the findings from the CQC inspection had been completed. Commissioner assurance has been provided that a reset and refresh meeting with the CQC has been held with the formulation of an action plan for the remaining outstanding actions signed off by the CQC.

The Suicide Prevention Strategy in 2019/20 laid the foundation stones for the work that is continuing in 2020/21. There is a comprehensive work plan linked to the National Confidential Inquiry into Suicide and Homicide (NCISH) quality standards identified for 2020/21. It is encouraging that the Trust have set stretch targets this reflects the determination to provide safer services. Forty-eight (48) Serious Incident were reported for Mid and South Essex and of these forty (40) Serious Incident were unexpected deaths. EPUT has committed to reducing this number through its Suicide Prevention Strategy and this is set as a Quality Priority for 2020/21. EPUTs commitment to reducing unexpected deaths is further evidenced by the partnership work with the Samaritans, the implementation of the Grassroots Stay Alive app and the engagement with the work of the Zero Suicide Alliance.

Commissioners endorse the Quality Improvement (QI) methodology that EPUT are in the process of implementing as research evidence specifies that when effectively embedded QI drives continuous and sustainable patient safety improvements. Commissioners have confidence that this combined with the cohort of home-grown Quality Champions will influence and harness the determination, focus and energy on achieving the quality improvement programme in 2020/21.



Commissioners support the development of clinical innovation by the “EPUT Lab” where clinicians are empowered to identify technology that improves clinical decision making, supports individuals to manage their own health and frees up clinical time to allow smarter working across services. The pandemic has brought the use of technology to the forefront of the organisation supporting new ways of working and providing care. Commissioners are engaged in the forum and have witnessed the early benefits of the clinical engagement and technological advances operating symbiotically to enhance patient care and safety.

It is notable that EPUT have participated in 100% of the National Clinical Audits and 100% national confidential inquiries where eligible and applicable to the services delivered by the organisation. The inclusion within the report of a comprehensive schedule of intended actions derived from the audits to improve the quality of healthcare delivery within the organisation highlights EPUTs dedication to learning from research and audit.

Essex Partnership University Trust have developed their Quality Priorities for 2020/21 in response to the challenges and opportunities of the COVID19 pandemic these are:

- Innovation
- Improvement
- Transformation

During Q4 of 2019/20 Essex Partnership University Trust adapted their mental health service delivery to implement technological solutions at pace and to deliver virtual options of care and treatment due to the presenting and prevailing risks to patients and staff from the COVID19 pandemic. During 2020/21 the transformation, reform and innovation required to respond to the needs of the population will undoubtedly continue to grow and test the Trust as we enter the new phases of the pandemic and the post pandemic recovery requirements for psychological treatment and aftercare. Mental Health will be at the core of the essential patient services and the flexibility and dedication of the workforce will be essential to sustaining safe, effective and efficient service delivery.

Overall the report is reflective of the commissioner knowledge of the Trust quality activities and ambitions. A collaborative transformational work programme has been developed in line with the Long-Term Plan (LTP mental Health) and by continuing our strong alliance through the Mental Health Partnership Board and integrating system and PLACE models of mental health service delivery we will to strengthen the quality of Mid and South Essex mental health commissioned services in 2020/21 and beyond.



**Jane Foster-Taylor**

**Chief Nurse**

**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 Covid 19 pandemic. Staff responded with professionalism, energy and adaptability. Their team work and continued energy has enabled the care of patients and their families to continue during the challenging time of the pandemic.

EPUT achieved the majority of elements within their quality priorities from 2019/20. There have been some outstanding improvements to care particularly the improvement to the physical health assessment rate for mental health inpatients, the successful implementation of the early warning scoring system and reductions in the use of restraint.

We would like to congratulate the Trust on the developments that have been made to end of life care; this element of care has been recognised by the CQC, in year, as outstanding.

The account includes extensive information on the learning that has been gained from the review of deaths. As a result there have been changes to practice in relation to risk assessment, staff competencies and the use of equipment.

The Priorities for 2020/21 are clearly articulated, the CCG is particularly supportive of the work being undertaken to develop west Essex intermediate care and the case management of frail and complex patients to reduce the need for the use of emergency services.

The Trust is continuing to embed quality improvement methodologies across the workforce. The use of quality improvement methodologies to improve patient's safety is one of the main priorities for 20/21. The engagement of service users in this work demonstrates the Trusts clear commitment to the effective use of improvement science and the need to work together with service users to improve the quality of care.

The CCG fully support EPUTs quality priorities for 2020/21, particularly the focus on improving patient safety using all available means.

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

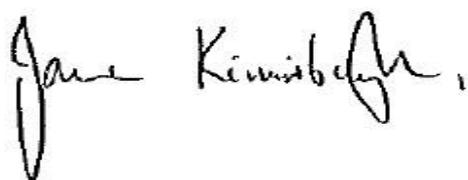
We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available; it is accurate in relation to the services provided. The explanation by the Trust of why certain data sets are as they are has been fully explained.



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

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

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



**Jane Kinniburgh**  
**Director of Nursing and Quality**  
**Hertfordshire and West Essex Integrated Care System**  
November 2020



**Essex Partnership University Trust (EPUT)**

The Norfolk East Essex Clinical Commissioning Group (CCG) confirms that EPUT have consulted and invited comment regarding the Annual Quality Account for 2019/20. This has been submitted within the agreed timeframe and the CCG is satisfied that the Quality Account provides appropriate assurance of the service.

The CCG has reviewed the Quality Account and, to the best of our knowledge, consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12 month period. It is recognised that the COVID-19 pandemic has created additional, unprecedented challenges this year, which has made the report more difficult to compile.

The North East Essex Clinical Commissioning Group looks 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. The Clinical Commissioning Group endorses the publication of this account.



Lisa Nobes  
Chief Nursing Officer

North East Essex Clinical Commissioning Group

22<sup>nd</sup> October 2020



## GLOSSARY

A&E	Accident and Emergency
ARC	Applied Research Collaborate (NIHR)
ARU	Anglia Ruskin University
AWOL	Absent Without Leave
BILD	Bild Association of Certified Training
BP	Blood Pressure
BSP	Behaviour Support Plan
CAMHS	Child and Adolescent Mental Health Services
CC	Community care
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CHS	Community Health Services
CICC	Cumberlege Intermediate Care Centre
CMHT	Community Mental Health Trust
CPA	Care Programme Approach
CRHT	Crisis Resolution Home Treatment
CRHTT	Crisis Resolution & Home Treatment Team
CRN NT	Clinical Research Network – North Thames (NIHR)
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Core Trainee
CYP	Children and Young People
DNA	Did Not Attend
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DSPT	Data Security and Protection Toolkit
DWP	Department of Work and Pensions
EAHSN	Eastern Academic Health Science Network
ECG	Electrocardiogram
EEAST	East of England Ambulance Service Trust
EIP	Early Intervention in Psychosis
EOL	End of Life
EOLC	End of Life Care
EPMA	Electronic Prescribing and Medicines Administration
EPUT	Essex Partnership University NHS Foundation Trust
ESD	Early Supported Discharge
FFT	Friends and Family Test
FFFAP	National Falls and Fragility Audit Programme
FY	Foundation Year (doctor)
GAS	Goal Attainment Scaling
GCS	Glasgow Coma Scale
GP	General Practitioner
HEE	Health Education England
HoNOS	Health of the Nation Outcome Scales



HRA	Health Research Authority
IAPT	Improving Access to Psychological Therapy
ICS	Integrated Care System
KPI	Key Performance Indicator
LAS	Locum Appointment for Service
LD	Learning Disabilities
LTFT	Less Than Full Time Training
LTP	Long Term Plan (NHS)
MDT	Multi-Disciplinary Team
MEWS	Modified Early Warning System
MH	Mental Health
MH5YFV	Mental Health 5 Year Forward View
MNC	Mountnessing Court
MRCPsych	Member of the Royal College of Psychiatrists
MSO	Medication Safety Officer
MTI	Medical Training Initiative
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the End of Life
NACR	National Audit of Cardiac Rehabilitation
NAIF	National Audit of Inpatient Falls
NCAPOP	National Clinical Audit Patient Outcome Programme
NCISH	National Confidential Inquiry into Suicide and Safety in Mental Health
NDFA	National Diabetes Foot Care Audit
NED	Non-Executive Director
NELFT	North-East London NHS Foundation Trust
NHS	National Health Service
NHSD - SDCS	NHS Digital – Strategic Data Collection Service
NHSFT	NHS Foundation Trust
NHSI	NHS Improvement
NICE	National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NOK	Next of Kin
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
OD	Organisational Development
ODESSI	Open Dialogue: Development and Evaluation of a Social Network Intervention for Severe Mental Illness
OT	Occupational Therapist
OT	Out-turn
OOA	Out Of Area (placement)
OPMH	Older People's Mental Health
PHSO	Parliamentary and Health Service Ombudsman
PLACE	Patient-Led Assessments of the Care Environment
POD	Peer Open Dialogue
POMH-UK	Prescribing Observatory for Mental Health - UK



PREM	Patient Reported Experience Measures
PU	Pressure Ulcer
QI	Quality Improvement
QPR	Question Persuade Refer (suicide prevention training)
QSIR	Quality, Service Improvement and Redesign
RAID	Rapid, Assessment, Interface and Discharge (team)
RCA	Root Cause Analysis
RCP	Royal College of Psychiatrists
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RfPB	Research for Patient Benefit
RT	Rapid Tranquilization
SCR	Summary Care Record
SFFT	Staff Friends and Family Test
SI	Serious Incident
SMI	Severe Mental Illness
SSNAP	National Sentinel Stroke National Audit Programme
ST	Specialty Trainee
STP	Sustainability and Transformation Partnerships
UCL	University College London
UCLP	University College London Partners
UEA	University of East Anglia
UofE	University of Essex
VCSE	Voluntary, Community and Social Enterprises
YTD	Year to Date

