NHS
Essex Partnership University
NHS Foundation Trust

Annual Report and Accounts

2017/18

Essex Partnership University NHS Foundation Trust

Annual Report and Accounts 2017/18
Essex Partnership University NHS Foundation Trust
'Our First Year'

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Contents

PERFORMANCE REPORT

Foreword by the Chair and Chief Executive

Welcome to the first Annual Report and Accounts for Essex Partnership University NHS Foundation Trust (EPUT)

On this our first anniversary we celebrate not only a successful merger, but the establishment of our new NHS Foundation Trust that is achieving our strategic objectives, fulfilling our vision and values and laying the groundwork for realising our ambition of being an 'outstanding' organisation by 2022.

The merger of the former North Essex Partnership University NHS Foundation Trust and the former South Essex Partnership University NHS Foundation Trust to create Essex Partnership University NHS Foundation Trust was completed on 1 April 2017. It was the first successful merger of two NHS Foundation Trusts. It was delivered on time and within budget, attaining a green governance rating from NHS Improvement – the highest available.

Patients are our top priority

To celebrate our first anniversary in style we held a Quality Awards event at the end of March 2018. We celebrated many staff from across the newly-merged Trust for their significant contribution to excellent patient care. Our annual Quality Awards build on two important initiatives where we recognise the impact our staff have on the quality of services we provide to our patients, services users and carers.

- The staff recognition scheme for the new Trust, EPUT Excellence Awards, was established in 2017. Each month we invite staff to the Board of Directors public meeting and present them with awards for excellent performance, innovation, contribution to the wellbeing of colleagues and long service.
- The EPUT Quality Academy and Champions ensure that we create an environment where staff are equipped with the best tools and a support network to drive forward real improvements in care. We have approximately 170 Quality Champions working together with colleagues, patients and services users on a continuous improvement journey.

'Stronger Together' and 'Best of Both' have been our bywords throughout the merger process and reflects our drive to combine the expertise and experience of our staff who provide mental health, learning disabilities and community health services across the county. The benefits this has brought to local patient care has only been made possible through cooperation of colleagues and the hard work by very many of our staff, service users, patients, carers and the support of our NHS and local authority partners. We are extremely grateful to everyone involved.

Supporting our Staff

Staff wellbeing and safety continued to be priorities for the newly-merged Trust. To support and inform our Staff Survey Action Plan, we held a number of 'Big Conversation Events'. The turnout at these events was tremendous and feedback from colleagues was plentiful, passionate and meaningful. We focused specifically on a number of areas including flexible working, whistleblowing, staff surveys, bullying, rotation of roles, visibility of managers and feedback mechanisms.

"You said that you were proud to work for EPUT and that you have seen positive changes since the merger and you want to see this continue."

We launched a new intranet this year, 'Input', and have continued to promote the 'I'm worried about' feature for staff to raise concerns anonymously. Staff are also able to feedback on any issues anonymously via the Staff Friends and Family test.

Embracing the diversity of our workforce, the Trust has an active and dynamic BAME (Black, Asian and Minority Ethnic) Network. It is open to all members of staff and reports directly to the Equality and Diversity Board lead. We launched this new BAME Network and celebrated the work of the two previous groups at a well-attended event which attracted prestigious national speakers.
A policy and procedure on spiritual care for people of all faiths and none has also been developed, and we held a successful Spirituality and Compassion Conference with esteemed external speakers.

We continue to support the wellbeing and safety of our staff as much as possible. We have embedded a unified staff counselling service, harmonised the 'Freedom to Speak Up' initiative and staff elected a new Principal Guardian and the local guardians for the merged Trust. All staff are able to contact guardians directly to help them raise any concerns.

These initiatives all help our staff to feel supported and encourage them to speak out about any issues, concerns or challenges so that prompt and appropriate action may be taken.

Looking Forward

Partnership working with NHS, statutory, third sector and voluntary organisations has led to a number of significant developments and improvements for patients and service users. As a newly-merged organisation our geographical locations now cover a number of STPs (Sustainability Transformation Partnerships). We are actively working with CCGs (Clinical Commissioning Groups) and each of the STP organisations on their plans for local service developments.

Prior to merger we had started to work with service users and carers in developing a brand new mental health services transformation model that would update and improve Essex-wide inpatient and community mental health services. We have just started the second year of this wide-ranging co-produced five-year programme and regular updates with progress are given at public Trust Board meetings. In addition, we have been moving forward with partners in developing new models of care for people who use our community physical health services.

There is more information about all of these projects and schemes detailed throughout the annual report.

Ensuring continuity of quality

At the beginning of EPUT's first year, an interim Board of Directors was in place and elections were held to establish a new Council of Governors. In June 2017, the results of the governor elections were announced and EPUT's new Council of Governors was established. In September 2017, the substantive Board of Directors was formed with our new Chair, Professor Sheila Salmon, joining on 1 November 2017.

We would like to put on record our thanks to everyone who served on the previous Council of Governors for both the former NEP and SEPT, as well as the Interim Board of Directors. We would like to say a special thank you to Non-Executive Director and Vice Chair, Janet Wood, who took responsibility for the role of Interim Chair up to and following the merger. During this past year, EPUT's Council of Governors and Board of Directors have led the Trust well, ensuring compliance with corporate and clinical governance regulation.

Our merged NHS Foundation Trust has remained compliant consistently with the quality targets set by our external regulator, NHS Improvement, and we are not forecasting any risk to continuing to achieve these targets.

You will find more details of our quality targets and performance in the Quality Report on **page 94** in this document.

Listening to and Acting on Feedback

As a newly merged organisation we continue to recognise the importance of listening to, involving and engaging with the people who come into contact with our services. We promote consistently the 'Friends and Family' test across the new organisation – in both mental health and community health services. We have harmonised our compliments, comments and complaints systems. Focus has been given over the past year to increasing knowledge among staff of how to resolve complaints satisfactorily at a local level and ensure organisational learning is taken from local resolution as well as formal complaints processes.

In order to ensure that staff and the public are aware of how the organisation is learning taken from complaints, a page has been created on the Trust's website in a 'you said, we did' format to outline changes made to services or processes as a result of complaints about issues.

Compliments are also important to us, and we share these proudly with colleagues through our internal communication systems as well as display them on the Trust's website. In 2017 – 2018 we received more than 5,000 compliments. We also received 312 complaints – which is less than the combined total of complaints for the two former Trusts in 2016 – 2017. During the coming year, we are going to work on improving our response times as we are very mindful that it is important for people to receive timely responses to their concerns.

As mentioned earlier, we have been working with service users and carers on developing a new mental health services transformational model. Their input and lived experience is invaluable when designing and developing new services. We have also continued to support a number of smaller, service-focused forums where local issues are discussed. Feedback from these forums goes directly to our front line services and all actions are overseen by the Trust's Patient and Carer Experience Steering Group.

Vote of Thanks

We hope you enjoy reading about EPUT, our first year as a NHS Foundation Trust, our staff, our achievements and our future plans. Our introduction only touches on the breadth of information about our NHS Trust, but the comprehensive document that follows goes into greater detail on all aspects of the services we provide. Each and every one working at EPUT makes a significant contribution to the health and wellbeing of the people we serve. We hope you will agree that we have made tremendous progress as new organisation. We want to take this opportunity to say a huge thank you to our staff, our governors and members, partners, patients, carers, volunteers and fellow board members for playing such key roles in our organisation's success.

Thank you.

Professor Sheila Salmon
Chair
Essex Partnership University NHS FT
24 May 2018

Sally Morris
Chief Executive
Essex Partnership University NHS FT
24 May 2018

PERFORMANCE OVERVIEW

Purpose of Overview

In this section we introduce our organisation, Essex Partnership University NHS Foundation Trust (EPUT). We tell you about our services, where we provide them, the population we serve and how many staff care for our patients and service users. We also highlight our vision and values, our performance and achievements for the past year.

Introduction

EPUT was formed on 1 April 2017 following the merger of South Essex Partnership NHS Foundation Trust (SEPT) and North Essex Partnership NHS Foundation Trust (NEP). During 2017/18 EPUT provided community health, mental health and learning disability services for a population of approximately 2.5 million people throughout Bedfordshire, Essex, and Luton, employing circa 7000 staff across 200 sites.

Trust Chair, Sheila Salmon, welcomes Secretary of State, Rt Hon. Jeremy Hunt MP

OUR VISION, VALUES & STRATEGIC OBJECTIVES

VISION

Our Vision

Working to improve lives

VALUES

Our Values

Compassionate

Empowering

Open

STRATEGIC OBJECTIVES

Our Strategic Objectives

1. Continuously improve patient safety, experience and outcomes and reduce variations
2. Attract, develop, enable and retain high performing and diverse individuals and teams
3. Achieve top 25% performance for national operational, financial and productivity measures
4. Co-design and co-produce service improvement plans with system partners, including commissioners and service users

Our services include:

> **Mental Health Services:** Treatment and support is provided to young people, adults and older people experiencing mental illness – including treatment in hospitals, care homes, prison, secure and specialised settings.

> **Community Health Services:** Our community health services provide support and treatment to both adults and children. We deliver this care in community hospitals, health centres, and in our patients' homes.

> **Learning Disabilities Services:** We provide crisis support and inpatient services, and our community learning disability teams work in partnership with local councils to provide assessment and support for adults with learning disabilities.

> **Social Care:** We provide personalised social care support to people with a range of needs, including people with learning disabilities or mental illness, supporting people to live independently.

Involving local people

EPUT is a Foundation Trust. NHS Foundation Trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services and were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

What makes NHS Foundation Trusts different from NHS Trusts?

NHS foundation trusts are not directed by Government so have greater freedom to decide, with their governors and members, their own strategy and the way services are run. They can also retain their surpluses and borrow to invest in new and improved services for patients and service users; and are accountable to:

- their local communities through their members and governors;
- their commissioners through contracts;
- Parliament (each foundation trust must lay its annual report and accounts before Parliament);
- The CQC (Care Quality Commission);
- Monitor (NHS Improvement) through the NHS provider licence.

Alex Burghart MP pictured at launch of RTMS

NHS foundation trusts can be more responsive to the needs and wishes of their local communities – anyone who lives in the area, works for a foundation trust, or has been a patient or service user there, can become a member of the Trust and these members elect the Council of Governors. Want to have your say? Find out more about becoming a member. You can be involved as little or as much as you like – find out more about being a governor or member by visiting our website: www.eput.nhs.uk

How we got to where we are today

The merger of SEPT and NEP was the first successful merger of two NHS foundation trusts. This transaction was delivered on time and within budget, and also received a Green governance rating from NHS Improvement, the highest available.

As part of our preparations for the merger, a Post Transaction Implementation Plan (PTIP) was developed. The PTIP was the project plan for bringing the two predecessor Trusts together and developing the organisation during the early months following the creation of EPUT on 1 April 2017.

The Trust is well underway with the delivery of these actions. This work included the establishment of a new Council of Governors on 22 June 2017 and the substantive Trust Board of Directors by October 2017. The Trust has reorganised corporate services and implemented new governance structures. During the year policies have been harmonised across and new quality, operational and corporate strategies have been developed. The Trust has also realigned clinical management in mental health services and is finalising a transformational model for mental health services across Essex.

Innovation During the Past Year

Throughout this annual report we will provide examples of things we are proud of. Some examples of innovative service developments that have been introduced in our first year since merger are set out below:

Mental Health – Secure Services	Service user involvement has proven to have one of the best outcomes for medium and low secure services. At EPUT our service users are invited to attend all interview panels with prospective candidates. This enables them to identify if they could build a professional relationship with the candidate, how they would assist them in their recovery and if they believe the candidate would be an asset to the service. Many of our service users also take part in mandatory monthly security training. They facilitate a group of up to 20 staff discussing their experience of relational security. Secure services staff and service users have been working together to reduce the use of restrictive practices in particular prone restraints.

End of Life	In west Essex the palliative care lead, along with system colleagues, supported collaborative work in end of life care which resulted in Princess Alexandra Hospital winning the most inspiring Trust award at a NHS Improvement event in London. When receiving the award Andy Morris from Princess Alexandra Hospital made special reference to the community team, for 'shouting out' the benefits of partnership working in end of life care. Older adult dementia wards in Clacton have been running a project focused on palliative care and increasing numbers of people with dementia on the 'My Care Choices' register. The project has been introduced with the collaboration of St Helena hospice. A palliative care consultant works on the ward for half a day per week. The work has been acknowledged by the CCG and there are now plans to achieve accreditation under the gold standard framework for palliative care

End of Life Care winning NHS Improvement Most Inspiring Trust Award

Community Health Services for Adults	In west Essex, there is a jointly appointed health and social care director and an integrated leadership team which spans community health services, mental health, social care and the local acute trust. This has enabled a collaborative focus in a number of areas including: implementing discharge to assess and impacting positively on delayed transfers of care, an integrated Single Point of Access encompassing physical, mental health and social care, resulting in holistic triage of health and care needs and access to re-ablement and short term care support. The work of the Care Coordination services across south east Essex has reduced non-elective admissions and has seen high levels of patient satisfaction in terms of allowing people to remain at home, independently, for as long as possible. In September 2017 two of our neighbourhood teams in south east Essex won Essex County Council 'You Make the Difference' awards. One for its innovative design and service delivery with teams involving health and social care, as well as Community Agents and the voluntary and 3rd sectors. And the Canvey Integrated Neighbourhood Team won the 'Partnership Working' Award.

Community Health Inpatient Services	The inpatient wards undertake rehabilitation and work closely with the acute Trust to ensure smooth discharge from the hospital into rehabilitation beds wherever appropriate. Length of stay is also closely monitored for possible early and safe discharge to home or alternative place of care. Our work within care homes in the training of carers has reduced the number of conveyances and non-elective admissions greatly and therefore support the system. Community health services and older people's mental health wards undertook a 50 day challenge that has resulted in reciprocal mental and physical health care support, with better health outcomes for patients, improved working relationships and shared learning. The stroke Early Supported Discharge (ESD) team has been commended by patients and families for their work to improve outcomes for patients. EPUT is the PLACE to be for cleanliness, food, privacy and dignity according to a recent report from the Patient Led Assessment of the Care Environment (PLACE). EPUT scored highly and was above the national average in the six areas that were assessed.

Ten beautiful bouquets for ten EPUT nurses

Community Health Services for Children, Young People and Families	Over the past year the Diabetes Team has introduced a pump service. The feedback from clients has been extremely positive increasing children and young people's control of their condition. The integrated service has won an award for innovation. The Speech and Language Service has developed a new website and Facebook page. The website has links to YouTube where staff have posted examples of how to support a child with their speech and language therapy. Parents are communicating with the service through these mediums and there are examples where immediate support has been offered to families. The Family Nurse Partnership (FNP) service is working with the national unit on ADAPT (Accelerated Design and Rapid Programme Testing) which is testing new ways of delivering the service and personalisation to ensure the programme is more targeted and focused on client's needs.

Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units	EPUT manages its inpatient admissions in line with the Operational Pressures Escalation Levels Framework that informs the whole system of roles and responsibilities in response to an escalation in bed pressures. Using the SAFER Mental Health Patient Flow Bundle it operates a whole system approach to flow and capacity incorporating daily safer staffing and bed management situation reports. The Trust has been a lead organisation in developing the Pan-Essex Health Based Place of Safety System Preparedness for the new section 136 Mental Health Act Legislation. Five mental health based places of safety have been introduced across Essex providing a 'place of safety' whilst potential mental health needs are assessed. Two wards, Grangewaters and Finchingfield took part in a collaborative with NHS Improvement to improve observation and engagement processes. This resulted in improved interventions and a reduction in the number and length of observations.

Finchingfield and Grangewaters Wards with NHS Improvement Certificate of Achievement

Mental Health Crisis Services and Health-based Places of Safety	The development of Rapid Intervention and Discharge (RAID) services into a CORE 24 model of liaison psychiatry has enabled the development of a multidisciplinary, clinically led speciality that employs a bio-psycho social model concerned with the inter relationships between physiology, psychology and sociology of human ill health. The expertise within the service enables the training and development of general hospital staff in the recognition of common mental health presentations in addition to support and advice regarding the use of the mental health act and complex capacity assessments. Susan Inglis, who works as part of the Street Triage Team has been given a Chief Constable's Certificate of Merit by Essex Police for her dedication, commitment and professionalism whilst saving a man with serious injuries.

Community-based Mental Health Services for Adults of Working Age	The Eating Disorders team have committed to MANTRA (Maudsley Anorexia Nervosa Treatment for Adults) trained all staff and introduced a supervision group to support. They have introduced 'goal based outcomes' in our day unit to make sure the outcomes we measure are based on patients' own goals. The Perinatal Mental Health Service is a pan-Essex service that has received national recognition for new treatment pathways and bespoke Perinatal SystmOne data recording and records system. Women with lived experience have been involved in co-production of the new service from the point of initially writing the community development fund funding bid which was successful, implementation of the new service to current service delivery. Diane Palmer, a nurse from the Veteran's Team was presented with the 'Innovation in my Speciality Award' at the RCNi Nurse Awards.

Commmunity Perinatal Service Team pictured at launch

Dementia	To support clients with dementia 'Namaste' massage has been introduced. This has proved effective in deescalating agitated patients with a resulting reduction in the use of PRN (as necessary) medication on the female ward. A length of stay improvement project has been initiated focusing on the functional and organic older adult psychiatric inpatient wards. The mean bed occupancy in the months before the project started showed the highest ranging from 155 days. The team used the flow and capacity principles to develop a daily bed state dashboard detailing patient status from admission to expected discharge date. The project's aim is to promote quality of care by reducing patient length of stay to less than 76 days. Discharge coordinators were employed on each ward to care plan each patient from admission to discharge ensuring no bottlenecks and removing any obstacle that may present itself whilst patients are receiving treatment such as social and housing issues.
Wards for People with a Learning Disability or Autism (Byron Court)	We are now recruiting joint posts with Byron Court to continue in the development of closer working relationships between inpatient and community. Our first staff member commenced in November 2017 and our second is due to commence in July 2018. A duty system has been introduced to manage crisis calls and new referrals to improve response time. This system also arranges initial assessments and the Risk of Admission Register and also includes a recent introduction of team initial assessments in complex cases.

Child and Adolescent Mental Health Wards	The trauma pathway in relation to Child and Adolescent Mental Health Service (CAMHS) has been developed in response to changing patient profiles and needs. This comprehensive pathway brings expertise from the entire multi-disciplinary team to focus on patient care. Further pathway developments include psychiatric intensive care and generic ward treatment of neurodevelopmental, psychosis, internalisation and externalisation disorders. This has been devised by the service based on best practice and empirical evidence. These pathways are in place and working effectively. The team at the St Aubyn Centre worked with the British Institute of Human Rights regarding the establishment of a least restrictive environment and in relation to nasal gastric feeding policy and practice they linked with Great Ormond Street Hospital.

External and Internal Consultation on Trust Strategic Plan

In preparation for the merger of NEP and SEPT, both Trusts placed importance on investing time and energy in undertaking extensive engagement with stakeholders in planning for the future. The plans for 2017/18 for the merged Trust were developed as a result of listening to the views of service users, members of staff and key stakeholders such as governors, members and partner organisations (including clinical commissioning groups, voluntary sector, local authority and other public sector bodies). Two joint consultation events were held in January 2017 where the drivers affecting EPUT in the coming year were considered and quality priorities identified.

A requirement of the merger was that a full business case was submitted to NHS Improvement for approval. This document is the Trust's Five Year Strategic Plan. The Trust's Operational Plan for 2018/19 has been produced with input from the Board, the Trust's Leadership Team, health economy partners and the Council of Governors (CoG). In addition, a number of economy wide discussions have been held with partners at Board and Executive level on the delivery of the Five Year Forward View and system wide Sustainability and Transformational Partnerships (STPs).

A Stakeholder Planning Day took place on 8 February 2018 to support the shaping of the plan for 2018/19. Those in attendance included commissioners, representatives from statutory and voluntary partners, staff, governors and service users and carers. In addition to the Planning Day, staff have been asked for their views on the Trust's priorities for 2018/19 via a survey.

Stakeholder Planning Day 2018

Dear mental health team at Thorpe Ward, Basildon. I do not have much words to express my gratitude to you all for all you did to put my life back in order again. This is just a token of my expression of gratitude to you all. With utmost regards.

Essex Mental Health Inpatient Services

Thorpe Ward

Principle Risks and Uncertainties

We define risk as uncertain future events that could influence the achievement of the Trust's aims and objectives. The Trust has a comprehensive Risk Management and Assurance Framework in place which enables informed management decisions in the identification, assessment, treatment and monitoring of risk. The Risk Management and Assurance Framework was subject to full review in April 2017 and was revised in August 2017 to reflect changes to the Trust's risk appetite statement.

At the start of the year the organisation identified 18 corporate objectives for 2017/18 and assessed the potential risks that may have prevented their achievement. The Trust's directors considered each risk in terms of its potential impact taking into account; financial, safety, and reputational risk and the likelihood of occurrence during the financial year.

The high and extreme potential risks to achieving the corporate objectives if they were not achieved provided the basis for the Board Assurance Framework. Significant potential risks were monitored monthly by the Board of Directors in line with the Trust's approved Risk Management and Assurance Framework and governance systems. 29 potential significant risks were escalated to the Board Assurance Framework during the period 2017/18. These risks included:

- compliance with CQC standards;
- fit for purpose estate;
- managing ligature risk;
- implementing good governance systems;
- achieving NHS Improvement Single Oversight Framework targets;
- escalation of deteriorating patients;
- medication omissions;
- adequate preparation for a cyber attack;
- fire safety systems;
- learning from incidents;
- safe disaggregation of the contract for community health services in Bedfordshire;
- compliance with the Trust's seclusion policy;
- reducing restraints;
- in patient capacity;
- vacancies;
- preparation for introducing a new clinical mental health service model;
- breach of the NHS Improvement agency staff cap;
- achievement of agreed cost improvement programmes;
- sustainability of the Trust.

The Board of Directors reviewed the potential risks that remained open as at March 2018 and identified 17 for carry forward into 2018/19.

Going Concern Statement

The Directors have considered whether it is appropriate, taking into account best estimates of future activity and cash flow and the ongoing service provision by the Trust, for the accounts to be prepared on the basis of the Trust being a 'going concern'. The Trust's Directors have considered and declared:

'After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts'.

Performance Analysis

Strategic Priorities

We identified four strategic objectives that would drive our activities in 2017/18 and 2018/19 as part of our two year Operational Plan post-merger as part of our comprehensive planning process. The Board of Directors agreed following a review in 2017 that they remained pertinent to our plans for 2018/19 and these were confirmed in our Operational Plan agreed with our regulator in April 2018.

Three of our strategic objectives confirm our commitment to providing the best quality services; with the best possible leadership and workforce and sustaining EPUT and the health care delivery systems in which we operate. The fourth strategic objective confirms our commitment to work with system partners, commissioners and service users to co-produce and co-design service improvement plans. In 2017/18 each strategic objective was underpinned by corporate objectives to support achievement. The corporate objectives also included our quality priorities for 2017/18 which are highlighted in bold:

■ **Strategic Objective 1:** Continuously improve patient safety, experience and outcomes and reduce variations.

Corporate Objectives:

- Take action that contributes to ensuring all services meet CQC fundamental standards for quality and governance that will enable achievement of a 'Good' rating in the organisation's first inspection post-merger
- Develop and implement harmonised corporate infrastructure systems, services, policies and processes post-merger
- Take action to improve access to, and quality of, services in line with regulatory, contractual and best practice requirements
- Take action to ensure record keeping is to the highest standard and care planning is person centred which leads to the best possible care and outcome/s for patients
- To embed a robust mortality review process in line with the developments arising from the CQC national review and investigation of deaths of patients in order that systems identify learning and change in practice that leads to better care
- Continue to take action that reduces harm to patients.

■ **Strategic Objective 2:** Attract, develop, enable and retain high performing and diverse individuals and teams.

Corporate Objectives:

- To take action to embed an employee culture where the Trust's values and behaviours are demonstrated every day and talent is managed and embraced
- Take action to support staff at work to optimise, motivate and support employee wellbeing
- Take action to reduce the use of temporary staff
- To take action to ensure that all staff are able to contribute in the development of services and raise concerns.

■ **Strategic Objective 3:** Achieve top 25% performance for national operational, financial and productivity measures.

Corporate Objectives:

- To deliver the aims and aspirations of the four STPs, the Trust will take forward action/s to enhance services and save lives in line with current local and national priorities/ initiatives
- To successfully implement phase 1 of the new service transformation of mental health services
- To work with Trust partners to implement change and improvements to services to meet the needs of our service users
- Deliver clinical quality improvement and drive transformational change across systems where applicable as set out in the national CQUIN programmes relevant to the Trust.

■ **Strategic Objective 4:** Co-design and co-produce service improvement plans with system partners, including commissioners and service users.

Corporate Objectives:

- Take action to meet financial controls and optimise use of resources by improving leadership and governance of finances and use of resources
- Implementing and embracing new technology and electronic systems to deliver innovation, productivity, efficiency and quality
- Proactively address variation through standardisation across clinical and support services to achieve benchmark performance where comparative data is available
- Successful completion of our CIP and transformational programmes.

Human Resources colleagues support the Anti-Bullying messages

Our Performance

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

In this section we have provided a summary of 2017/18 performance against the key operational metrics, quality of care metrics and organisational health metrics that NHS Improvement set out in its Single Oversight Framework (SOF). This framework was updated in November 2017 and the table below reflects the amended suite of indicators. One indicator (Cardio-Metabolic Assessment) was not achieved.

In our Quality Account/Report for 2017/18 we have provided further details on our performance against a range of mandated and locally agreed quality related performance metrics. Full details of performance against all KPIs across the whole of Essex and Bedfordshire were presented to the Finance & Performance Committee each month during 2017/18 and any areas of significant under-achievement were advised to the Board of Directors as 'hotspots' each month.

Key Operational Metric	SOF Target	Year End Position
Patients with a First Episode of Psychosis (FEP) begin treatment with a NICE recommended package of care within two weeks of referral	50%	ACHIEVED 82%
Ensure that cardio metabolic assessment and treatment for people with psychosis is delivered routinely in a) inpatient areas b) Early Intervention of Psychosis (EIP) services c)community MHS (people on CPA)	a)90% b)90% c)65%	NOT ACHIEVED a) 99% EPUT North & 6% EPUT South b) 83% EPUT North & 63% EPUT South c) 75% EPUT North & 17% EPUT South
Data Quality Maturity Index (DQMI) MHSDS dataset score	95%	Q1: 90% Q2: 90% Q3 & Q4: Awaiting national publication
IAPT % moving to recovery	50%	ACHIEVED At Q3 (Q4 : Awaiting national publication)
IAPT waiting time to begin treatment within six weeks	75%	ACHIEVED 100%
IAPT waiting time to begin treatment within 18 weeks	95%	ACHIEVED 100%
Inappropriate Out Of Area Placement Days	<1105 Days (Q3 baseline)	ACHIEVED 637 Bed days

Quality of Care Metric	SOF Target	Year End Position
Written Complaints Rate	TBC	6.31 Complaints per 100 WTE staff
Staff FFT % recommend care	TBC	76%
Occurrence of Never Event	0	ACHIEVED 0 Never Events
Patient Safety Alert Outstanding	TBC	ACHIEVED 0 Outstanding Alerts
Patient FFT MH / CHS % positive	TBC	94% Patients recommending EPUT
CQC MH survey	TBC	2016/17 result 10/10 sections "About the same"
Admissions to adult facilities of patients under 16	0	ACHIEVED 0 Admissions
CPA % of discharges followed up in seven days	95%	ACHIEVED 97.1%
% clients in settled accommodation	TBC	74.3%
% clients in employment	TBC	35.4%
Potential under reporting of patient safety incidents	>=44.33 per 1000 bed days	ACHIEVED 45.1

Organisational Health Metric	SOF Target	Year End Position
Staff sickness	≤4.5%	ACHIEVED 4.0%
Staff turnover	TBC	16.1%
Executive Team Turnover	TBC	0.0%
NHS Staff Survey Annual	TBC	7 Key Findings – Worse than Average 23 Key Findings – Average 2 Key Findings – Better than Average
Proportion of temporary staff	TBC	6.9%

Important Events Since Year End Affecting the Foundation Trust

CQC Inspection

The CQC carried out a comprehensive inspection of the Trust between 30 April and 16 May 2018.

The CQC visited many of our sites and services as part of their inspection. The site visits were a key part of the inspection process as it gives the CQC an opportunity to talk to people using the services, staff and other professionals to find out their experiences. The CQC also observed care being provided and reviewed patient records to see how their needs are managed both within and between services.

Overseas Operations

The Trust did not undertake any overseas operations during the year 2017/18.

Modern Day Slavery

The Trust is committed to ensuring there is no modern slavery or human trafficking in any part of our business and in so far as possible to requiring our suppliers to hold similar ethos. We adhere to the NHS Employment Checks standards which includes the right to work and suitable references. Human trafficking and modern slavery guidance is embedded into Trust safeguarding policies.

Sustainability and Environmental Stewardship

Leadership and Engagement

EPUT has a Board approved Sustainable Development Management Plan (SDMP) that includes the good corporate citizenship (GCC) model. The GCC was superseded by the Sustainable Development Assessment Tool (SDAT) in January 2017 and it is intended that this is now used to monitor progress going forward. A revised SDMP has been drafted for 2018/19, and is updated to cover the establishment of EPUT following the merger of NEP and SEPT. It considers and incorporates recent guidance issued by the Sustainable Development Unit, which sets out the Trust's plan of action for Sustainable Development and implementation timetables up to 2020.

The main priorities of the plan are to:

- reduce our carbon footprint by a minimum of 2% year on year, through technical measures and staff behaviour change;
- embed sustainability into our core business strategy;
- work with our key contractors and stakeholders to deliver a shared vision of sustainability;
- comply with all statutory sustainability requirements and implement national strategy.

Progress against key performance indicators will continue to be monitored and updated on the Trust's website. Board level leadership is provided by the Trust's Executive Chief Finance Officer, Mark Madden, who sponsors the Sustainable Development Steering Group. The group meets quarterly and has updated terms of reference to identify and recommend action to the Board on any future risks or opportunities.

The NHS Carbon Reduction Strategy expects the boards of all NHS organisations to approve such a plan (SDMP) in recognition that a sustainable NHS can only be delivered through the efforts of all staff. To that end, responsibility for sustainability issues such as carbon reduction and sustainable practices continue to be included in all job descriptions.

Staff awareness campaigns have already been shown to deliver cost savings and associated reductions in carbon emissions and our staff energy awareness campaign is ongoing. An environmental awareness training module and test is available in our online training site, and environmental awareness and sustainability training sections have been included in new staff inductions.

We constantly seek ways to engage the community and to encourage sustainable behaviour. We have installed solar heating on two large sites with CO2 and financial savings displayed on dashboard screens in reception for the patients and visitors to view.

We work with our supply chain to reduce their impact on the environment and ask for proof of sustainability credentials and good practice when we request expressions of interest and tenders for capital projects.

This year we were awarded a certificate recognising 'Excellence in Sustainability Reporting' by the Sustainable Development Unit (SDU) for the period 2016/17. We aspire to repeat this for the current year once the Estates Return and Information Collection (ERIC) is completed and finalised in early July 2018.

We will employ SDAT to indicate where we need to concentrate our efforts to improve our sustainability credentials. The trend currently remains static but it is envisaged that the recent merger and subsequent increase in the size of the estate will reposition the scores. This year the report was updated and amended making comparison more difficult but bringing it more in line with SDU reporting. It is expected, however, that using this year's results will enable a more meaningful comparison for the coming year.

Resources

Energy

Collection	2016/2017	2016/2017	2017/18
	NEP	SEPT	Forecast EPUT Totals
Occupied floor area (m^2)	49,052	102,179	140,485
Electricity consumed (kWh)	3,438,562	10,056,068	8,946,787
Gas consumed (kWh)	7,852,804	18,575,750	20,865,165
Oil consumed (kWh)	0	53,930	53,930
Coal consumed (kWh)	0	0	0
Electricity consumed - local (kWh)	0	0	0
Steam consumed (kWh)	0	2,145,829	2,145,829
Hot water consumed (kWh)	14,040	26,000	40,040
Electricity consumed - third party owned renewable (kWh)	4,314,676	7,990,142	12,304,818
Site energy consumed per occupied floor area (kWh/m^2)	230.19	313.74	268.44

The data for 2017/18 are estimated and may be subject to change once the final billing for quarter 4 of 2017/8 has been received and verified. Final figures will input to ERIC data once complete in July 2018. Average heating degree days have fallen slightly in 2017/18, evidenced by a small reduction in estimated gas consumption for last year.

During the course of 2017/18 the Trust has purchased electricity which is 100% renewable via the Crown Commercial Service which will be applied retrospectively, and it is expected that an adjustment will be seen in the figures to reflect this.

Water

Water consumption per occupied square metre has been kept stable over recent years supported by an increased vigilance in discovering and repairing water leaks.

Consumption trends per m2 are at approximately 1 m3/m2 occupancy and have remained constant or on a slightly downwards trajectory since 2012.

Waste

Efforts to reduce waste and increase recycling are ongoing, and measures are in place to reduce further by the introduction of identified waste bins to encourage staff to separate waste. The establishment of the organisation and planned deregulation of the industry, will give an opportunity to review the process again in the coming year.

Total Waste Management solutions have been tendered and are being assessed for a mid-year start. This will make waste management more efficient and reduce our carbon emissions.

Travel

Our Staff Travel Plan has been reviewed following the recent merger and establishment of EPUT and will be reviewed and expanded on an on-going basis.

Reductions from service delivery are through encouraging agile working where appropriate, with the issue of intranet enabled laptops, mobile phones, teleconferencing and 'Touchdown' hot desk offices in each facility.

Procurement

For each new request to tender, we include weighted questions on the tenderer's sustainable behaviour, working practices and aspirations.

The procurement team continues to seek ways to reduce the impact of emissions from the supply chain.

Adaptation

Adaptation to climate change poses a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that we consider it when planning how we will best serve patients. We continue to consider both the potential need to adapt the organisation's activities and buildings as a result of the potential risks posed by climate change.

Adaptation is a standing agenda item of the Sustainable Development Steering Group, which meets quarterly.

Models of Care

The Trust will seek to develop ways to ensure that sustainability and the achievement of sustainable models of care become incorporated into the reduction of carbon emissions from service delivery.

General

With the recent merger, the size of the estate and therefore the carbon footprint has increased and it has therefore been challenging to demonstrate improvement during that time. This will become clearer when we have a further years data. However, the new expanded estate presents a number of opportunities for improvements and reductions in our sustainability plan and energy reductions, respectively.

Capital investment has slowed due to financial constraints, but the recent £100k investment during 2017/18 for more efficient replacement boilers at Thurrock Hospital has been made and will reduce the consumption of gas and hence carbon emissions by an estimated 10% for the Thurrock site.

The Trust has continued to invest in new plant, equipment and technology to improve efficiency and general performance of the estate.

Financial Review

Overview

This part of the Performance Report provides a commentary on the financial position of the Trust.

The Trust's annual report and accounts cover the period of 1 April 2017 to 31 March 2018, and have been prepared in accordance with directions issued by NHS Improvement under the National Health Service Act 2006. They are also prepared to comply with International Financial Reporting Standards (IFRS) and are designed to give a true and fair view of the Trust's financial activities.

Financial Performance

The Trust submitted an operational plan for the 2017/18 financial year which included a planned deficit of £6.6 million and a recurrent efficiency requirement of £12 million.

As part of the planning process for the year, the Board was required to confirm their agreement to the delivery of a control total for the year, with NHS Improvement had set at a deficit of £7.3 million. The Board acknowledged that its own internal plan set the Trust a more challenging target of a £6.6 million deficit and noted the receipt of non-recurrent Sustainability and Transformation Funding (STF) from the Department of Health of £2.3 million in order to help deliver this performance. The Trust had the opportunity to receive additional STF incentive funding, for any in-year improvements in the Trust's performance against its control total.

As at the end of the financial year, the Trust reported an overall surplus of £199.8 million. However, this includes four accounting adjustments relating to the impairment of land and buildings, the accounting treatment for the merger of the two legacy Trusts, receipt of non-recurrent STF incentive funding and the non-cash element of the Local Government Pension Scheme, which when excluded, reduce the Trust's position to a deficit of £4.8 million.

The tables below provide a summary of the Trust's performance on its Statement of Comprehensive Income and the Statement of Financial Position.

Table 1: Summary of Statement of Comprehensive Income

Summary of Statement of Comprehensive Income	2017/18 (£ms)
Total Income	352.3
Operating Expenses	**(348.4)**
Finance Costs / Other Gains and Losses	**(7.3)**
Gain on Transfer by Absorption	**203.2**
Reported Surplus / (Deficit) for the year	**199.9**
Exclude: STF Incentive Funding	**(5.5)**
Exclude: Impairment of Land and Buildings	**3.9**
Exclude: Transfer by Absorption	**(203.2)**
Exclude: Local Government Pension Scheme (non cash element)	**0.2**
Underlying Surplus / (Deficit) excluding STF Incentive Funding	**(4.8)**

Table 2: Summary of Statement of Financial Position

Summary of Statement of Financial Position	2017/18 (£ms)
Non-Current Assets	**219.6**
Current Assets (excluding cash)	**28.7**
Cash and Cash Equivalents	**60.0**
Current Liabilities	**(49.1)**
Non-Current Liabilities	**(59.2)**
Total Assets Employed	200.0
Total Taxpayers Equity	200.0

Income from Health Care Activities

The Trust's income received for the purposes of the health service in England totalled £324.1 million in 2017/18, which is greater than the income received from the provision of goods and services for any other purposes of £28.1 million. This is in line with the requirement of section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

Income from Non Health Care Activities

The Trust provided an Information, Computing and Technology (ICT) service to other NHS organisations during the 2017/18 financial year, as well a car leasing service to a number of local NHS organisations and housing associations.

Operating Expenditure

The total operating expenditure of the Trust for 2017/18 was £348.4 million. The largest area of spend relates to employee expenses of £249.2 million.

Efficiency and Income Generation Initiatives

The Trust's planning process for 2017/18 identified a total efficiency requirement of £12 million. This was based on planning guidance issued by NHS Improvement, as well as a number of other local and national pressures which had been identified.

Wherever possible, the Trust aims to minimise the impact of generating savings on front line services and maximise savings from corporate and back office functions. As a result of the merger of the two legacy Trusts, delivered savings in this area of £4.8 million in 2017/18.

Against the total efficiency requirement for the year of £12 million, the Trust successfully delivered savings totalling £12.2 million via a mix of both recurrent and non-recurrent measures. On a recurrent basis, the Trust has identified recurrent savings of £10.6 million, with the residual £1.4 million shortfall being factored into the 2018/19 financial planning process.

Finance Costs

The Trust is required to pay the Treasury dividends in respect of the Public Dividend Capital held by the Trust and which was historically given by Treasury for capital financing. Dividends are paid to Treasury twice a year during September and March, and are payable at a rate determined by Treasury (currently 3.5%) on the average relevant net assets of the Trust. Average relevant net assets are based on the opening and closing balances of the Statement of Financial Position, and therefore a debtor or creditor arrangement may exist at year end between the Treasury and the Trust.

In addition, the Trust is required to pay finance costs in respect of PFI obligations for the Trust's three PFI-funded locations at Rawreth Court in Rawreth, Clifton Lodge at Westcliff and Brockfield House in Wickford. The Trust also holds loans with the Department of Health which incurred interest costs of £0.3 million.

Local Government Pension Scheme (LGPS)

The Trust is required to obtain an actuarial valuation on the Local Government Pension Scheme (LGPS) on an annual basis, which relates to social workers employed by the Trust under Section 75 agreements. This is based on figures provided by the actuary at Essex Pension Fund, with the figures subsequently verified by the Trust's External Auditors.

The operational cost, finance income and finance costs of the scheme for 2017/18 have been reflected in the Trust's Statement of Comprehensive Income and reduced the Trust's surplus by £0.2 million. In addition, the Trust is required to account for an actuarial gain of £1.5 million resulting from a reduction in the value of scheme assets has been reflected as a reduction in reserves within the Statement of Comprehensive Income.

Revaluation of Investment Property

In accordance with accounting guidelines, the Trust has opted to undertake an annual revaluation of its investment properties. The report received from the District Valuer showing an increase in the fair value of these properties of £0.5 million since the previous financial year. This increase is reported on the face of the Statement of Comprehensive Income, and increases the Trust's reported surplus.

Impaired Value of Land and Property

The Trust has undertaken a full revaluation of its land and building assets as at the end of 2017/18. In addition, in order to align the valuation treatment for relevant land and buildings, the Trust has reviewed the valuation basis and changed this from depreciated replacement cost to alternative site where applicable. This is in line with Department of Health guidance and accounting standards. During the year the Trust also undertook a review of its PFI assets, and changed the valuation basis for these to exclude the impact of Value Added Tax.

These valuations were undertaken by the District Valuer, and have been verified by the Trust's External Auditors.

As a result of these changes, the Trust has incurred an impairment loss of £5.3 million. Of this total loss, £3.9 million was charged as operating expenses, with the remainder being charged to the revaluation reserve.

Transfers by Absorption

The Trust was formed on 1 April 2017 following the merger of the former SEPT and NEP. In line with NHS guidance, the Trust is required to account for this as a 'transfer by absorption' resulting in a technical gain being made to the Trust's Statement of Comprehensive Income in the year of £203.2 million. The legacy Trusts show a corresponding technical loss, resulting in a nil overall impact to the NHS.

Capital Expenditure

Within non-current assets on the face of the Statement of Financial Position, the Trust held intangible assets, plus property, plant and equipment totaling £201.5 million as at the end of March 2018.

During the year, the Trust invested £6.2 million of internally generated funds on items of capital expenditure. This included £3.2 million on the Derwent Centre, £1.1 million on IT related projects, £0.5 million on backlog maintenance of Trust properties, £0.2 million on medical equipment, £0.2 million on carbon reduction project and £1 million on improvements to Trust facilities (including CQC related improvements).

Investment Property

The Trust holds a number of investment properties within the classification of non-current assets totaling £18.1 million. These properties are leased out to various organisations, including other NHS organisations, housing associations and private individuals.

Assets Held for Sale

As at the end of the 2017/18 financial year, the Trust held two assets in preparation for disposal. These relate to 4, The Glades based in Bedfordshire and 32 Thoroughgood Road, Essex. The Trust did not dispose of any assets during the year.

Working Capital and Liquidity

The Trust has robust cash management and forecasting arrangements in place, which are further supported by an Investment and Planning Committee. This Committee is chaired by a Non-Executive Director, and includes a further three Non-Executive Directors, the Chief Executive, the Executive Chief Finance Officer and the Executive Director Corporate Governance & Strategy.

The Trust invests surplus cash on a day to day basis in line with the Operating Cash Management Procedure, and generated interest from cash management activities of £136k in 2017/18. The interest earned is used to offset the associated costs of banking and cash transit services. The Trust ended the financial year with a strong working capital position of positive £39.6 million.

Policy and Payment of Creditors

The Non NHS Trade Creditor Payment Policy of the NHS is to comply with both the CBI Prompt Payment Code and government accounting rules. The government accounting rules state: "The timing of payment should normally be stated in the contract. Where there is no contractual provision, departments should pay within 30 days of receipt of goods and services or on the presentation of a valid invoice, whichever is the later". As a result of this policy, the Trust ensures that:

- a clear consistent policy of paying bills in accordance with contracts exists and that finance and purchasing divisions are aware of this policy;
- payment terms are agreed at the outset of a contract and are adhered to;
- payment terms are not altered without prior agreement of the supplier;
- suppliers are given clear guidance on payment terms;
- a system exists for dealing quickly with disputes and complaints;
- bills are paid within 30 days unless covered by other agreed payment terms.

The Trust's performance on its creditor payments for the 2017/18 financial year is detailed below:

	NHS		Non-NHS	
	Number of Invoices	Value £ks	Number of Invoices	Value £ks
Invoices paid within 30 days	1,309	22,180	57,240	122,785
Invoices paid in excess of 30 days	357	4,797	17,985	22,184
Total invoices that were or should have been paid in 30 days	1,666 79%	26,977 82%	75,225 76%	144,969 85%

During the year, the Trust incurred actual interest charges on the late payment of invoices of £474. This compares to a potential interest charge on those invoices not paid within the 30 day period of £206k, using an interest rate of 8.25% in accordance with the Late Payment of Commercial Debts (Interest) Act 1998.

Taxpayers Equity

As at the end of 2017/18, the Trust holds Public Dividend Capital of £127.2 million, plus reserves relating to income and expenditure surpluses generated over the year, and from asset revaluations arising from the impact of the valuations of the Trust's estate. The total of these represents the level of taxpayer's equity in the Trust.

Accounting Policies

The Trust has detailed accounting policies which comply with the NHS Foundation Trust Annual Reporting Manual. These have been thoroughly reviewed by the Trust and agreed with External Auditors. Details of the policies are shown on **pages 6 – 23** of the 2017/18 annual accounts.

Cost Allocation and Charging Requirements

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury.

NHS Pensions and Directors Remuneration

The accounting policy in relation to employee pension and retirement benefits, and the remuneration report is set out on **pages 44 – 65**.

Charitable Funds

During the year, the Trust continued to operate with the two registered charities of its predecessor organisations. These were in the name of South Essex Partnership NHS Foundation Trust General Charitable Fund (number 1053793) and the North Essex Partnership NHS Foundation Trust General Charitable Fund (1053509). Both of these funds have resulted from fund raising activities, donations and legacies received over many years.

The Charities consist of a number of restricted funds which are used to purchase equipment and other services in accordance with the purpose for which the funds were raised or donated, and as well as unrestricted (general purpose) funds which are more widely available for the benefit of patients and staff.

The Board of Directors act as corporate trustee for both charities and are further supported by the Charitable Funds Committee. The Committee is chaired by a Non-Executive Director and includes two further Non-Executive Directors, the Executive Chief Finance Officer and the Executive Director Corporate Governance & Strategy. The Audit Committee considered and approved the non-consolidation of the charity accounts into the Trust's main accounts on the grounds of materiality, at their meeting in March 2018.

In addition, at the Board of Directors meeting in February 2018, the Board approved the granting of the residual funds from the North Essex charity to the South Essex charity, whilst still ensuring that any restrictions placed on the funds remain in place. For the new financial year, this will allow the Trust to operate with one charity in the name of Essex Partnership University NHS Foundation Trust General Charitable Fund.

A copy of the charities annual report and accounts for 2017/18 will be available from January 2019 upon request to the Executive Chief Finance Officer.

Political and Charitable Donations

The Trust did not make any political or charitable donations from its exchequer or charitable funds during 2017/18.

Financial Risk Management

The Trust's financial performance is assessed by NHS Improvement, based on the Single Oversight Framework. This measure includes five themes, of which one is the Trust's performance on finance and use of resources rating.

The Trust has a robust risk management process into which any identified financial risks are included and monitored on a regular basis.

Sally Morris
Chief Executive
Essex Partnership University NHS FT
24 May 2018

Chief Executive, Sally Morris, welcomes Will Quince MP to The Lakes

ACCOUNTABILITY REPORT

Directors' Report

Introduction

Our Board of Directors provides overall leadership and vision to the Trust. It is ultimately and collectively responsible for the Trust's strategic direction, its day to day operations and all aspects of performance, including clinical and service quality, financial and governance. The powers, duties, roles and responsibilities of the Board are set out in the Board's Standing Orders and Scheme of Reservation & Delegation.

The main role of the Board is to:

- provide active leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed;
- set the Trust's strategic objectives taking into consideration the views of the Council of Governors, ensuring that financial resources and staff are in place for the Trust to meet its objectives and review management performance;
- ensure the quality and safety of healthcare services, education and training delivered by the Trust and to apply the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission, and other relevant NHS bodies;
- ensure compliance by the Trust with its provider licence, its constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations;
- regularly review the performance of the Trust in these areas against regulatory requirements and approved plans and objectives.

The Board believes that its membership is balanced, complete and appropriate and that no individual group or individuals dominate the Board meetings. The Board has also agreed a clear division of responsibilities between the Chair and Chief Executive which ensures a balance of power and authority.

The Board has a wide range of skills and the majority of members have a medical, nursing or other health professional background. Non-Executive Directors have wide-ranging expertise and experience with backgrounds in finance, audit, business and organisational development, primary care, commercial and marketing. The Board has demonstrated a clear balance in its membership through extensive debate and development.

Our Board of Directors

The descriptions below of each Director's expertise and experience demonstrates the balance and relevance of the skills, knowledge and expertise that each of the Directors bring to the Trust.

Executive Directors

Sally Morris, Chief Executive

As Chief Executive of SEPT Sally saw through the successful merger between SEPT and NEP – the first FT to FT merger – and was appointed as the Chief Executive of the EPUT Board of Directors in August 2017 having previously been appointed as the Chief Executive of the Interim Board.

Sally first joined SEPT in 2005 as the Executive Director with operational leadership responsibility for all mental health and learning disability services across South Essex and subsequently Bedfordshire and Luton. During this time, Sally was pivotal in establishing a dedicated contracting function and led subsequent contract acquisitions. She was appointed Chief Executive of SEPT in September 2013, having previously been Deputy Chief Executive with the portfolio for Specialist Services and Contracts; a role which was operationally accountable for forensic, child and adolescent mental health services (CAMHS) and psychological and therapy services across Bedfordshire, Luton and Essex.

Previous roles included being the Director of Finance and Specialist Commissioning for Southend Primary Care Trust, as well as being involved with mental health and learning disability services for a number of years, ranging from consultancy work when in the private sector to director of mental health commissioning at South Essex Health Authority and lead for mental health at the Essex Strategic Health Authority. With a history of successful partnership working with local authorities, the voluntary sector and other NHS Trusts, Sally has a proven track record of managing major change in complex environments and where key stakeholders have polarised views.

A chartered accountant by profession and a keen sailor in her leisure time, Sally also used to represent Wales in lacrosse.

Andy Brogan, Executive Director Mental Health & Deputy Chief Executive

Andy has a wealth of experience within the NHS initially in direct care. Over the past 20 years he has held a variety of Nursing Director and Governance posts as well as spending time at Care Services Improvement Partnership (CSIP) and the Department of Health. His Executive Director experience has been a mixture of clinical leadership, operational and strategic management and policy development.

Andy first joined SEPT in September 2009 as the Interim Executive Nurse and then to the substantive post of Executive Director Clinical Governance & Executive Nurse in February 2014; and later included the role of Deputy Chief Executive to his responsibilities. He was a key member of the Project Board that managed the successful merger between SEPT and NEP and he provided support to NEP in the role of Director of Operations from January 2017. Andy was appointed as the Executive Director Mental Health & Deputy Chief Executive on the EPUT Board of Directors in August 2017 having previously been appointed to the same role on the Interim Board.

In previous posts Andy led the clinical workstream in the merger of two mental health trusts in Cheshire and Wirral, and supported the transfer of a mental health directorate from an acute trust to a mental health trust. At SEPT he supported the Trust in the acquisition of the Bedfordshire and Luton Trust, the transition of Transforming Community Services and the disaggregation of services in Bedfordshire and Luton.

Andy has been heavily involved in national leadership work being a founding member of the Mental Health Nurse Directors Group and participated in national working groups including NICE Expert Reference, as a member of the National Intensive Care Group, and he is currently one of the Nurse Directors on the Clinical Advisory Forum established by NHSI. His experience at national level has enabled him to gain valuable insights into development of national policy and how this is translated into operational practice.

Andy's portfolio includes:

- Carers
- Learning Disabilities
- Locality Clinical Administration
- Mental Health Services
- Social Work
- Psychology and Therapy Services
- Specialist Operational Services
- Training and Development
- Workforce Planning

Natalie Hammond, Executive Nurse

Natalie was appointed as Executive Nurse on EPUT's Board of Directors in August 2017 having previously been appointed to the same role on the Interim Board. She has responsibility for the professional leadership of the nursing, allied health professionals and psychology workforce ensuring care is delivered with compassion and safely meeting the high quality standards provided to our patients and service users. Natalie has specific responsibility for safety, service user experience and outcomes, and executive responsibility for safeguarding and infection control.

Natalie has a wealth of experience and has been involved with research in mortality, addictions, service design, reducing restrictive practice and police liaison. She was involved in the development of National Guidance for Reducing Restrictive Practice at the Department of Health; and Independent Police Commission Mental Health Deaths in Custody.

Natalie was previously a Consultant Nurse for the Promotion of Safe & Therapeutic services specifically at reducing harm to patients in South London & Maudsley Trust, Deputy Director of Nursing & Quality in North London and the Executive Nurse at NEP.

Natalie's portfolio includes:

- Clinical Audit
- Clinical Governance
- Clinical Risk
- Infection Control
- MHA Office
- Nurse Leadership
- Quality including the Quality Academy
- Safeguarding

Dr Milind Karale, Executive Medical Director MRCPsych, MSc (Forensic Psychiatry), DNB, DPM, MBBS

Milind is a Consultant Psychiatrist at our Mental Health Assessment Unit, Caldicott Guardian and Executive Medical Director for the Trust. Milind was appointed as the Executive Medical Director for the EPUT Board of Directors in August 2017 having previously been appointed to the same role on the Interim Board.

Milind trained in Cambridge and Eastern Deanery to attain membership of the Royal College of Psychiatrists and later completed Masters in Forensic Psychiatry (merit) at Institute of Psychiatry, Maudsley. His areas of interest include patient safety, clinical governance, liaison psychiatry and mood disorders. He chairs the Trust's Physical Health and Learning Oversight Sub-Committees.

He has been involved in medical management for last nine years, working as Clinical Director, CD for Clinical Governance, Deputy Medical Director and more recently Medical Director from 2012. He has keen interest in teaching and has written several chapters in books for MRCPsych examination. He is on the Board of Examiners for The Royal College of Psychiatrists and was previously the Chair of the Anglia Ruskin University Health and Wellbeing Academy. Milind was awarded a fellowship by The Royal College of Psychiatrists in 2017 in acknowledgement of his dedication and commitment to improving the lives of patients.

Milind's portfolio includes:

- Caldicott Guardian
- Medical Staff
- Pharmacy
- Research

Nigel Leonard, Executive Director Corporate Governance & Strategy

Nigel is the Executive Director Corporate Governance & Strategy at EPUT and the Trust's LSMS (Local Security Management) lead.

Nigel joined SEPT as the Executive Director Corporate Governance in February 2014. He was the Merger Project Director for the first successful merger of two FTs – SEPT and NEP – in April 2017. He was appointed as the Executive Director Corporate Governance & Strategy on EPUT's Board of Directors in August 2017 having previously been appointed to the same role on the Interim Board.

Nigel has worked in the NHS for over 20 years in a variety of planning, governance and project management roles in acute, community and mental health organisations. He has worked as a Programme Director delivering changes in mental health services in Essex and Berkshire and West London.

Nigel is a qualified Company Secretary and has an MSc in Project Management. He is also a member of the Association for Project Management.

Nigel's portfolio includes:

- Business Development
- Complaints
- Compliance
- Communications
- Contracting
- Corporate Governance
- Emergency Planning
- Legal
- Human Resources
- Non-Clinical Risk Management
- Organisational Development
- Patient Engagement
- Payroll/Medical Staffing
- Planning
- Programme Management Office
- Public Health
- Security Management (LSMS)
- Trust Secretary.

Mark Madden, Executive Chief Finance & Resources Officer

A qualified accountant, Mark has worked in a variety of NHS and non NHS financial roles.

Mark was appointed as the Executive Chief Finance & Resources Officer for EPUT in September 2017. He first joined SEPT in April 2014 in the same role and was appointed as the Executive Chief Finance & Resources Officer for the Interim Board. He was a key member of the Project Board that managed the successful merger first FT to FT merger between SEPT and NEP. Mark is also the Trust's Senior Information Risk Owner (SIRO).

Mark is married and has two children and is a passionate sportsman. He formerly played rugby for Norwich and his hobbies include running, cycling and keeping up with his children.

Mark's portfolio includes:

- Estates & Facilities
- Finance
- IM&T
- Information
- Information Governance
- Purchasing
- SIRO

Malcolm McCann, Executive Director Community Services & Partnerships

Malcolm studied Nursing at the University of Manchester and has worked for more than 25 years in the NHS. During this time, he has gained a wealth of experience, at senior management level, managing a wide range of different services across various sectors including in-patient and community services for adults, older people and children and working at Board level since the late 90s.

As Chief Executive of Castle Point and Rochford Primary Care Trust (PCT) from 2001 to 2006, he led the organisation from its inception through its development into a highly successful PCT. He has since worked as the Chief Operating Officer in both South West and South East Essex, joining SEPT as Director of Acute and Community Services in June 2010. In this role and in partnership with director colleagues, Malcolm led the successful bid for the three community services that we acquired in August 2011 and was member of the bid team with SERCO who were identified (April 2012) as the preferred bidder in Suffolk.

Malcolm was appointed as the Executive Director Community & Partnerships on EPUT's Board of Directors in August 2017 having previously been appointed to the same role on the Interim Board. His partnership portfolio involves working collegiately with commissioning organisations, acute hospitals and local authorities, together with a range of third sector and other stakeholders, and particularly with the STPs.

Malcolm's portfolio includes:

- Children's Services
- Community Services
- Equality and Diversity
- Faith Communities
- Partnership Working
- Recovery College

Non-Executive Directors

Professor Sheila Salmon, Chair

Professor Sheila Salmon was appointed as the Chair of EPUT with effect from 1 November 2017. She previously chaired Mid Essex Hospitals NHS Trust from 2010-2017 and was also the Founding Chair of the Joint Working Board (2016-2017) forged through the collaboration of Mid Essex Hospitals with Basildon and Thurrock University Hospital FT and Southend University Hospital University FT within the Mid and South Essex Strategic Transformation Partnership (STP).

Sheila was previously Chair of the North East Essex Primary Care Trust from 2006 to 2010 and prior to that, chaired the Essex Ambulance Service, before being appointed to the Board of the East of England Ambulance Regional Service. Coming with a strong clinical background, she has built significant and diverse senior leadership experience in health and social care and in the University sector. She was the Executive Dean of Health at Anglia Ruskin University, where she led the establishment of a Regional Faculty of Health and Social Care, and has represented the Nursing and Midwifery Council on numerous quality and standards visits to British universities and their partner NHS Trusts.

Sheila has served as a quality partner with the Postgraduate Medical Education & Training Board (PMETB) and the General Medical Council (GMC). She holds a government appointment as an Equality & Diversity Ambassador, and has worked internationally as a developmental consultant and strategic advisor. She is an experienced executive coach and leadership mentor and actively supports the East of England Coaching Network operated through Health Education England.

Sheila is the Emeritus Professor of Health Services Development at Anglia Ruskin University, currently advising on the establishment of the new Medical School, and has considerable previous experience both as an appointed Foundation Trust Governor and as a Non-Executive Director.

Steve Cotter, Non-Executive Director (until 30 September 2017)

Steve has spent over 35 years in the retail and related sectors with a high level of expertise in operations, procurement and business reorganisation. He has served on the boards of both private and public companies as Chairman, CEO, Executive Director and Non-Executive Director. In addition to the UK Steve has extensive experience of working in the United States, Europe and Asia where he was the CEO of Laura Ashley companies in those territories.

Steve has worked with private equity houses on private to public flotation's and more recently in the start-up and turnaround sectors. In the recent past Steve was appointed executive chairman of a large retailer which required refinancing and restructuring.

Steve has served on the fund raising board of the RNLI and is currently Chairman of a housing complex. He has his own retail consultancy which offers services at senior management level to the retail sector.

Steve was appointed as a Non-Executive Director at SEPT and subsequently appointed to the Interim Board of Directors; during this time he was a member of the Finance & Performance, Investment & Planning and Nominations Committee.

Steve Currell, Non-Executive and Senior Independent Director (until 30 September 2017)

Steve served for 34 years in the police service in many roles both in uniform and CID. He retired from the police in 2007 having attained the rank of superintendent responsible for the operational policing for the Southend unitary authority and 450 staff police officers and police support staff. He is a director of an Essex based business consultancy company. He runs money management courses in HM Prison Chelmsford as a volunteer.

Steve was formerly a Non-Executive Director at SEPT and was the Senior Independent Director of the Trust. Steve was appointed as a Non-Executive Director on the Interim Board of Directors; during this time he retained the role as Senior Independent Director and was chair of the Mental Health & Safeguarding Committee, and a member of the Quality, Nominations and Remuneration Committees.

Whilst a member of the Interim Board Steve was appointed as the Trust's Freedom to Speak Up non-executive lead as well as the nominated Non-Executive Director with responsibility for security and risk management (LSMS) and children's champion.

Alison Davis, Non-Executive Director and Senior Independent Director

Alison started her career as a State Registered Nurse, working in both acute and community settings. She later qualified as a solicitor, focusing on family and mental health law. She has been a NHS Chair for 11 years across mental health, learning disability and community services, and a Non-Executive Director for 18 years. She has broad experience in governance, patient safety and quality, with a strong focus on service user, staff and stakeholder engagement.

Alison has a track record leading major organisational change having successfully taken Bedfordshire and Luton Partnership Trust (BLPT) through the first competitive tendering process in the NHS in 2009/2010. Following the acquisition of BLPT by SEPT she chaired Luton Community Services through their transfer out of NHS Luton in April 2011. Alison joined EPUT as a Non-Executive Director in January 2012.

Alison is a company director of Looking After Mum and Dad, a web-based community interest company, providing information, support and a forum for people caring for elderly relatives. She is also a Trustee of IMPACTmh, a mental health charity run by and for people who have experienced, or are experiencing mental ill health.

Alison was appointed as a Non-Executive Director on the Interim Board of Directors and subsequently as Non-Executive Director on the substantive Board of Directors. She was appointed as the Senior Independent Director in December 2017. Alison is currently the chair of the Finance & Performance Committee, and a member of the Investment & Planning, Mental Health & Safeguarding, Nominations and Remuneration Committees. She is currently the Board lead for energy and sustainability, procurement, and quality, and is the children's champion and baby friendly initiative guardian.

Jan Hutchinson DipSW, MA, MSc, Non-Executive Director (until 30 September 2017)

Jan Hutchinson was formerly a Non-Executive Director with NEP and was appointed as Non-Executive Director on the EPUT's Interim Board with effect from 1 April 2017.

Jan is currently the Director of Programmes and Performance at Centre for Mental Health (formerly the Sainsbury Centre), overseeing research work which focuses on Criminal Justice, Children and Young People, Recovery and Employment where her role includes:

- identifying gaps in mental health policy and service provision;
- creating research proposals to gather evidence of best practice;
- bidding to a range of funders, including grant-making trusts, government departments, CCGs and local authority commissioners;
- leading a team of research and implementation practitioners to build an evidence-base;
- presenting the results of the Centre's work at local and national level, lobbying for change and disseminating learning.

Jan qualified as a mental health social worker in 1994 and has managed NHS, independent sector and third sector mental health services. Jan holds Masters degrees in Applied Social Studies and Diversity Management and is an international expert in the approach to mental health supported employment known as Individual Placement and Support (IPS).

Whilst a Non-Executive of EPUT's Interim Board, Jan was the chair of the Charitable Funds Committee and a member of the Finance & Performance, Investment & Planning, Mental Health & Safeguarding and Nominations Committees. She was the Board lead for equality and diversity, and was the older people's/age equality champion.

Manny Lewis, Non-Executive Director

Manny began his career at the Inner London Education Authority, following completion of an LLB Honours degree at University College London. He then gained a Masters degree in Manpower Planning and shortly afterwards became a corporate member of the Institute of Personnel & Development (CIPD) specialising in Human Resources in the public sector.

In 1988 he became Head of Education Personnel at Waltham Forest followed by promotions to top jobs as Assistant Director for Education in Birmingham (1990), Head of Personnel and Democratic Services at Thurrock Council (1997) and Executive Director, Corporate Services at the Greater London Authority (2001) where he helped develop the structures and operations for the new London Government. He was then appointed as Chief Executive of the London Development Agency in 2004 where he successfully led the land assembly for the London Olympics.

In 2008 he was awarded an Honorary Doctorate of Business Administration for services to regeneration and development in London.

Manny became Managing Director of Watford Borough Council in 2009 which remains his current executive position. As a Non-Executive Director, he held the role of Deputy Chair of Mid-Essex Hospital Trust for two terms and chaired its Finance & Performance Committee. With a strong commitment towards disability rights, he is a trustee at Golden Lane Housing, a charity providing housing for people with a learning disability and also the Chair of Habinteg, a regulated housing association providing accessible homes for people with a physical disability.

Manny was appointed as a Non-Executive Director at EPUT in February 2018. He is a member of the Finance & Performance and Nominations Committees.

Mary-Ann Munford, Non-Executive Director

Mary-Ann brings wide experience from her varied, 40 year career in health services. Originally trained as a general nurse and mental health nurse she specialised in psychosocial and family centred nursing where she became interested in individual and organisational development. After studying for a degree in Psychology and Anthropology and encouraged by the Griffiths Report, she trained as a General Manager and held a variety of director roles in both the NHS and the independent sector.

After completing an MBA she took on the role of Primary Care Group (PCG) and PCT Chief Executive and led considerable change developing these new commissioning organisations in Essex. Since then she has been involved in setting up a social enterprise, promoting nutrition and mental health, marketing patient safety, quality and efficiency tools with the NHS Institute for Innovation and Improvement and working as a volunteer with older people.

Mary-Ann was appointed as a Non-Executive Director at SEPT in January 2015 and was appointed as a Non-Executive Director on the Interim Board of Directors, then subsequently to the EPUT substantive Board of Directors.

Mary-Ann is currently the chair of the Mental Health & Safeguarding and Remuneration Committees as well as being a member of the Audit, Charitable Funds, Investment & Planning, Nominations and Quality Committees. She is the Board champion/lead for safeguarding, training and development, and joint lead for organisational development.

Amanda Sherlock, Non-Executive Director

Amanda started her career as an Occupational Therapist before moving into a variety of NHS general management and director roles working across acute, mental health and community services. She spent time at the Department of Health leading the strategy and performance portfolio for Eastern Region and steering through the transition programme of PCG to PCT status.

Moving into care regulation to set up the first national regulator for care, Amanda spent several years in regulation culminating in holding the Director of Operations for the CQC. Now working for a large commercial organisation she is responsible for quality, risk and governance for health and social care services.

Amanda was formerly appointed as a Non-Executive Director at NEP and was appointed as a Non-Executive Director on the Interim Board of Directors, then subsequently to the EPUT substantive Board of Directors.

Amanda is currently the chair of the Quality Committee as well as being a member of the Audit, Charitable Funds, Nominations and Remuneration Committees. She is the Board champion/lead for patient safety, resuscitation, end of life care and dementia.

Nicci Statham, Non-Executive Director

Nicci brings a wide range of experience from private, non-profit and public sectors. She originally started out her career as an accountant working in finance for over 15 years. Following this she spent a number of years in programme management, working in both medium sized and corporate businesses.

Nicci started running her own business in 2004, firstly a small business consultancy and then a social enterprise delivering local corporate social responsibility projects. Nicci then simultaneously re-trained as an executive coach and leadership trainer – delivering training in equality & diversity, self-esteem, purpose/visioning, communication and many leadership topics. She now specialises in behaviour change predominantly in the accounting, legal and not for profit sectors.

Nicci is passionate about personal development, building powerful relationships and empowering others to transform their results through changing their attitude and behaviour.

Nicci joined the EPUT Board of Directors as a Non-Executive Director in October 2017 and is a member of the Charitable Funds, Finance & Performance, Mental Health & Safeguarding and Nominations Committees. She is the Board lead for equality and diversity, and joint lead for organisational development, and is the older people's and age equality champion.

Nigel Turner, Non-Executive Director

Nigel is a senior financial executive (to CFO/FD level) with over 30 years of general, financial, strategic and cross-national management experience in both the new economy and traditional business environments. He has practical hands-on experience of start-ups, business creation and development, and fund raising.

Since 2001, Nigel has been providing management consultancy support to the NHS, including four foundation trust applications. He has worked with the full spectrum of NHS organisations, including acute and mental health trusts, and clinical commissioning groups. Projects include, financial planning and modelling, financial turnaround, Sustainability & Transformation Plans, funding applications, IFRS implementation, cash flow forecasting, options appraisal, financial control and budgeting, plus advising NHS boards on strategy and business development.

Prior to working with the NHS, Nigel was CFO of e-exchange plc, a B2B platform for the computer industry, where he raised more than US$14 million in post-seed finance and a US$50 million private placement for a pre-NASDAQ IPO funding. He joined e exchange after spending five years with Sun Chemical Corporation, the world's largest supplier to the graphical arts industry, as a European financial controller. From 1991 to 1993 Nigel worked for the German chemical and consumer goods group, Henkel KGaA, as their UK financial controller, and prior to that he was a manager at Coopers & Lybrand (PwC).

Nigel is a fellow (FCA) of the Institute of Chartered Accountants in England & Wales and holds an Executive MBA from the London Business School and holds the Non-Executive Director Diploma.

Nigel was appointed as a Non-Executive Director of EPUT in October 2017. He is currently a member of the Audit, Finance & Performance, Investment & Planning and Nominations Committees and is the Board lead for security and risk management (LSMS) and counter fraud.

Janet Wood, Non-Executive Director and Vice-Chair

Janet has a degree in Business Studies and Accountancy from Edinburgh University and is a member of the Institute of Chartered Accountants of Scotland, having trained with Deloittes. She joined the NHS in 1992, working for Redbridge Healthcare and then South Essex Health Authority, initially as chief accountant. Janet took a career break in 1999 to spend time with her family. At this point she was Finance Manager at Southend and Billericay, Brentwood & Wickford Primary Care Groups (the forerunners to PCTs). During her career break she undertook consultancy work for HFMA (Healthcare Financial Managers Association) covering a wide area of NHS finance issues and in particular assurance and governance. She was appointed a NED for the Trust in November 2005.

Janet had a very successful career as an NHS accountant and, therefore, is fully conversant with all NHS finance issues. She was involved in getting the Essex PCTs up and running and putting in place finance and early governance structures. Through her work with HFMA she helped run successful training events and has contributed to several publications explaining NHS finance and governance issues.

Janet was the former Vice-Chair and Non-Executive Director of SEPT. When EPUT was established, Janet was appointed as Vice-Chair of the Interim Board and undertook the role of Acting Chair until 31 October 2018. She was appointed as the Vice-Chair of the substantive Board with effect from 1 October 2018.

Janet is the chair of the Audit and Investment & Planning Committees, and is also a member of the Finance & Performance, Nominations, Quality and Remuneration Committees. She is the Board champion/lead for emergency planning, learning disability, Freedom to Speak Up and whistleblowing, and is the guardian for safe working.

Board Directors Contact Details

Board Directors can be contacted by telephone via the Trust's main switchboard on:

0300 123 0808

or by email: **firstname.lastname@eput.nhs.uk** (use relevant first and last names).

Board Directors Register of Interests

All members of the Board of Directors have a responsibility to declare relevant interests as defined in the Trust's constitution. These declarations are made known to the Trust Secretary and entered into two registers which are available to the public.

Details can be requested from the Trust Secretary at:

The Lodge, Lodge Approach, Wickford SS11 7XX

or email: **epunft.membership@nhs.net**

Responsibilities of Directors for Preparing the Annual Accounts and Report

The Directors are required under the NHS Act 2006, and as directed by NHS Improvement, to prepare accounts for each financial year. NHS Improvement, with the approval of HM Treasury, directs that these accounts shall show, and give a true and fair view of the NHS FT's gains and losses, cash flow and financial state at the end of the financial year.

NHS Improvement further directs that the accounts shall meet the accounting requirements of the ***NHS Foundation Trust Annual Reporting Manual*** that is in force for the relevant financial year, which shall be agreed with HM Treasury. In preparing these accounts, the Directors are required to:

- apply on a consistent basis, for all items considered material in relation to the accounts, accounting policies contained in the ***NHS Foundation Trust Annual Reporting Manual*** issued by NHS Improvement;
- make judgements and estimates which are reasonable and prudent; and ensure the application of all relevant accounting standards, and adherence to UK generally accepted accounting practice for companies, to the extent that they are meaningful and appropriate to the NHS, subject to any material departures being disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose, with reasonable accuracy, at any time the financial position of the Trust. This is to ensure proper financial procedures are followed, and that accounting records are maintained in a form suited to the requirements of effective management, as well as in the form prescribed for published accounts.

The Directors are responsible for safeguarding all the assets of the Trust, including taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors are required to confirm that:

- as far as they are aware, there is no relevant information of which the Trust's auditor is unaware; and
- they have taken all steps they ought to have taken as a Director in order to make themselves aware of any such information and to establish that the auditor is aware of that information.

The Directors confirm to the best of their knowledge and belief, they have complied with the above requirement in preparing the accounts.

The Directors consider that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

NHS Improvement's Well Led Framework

Overview

NHS Improvement's Well Led Framework identifies the characteristics required of good provider organisations that ensure quality services are provided – these are:

- leadership capacity and capability;
- clear vision and credible strategy;
- culture of high quality care;
- clear responsibilities, roles and systems of accountability;
- clear and effective processes for managing risks;
- robust and appropriate information effectively processed and challenged;
- people using services, the public, staff and partners engaged and involved;
- robust systems and processes for learning, continuous improvement and innovation.

In our first year as a newly merged organisation we invested heavily in taking action to create the corporate and quality governance infrastructure required to consistently deliver high quality services. A self-assessment against the detailed criteria that supports the characteristics of a 'well led' organisation was carried out In Quarter 1 of 2017/18 and a wide range of actions were identified to meet the criteria that were set out in a Governance Development Plan for the Trust. Progress with the plan has been overseen by the Finance and Performance Committee; and as at the end of March 2018 the majority of agreed actions were reported as completed, and any that were not, did not have a material impact on the governance systems in place. Many of the actions taken appear throughout this annual report. The Annual Governance Statement (**pages iv – x** of the annual accounts) particularly provides details of the systems of internal control that have been established and the Quality Report identifies many examples of how these have created the infrastructure within which quality services are delivered.

There are no material inconsistencies between our Annual Governance Statement and this annual report.

Stakeholder Relations

As a partnership Trust we remain firmly committed to working with all of our partners (our staff, our service users and their carers, our governors, members, clinical commissioning groups, local authorities and the voluntary sector) to deliver services that our local communities need. We are also working with all of our partners to develop shared proposals to improve health and care designed around the needs of whole areas, not just individual organisations.

As part of the Five Year Forward View, every health and care system in England has been asked to create their own local place-based plan for the next five years. These are referred to as Sustainability and Transformation Plans or more commonly as STPs. EPUT is actively contributing to the STP for five local economies.

Celebrating World Mental Health Day

NHS Improvement's Single Oversight Framework

Overview

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes as below:

- quality of care;
- finance and use of resources;
- operational performance;
- strategic change;
- leadership and improvement capability (well led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving most support and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

EPUT has been placed in Segment 2. Regular performance review meetings have taken place in year between the Trust and NHS Improvement. NHS Improvement has not taken any enforcement action in respect of the Trust.

The segmentation information is the Trust's position as at Quarter 4. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score.

Area	Metric	Q1	Q2	Q3	Q4
Financial sustainability	Capital Service Capacity	3	4	4	3
	Liquidity	1	1	1	1
Financial efficiency	I & E margin	3	4	4	2
Financial controls	Distance from financial plan	1	2	1	1
	Agency spend	1	2	2	2
Overall scoring		2	3	3	2

Sally Morris
Chief Executive
Essex Partnership University NHS FT
24 May 2018

REMUNERATION REPORT

Introduction

This section covers the remuneration of the most senior managers of the Trust – those people who have the authority and responsibility for controlling the major activities of the Trust. In effect this means the Board of Directors, including both Executive Directors (including the Chief Executive) and Non-Executive Directors (including the Chair).

Information is also provided about the Remuneration Committees, the policy on remuneration and detailed information about the remuneration of the Executive and Non-Executive Directors of the Trust.

Annual Statement on Remuneration

Executive Directors (including the Chief Executive)

The Board of Directors Remuneration Committee has delegated responsibility to review and set the remuneration, allowances and other terms and conditions of the Executive Directors who are the Trust's most senior managers. The Trust's Executive Directors have the authority and responsibility for directing and controlling major activities of the Trust.

The Committee also recommends and monitors the level and structure of remuneration of other directors who are the Trust's senior managers but who are not Board members, operating within the locally determined pay scale.

The remuneration policy for the Trust's Executive Directors is to ensure remuneration is consistent with market rates for equivalent roles in FTs of comparable size and complexity. It also takes into account the performance of the Trust, comparability with employees holding national pay and conditions of employment, pay awards for senior roles elsewhere in the NHS and pay/price changes in the broader economy, any changes to individual roles and responsibilities, as well as overall affordability. Decisions regarding individual remuneration are made with due regard to the size and complexity of the senior managers' portfolios of responsibility. In setting the remuneration levels, the Committee balances the need to attract, retain and motivate directors of the quality required.

The Executive Director salary is a "spot" salary within an agreed remuneration framework. The current remuneration policy is not to award any performance related bonus or other performance payment to Executive Directors. The Trust does not make termination payments to Executive Directors which are in excess of contractual obligations and there have been no such payments during the past year.

The Committee refers to the NHS Providers' annual salary benchmarking survey analysis together with publicly available information about trends within the NHS and broader economy.

Non-Executive Directors (including the Chair)

The Council of Governors Remuneration Committee has delegated responsibility to recommend to the Council the remuneration levels for all Non-Executive Directors including allowances and the other terms and conditions of office in accordance with all relevant legislation and regulations.

In reviewing the remuneration of Non-Executive Directors, the Committee balances the need to attract and retain directors with the appropriate knowledge, skills and experience required on the Board to meet current and future business needs without paying more than is necessary and at a level which is affordable to the Trust.

The remuneration policy for the Trust's Non-Executive Directors is to ensure remuneration is consistent with market rates for equivalent roles in FTs of comparable size and complexity, taking account of the NHS Providers' annual salary benchmarking survey analysis. It also takes into account the pay and employment conditions of staff in the Trust, the performance of the Trust, and the time commitment and responsibilities of Non-Executive Directors and Chair, as well as succession planning requirements.

The Chair and Non-Executive Directors are entitled to receive remuneration only in relation to the period for which they hold office; there is no entitlement to compensation for loss of office.

Decisions made during 2017/18

During the year, the Board of Directors Remuneration Committee agreed:

- the redundancy payment for the Director of Children's & Young People Services;
- an uplift for the Executive Nurse role of £120,000 pa to bring more in line with other Executive Directors of the Trust and based on benchmarking analysis;
- a cost of living increase of 1% for Directors for 2017/18 in line with national pay negotiations for Agenda for Change contracted staff;
- the one day a week two-year secondment arrangement with NHS Improvement in respect of Andy Brogan, Executive Director Mental Health & Deputy CEO (NHSI is responsible for the expenses associated with the role plus one fifth of the salary plus Employers' National Insurance);
- changes to Directors' contracts following a review of current documents and best practice to reflect Agenda for Change requirements and to provide consistency with the Executive Director service contracts.

During the year, following recommendation by the Council of Governors Remuneration Committee, the Council of Governors agreed:

- the Chair's and Non-Executive Directors' remuneration, time commitment, and terms and conditions which included the 1% cost of living award in line with national pay negotiations for Agenda for Change contracted staff and with the increase awarded to the Chief Executive and Executive Directors;
- agreed the termination of contracts proposals for two Interim Non-Executive Directors: Steve Cotter and Jan Hutchinson, and agreed the payment in lieu of notice for the period 1-14 October 2017 to provide the opportunity for the substantive Board of Directors for the Trust to be established on 1 October 2017.

Mary-Ann Munford
Non-Executive Director and Chair of the Board of Directors Remuneration Committee
Essex Partnership University NHS FT
24 May 2018

Senior Managers Remuneration Policy

Future Policy

Remuneration Package Components	The Executive Directors' (including the Chief Executive) remuneration package consists of salary and the entitlement to NHS pension benefits. Non-Executive Directors (including the Chair) are remunerated for an agreed number of days work per month. There is no entitlement to the NHS pension scheme.
Remuneration Package	The Executive Director salary is a 'spot' salary within an agreed remuneration framework. The salary levels are set to attract and retain appropriately skilled executives. The Trust believes that by setting an appropriate salary then no additional components are necessary to drive forward the Trust's strategic objectives. The Trust has two Executive Directors who are paid more than £150,000. These salaries were set to match the current market rates at the time of their appointment to the Trust and yearly objectives are set and monitored internally to ensure the continuation of these salaries. We believe they are a fair and competitive salary rate to support succession planning.

Remuneration Package Framework	**Executive Directors (including the Chief Executive)** The current remuneration policy is not to award any performance related bonus or other performance payment to Executive Directors and senior managers. Executive Director and senior manager contracts both stipulate that if monies are owed to the Trust the post-holder will agree to repay them by salary deduction or by any other method acceptable to the Trust. The Trust may withhold payment in circumstances of unauthorised absence. This policy applies to all Executive Directors and senior managers. For the 2017/18 financial year, there are no instances of monies owed to or by the Trust in respect of Executive Directors. There are no new components or any changes made to the existing components of the remuneration package. The key difference between the Trust's policy on Executive Directors' and senior managers' remuneration and its general policy on employees' remuneration are: • **Salary**: the Trust appoints directors on a range of spot salaries within an agreed remuneration framework, i.e. salaries with no incremental progression; • **Notice period**: executive directors and senior managers not employed on national terms and conditions are expected to give six months' notice of termination of employment. This is in recognition of the need to have sufficient time to recruit a replacement or alternatively to appoint to a different post; • **Pay review**: the Board of Directors Remuneration Committee determines whether or not to award cost of living pay awards to Executive Directors and senior managers not employed on national terms and conditions of service. **Non-Executive Directors (including the Chair)** The remuneration policy for the Trust's Non-Executive Directors is to ensure remuneration is consistent with market rates for equivalent roles in FTs of comparable size and complexity, taking account of the NHS Providers' annual salary benchmarking analysis. It also takes into account the pay and employment conditions of staff in the Trust, the performance of the Trust, and the time commitment, responsibilities of Non-Executive Directors and Chair, as well as the skills, knowledge and experience required on the Board to meet business needs and succession planning.

Service Contract Obligations

The Trust is obliged to give Directors six months' notice of termination of employment, which matches the notice expected of Executive Directors from the Trust. The Trust does not make termination payments beyond its contractual obligations which are set out in the contract of employment and related terms and conditions. Executive Directors' terms and conditions, with the exception of salary shadow the national Agenda for Change arrangements, inclusive of sick pay and redundancy arrangements and do not contain any obligations above the national level.

Policy on Payment for Loss of Office

Executive directors' service contracts contain a requirement for the Trust to provide six months' notice of termination to directors. In turn, it requires executive directors to provide six months' notice to the Trust if they resign from its service. The Trust retains the right to make payment in lieu of the notice period be it in part or for the whole period where it considers it is in the Trust's interest to do so. Any decision on this would be taken by the Board of Directors Remuneration Committee.

Executive Directors are covered by the same policy in terms of conduct and capability as other Trust staff and if found to have engaged in gross misconduct or committed any act or omission which breaches the trust and confidence of the Trust they can be summarily dismissed, i.e. their contract would be terminated without notice and/or compensation.

In cases of termination due to organisational change, Executive Directors are covered by the national Agenda for Change arrangements for redundancy for NHS staff. This states that one month's pay will be provided for each complete year of reckonable service in the NHS without a break of 12 months or more. Limits are set on this payment which is currently £160,000. However, we are aware that this is currently being consulted on in terms of the maximum limit, how the payment is calculated and restrictions to continue working in the public sector. The NHS is awaiting the final decision and the Trust will follow these national guidelines.

Statement of Consideration of Employment Conditions Elsewhere in the Trust

The Trust's Board of Directors Remuneration Committee carries out an annual review of pay and terms and conditions for Executive Directors and senior managers. This includes their having regard to salary and the remuneration package as a whole. Salary levels are set taking into account the need to recruit and retain able directors and balancing that against a proper regard for use of public funds. In setting salary levels the Remuneration Committee satisfies itself that the salary is competitive with other NHS providers of a similar constitution.

The Remuneration Committee will also review the pay progression framework in light of the current and emerging economic environment. There is no performance based progression in place in the Trust although performance is managed by a robust appraisal and supervision framework. Trust Executive Directors and senior managers are subject to the same capability arrangements as other Trust staff and we implemented 9 Box Talent Management tool for our senior managers to further support this. We have also recently implemented the 360° appraisal feedback for our Board of Directors.

Annual Report on Remuneration

The Trust has two Remuneration Committees; the Board of Directors Remuneration Committee and the Council of Governors Remuneration Committee.

Board of Directors Remuneration Committee

Membership of the Committee wholly comprises Non-Executive Directors who are viewed as independent having no financial interest in matters to be decided and the Committee is chaired by the Trust's Chair. The Chief Executive will attend meetings of the Committee if invited to do so by the chair of the Committee but may not receive any papers in relation to or be present when her remuneration or conditions of service are considered. The Deputy Director of HR is invited to attend the meeting in an advisory capacity as required. The Trust Secretary is the Committee Secretary. The Committee may commission independent professional advice if considered necessary. No consultants were commissioned during 2017/18.

The Board of Directors Remuneration Committee has the responsibility for setting the remuneration of the Executive Directors. Details are included in under the section on Senior Managers Remuneration Policy.

The Committee meets when necessary but at least annually.

Members of the Committee and the number of meetings attended by each member during the year are set out below in table 3:

Table 3: Board of Directors Remuneration Committee Membership and Meeting Attendance

Name	Role	Meetings Attended (actual/possible)
Mary-Ann Munford	Chair of the Committee	4/4
Alison Davis	Non-Executive Director	4/4
Amanda Sherlock	Non-Executive Director	4/4
Janet Wood	Non-Executive Director	4/4

In addition to the considerations by the Committee listed under the Annual Statement of Remuneration on **page 44**, the Committee also:

- reviewed the progress against the Chief Executive's and Executive Directors' objectives for 2017/18 and agreed that appropriate assurance had been provided of their effectiveness;
- agreed the Chief Executive's objectives for 2017/18;
- reviewed and agreed the Executive Directors' objectives and development plans for 2017/18 as they relate to their roles as Board members;
- agreed the implementation of the 360° appraisals initially for the Chair, the Chief Executive and Executive Directors;
- considered the analysis report on NHS Providers' annual remuneration benchmarking survey for 2017.

Council of Governors Remuneration Committee

The Council of Governors has delegated responsibility to its Remuneration Committee for assessing and making recommendations to the Council in relation to the remuneration, allowances and other terms and conditions of office for the Chair and all Non-Executive Directors.

In addition, the Committee leads on the process to receive assurance on the performance evaluation of the Chair, working with the Senior Independent Director, and Non-Executive Directors, working with the Chair.

The Committee may, as appropriate, retain external consultants or commission independent professional advice. In such instances the Committee will be responsible for establishing the selection criteria, appointing and setting the terms of reference for remuneration consultants or advisers to the Committee. No consultants were commissioned during 2017/18. The Trust Secretary is the Committee Secretary.

Members of the Committee and the number of meetings attended by each member during the year are set out below in table 4:

Table 4: Council of Governors Remuneration Committee Membership and Meeting Attendance

Name	Role	Meetings Attended (actual/possible)
John Jones	Public Governor (chair of Committee)	4/4
David Bowater	Appointed Governor	4/4
Peter Cheng	Public Governor	2/4
James Clarke	Public Governor	2/4
Paula Grayson	Public Governor	4/4
Tracy Reed	Staff Governor	3/4
Graham Underwood	Appointed Governor	0/4
Clive White	Public Governor	2/4

During the year the Council of Governors Remuneration Committee:

- reviewed and agreed for recommendation to the Council of Governors the terms and conditions of office for the Chair and Non-Executive Directors;
- noted that appropriate objectives for 2017/18 for the Chair and Non-Executive Directors were in place;
- reviewed the progress against the Chair's and Non-Executive Directors' objectives for 2017/18 and agreed to recommend to the Council of Governors that appropriate assurance had been provided that they continue to demonstrate they are effective Board members;
- reviewed and agreed the process for the evaluation of the Chair and Non-Executive Directors for recommendation for adoption by the Council of Governors.

Table 5: Service Contracts: Executive Directors

Name	Role	Contract Start Date at Predecessor Trusts	Interim Board Contract Start Date	Substantive Board Contract Start Date
Sally Morris	Chief Executive	14 Jul 2006	1 Apr 2017	17 Aug 2017
Andy Brogan	Executive Director Mental Health & Deputy Chief Executive	1 Sept 2009	1 Apr 2017	25 Aug 2017
Natalie Hammond	Executive Nurse	9 Mar 2015	1 Apr 2017	25 Aug 2017
Nigel Leonard	Executive Director Corporate Governance & Strategy	1 Feb 2014	1 Apr 2017	25 Aug 2017
Dr Milind Karale	Executive Medical Director	30 Jul 2012	1 Apr 2017	25 Aug 2017
Mark Madden	Executive Chief Finance & Resources Officer	9 Apr 2014	1 Apr 2017	25 Aug 2017
Malcolm McCann	Executive Director Community Services & Partnerships	15 Apr 2013	1 Apr 2017	25 Aug 2017

Table 6: Service Contracts: Non-Executive Directors Interim Board

Name	Role	Period of Office	Interim Board Contract Start Date	Interim Board Contract End Date
Steve Cotter	NED	3 years	1 Apr 2017	30 Sept 2017
Steve Currell	NED/SID	3 years	1 Apr 2017	30 Sept 2017
Alison Davis	NED	3 years	1 Apr 2017	30 Sept 2017
Jan Hutchinson	NED	3 years	1 Apr 2017	30 Sept 2017
Mary-Ann Munford	NED	3 years	1 Apr 2017	30 Sept 2017
Amanda Sherlock	NED	3 years	1 Apr 2017	30 Sept 2017
Janet Wood	Vice-Chair	3 years	1 Apr 2017	30 Sept 2017

Table 7: Service Contracts: Non-Executive Directors Substantive Board

Name	Role	Period of Office	Substantive Board Contract Start Date	Substantive Board Contract End Date
Prof Sheila Salmon	Chair	3 years	1 Nov 2017	31 Oct 2020
Alison Davis	NED/SID	3 years	1 Oct 2017	30 Sept 2020
Manny Lewis	NED	3 years	28 Feb 2018	27 Feb 2021
Mary-Ann Munford	NED	3 years	1 Oct 2017	30 Sept 2020
Amanda Sherlock	NED	3 years	1 Oct 2017	30 Sept 2020
Nicci Statham	NED	3 years	1 Oct 2017	30 Sept 2020
Nigel Turner	NED	3 years	1 Oct 2017	30 Sept 2020
Janet Wood	Vice-Chair	3 years	1 Oct 2017	30 Sept 2020

Table 8: Non-Executive Directors Remuneration

Name	Role	Remuneration £000	Working Days	Additional Fees £000
Professor Sheila Salmon	Chair	40-45	11 per month	Nil
Steve Cotter	NED	15-20	5 per month	Nil
Steve Currell	NED/SID*	15-20	5 per month	Nil
Alison Davis	NED/SID**	15-20	5 per month	Nil
Jan Hutchinson	NED	15-20	5 per month	Nil
Manny Lewis	NED	15-20	5 per month	Nil
Mary-Ann Munford	NED	15-20	5 per month	Nil
Amanda Sherlock	NED	15-20	5 per month	Nil
Nicci Statham	NED	15-20	5 per month	Nil
Nigel Turner	NED	15-20	5 per month	Nil
Janet Wood #	Vice-Chair/ Chair of Audit Committee	20-25	6 per month	Nil

* *Senior Independent Director from 1 April – 30 September 2017*

** *Senior Independent Director from 1 December 2017*

\# *1 April – 31 October 2017 Janet undertook the role of Acting Chair: the remuneration for this period was £45-50k*

Executive and Non-Executive Director Expenses

Total Executive and Non-Executive Directors expenses incurred by the Trust during 2017/18 totalled £24,400 and were claimed by all 19 Directors in post during the year.

Table 9: Senior Managers Pay (subject to audit)

2017/18									
		Salary £000	Other Remuneration £000	Expense Payments (Taxable) £00	Annual Performance Related Bonuses £000	Long Term Performance Related Bonuses £000	All Pension Related Benefits £000	Exit Package £000	Total £000
Sally Morris	Chief Executive	185 - 190	0	0	0	0	45.0 – 47.5	0	230 – 235
Andy Brogan	Executive Director of Mental Health/ Deputy Chief Executive	145 - 150	0	0	0	0	n/a	0	145 – 150
Mark Madden	Executive Chief Finance & Resources Officer	155 - 160	0	0	0	0	25.0 – 27.5	0	180 – 185
Malcolm McCann	Executive Director of Community Services & Partnerships	135 - 140	0	0	0	0	27.5 - 30	0	165 – 170
Dr Milind Karale	Executive Medical Director	190 - 195	0	0	0	0	27.5 - 30	0	215 – 220
Nigel Leonard	Executive Director of Corporate Governance & Strategy	135 - 140	0	0	0	0	20 – 22.5	0	150 – 155
Natalie Hammond	Executive Nurse	120 - 125	0	0	0	0	152.5 - 155	0	275 – 280
Professor Sheila Salmon	Chair (from 01/11/2017)	15 - 20	0	0	0	0	0	0	15 – 20
Janet Wood	Non-Executive Director/Vice Chair/ Acting Chair until 31/10/2017	30 - 35	0	0	0	0	0	0	30 -35
Alison Davis	Non-Executive Director	15 – 20	0	0	0	0	0	0	15 – 20
Mary-Ann Munford	Non-Executive Director	15 – 20	0	0	0	0	0	0	15 – 20
Amanda Sherlock	Non-Executive Director	10 - 15	0	0	0	0	0	0	10 – 15
Nigel Turner	Non-Executive Director (from 01/10/2017)	5 – 10	0	0	0	0	0	0	5 – 10
Nicci Statham	Non-Executive Director (from 01/10/2017)	5 – 10	0	0	0	0	0	0	5 – 10
Manny Lewis	Non-Executive Director (from 28/02/2018)	0 – 5	0	0	0	0	0	0	0 – 5
Steve Currell	Non-Executive Director (until 30/09/2017)	5 – 10	0	0	0	0	0	0	5 – 10
Steve Cotter	Non-Executive Director (until 30/09/2017)	5 – 10	0	0	0	0	0	0	5 – 10
Jan Hutchinson	Non-Executive Director (until 30/09/2017)	5 - 10	0	0	0	0	0	0	5 – 10

Table 10: Total pension entitlement (subject to audit)

2017/18						
		Real Increase/ (Decrease) in Pension & related lump sum at age 60 £000	Total Accrued pension and related lump sum at age 60 at 31 March 2018 £000	Cash Equivalent Value at 31 March 2017 £000	Real Increase in cash equivalent Transfer Value £000	Cash Equivalent Value at 31 March 2018 £000
Sally Morris	Chief Executive	12.5 – 15.0	185 - 190	857	95	961
Andy Brogan	Executive Director of Mental Health/ Deputy Chief Executive	n/a	n/a	n/a	n/a	n/a
Mark Madden	Executive Chief Finance & Resources Officer	7.5 – 10.0	205 -210	1,008	71	1,088
Malcolm McCann	Executive Director of Community Services & Partnerships	0 – 2.5	180 - 185	847	43	929
Dr Milind Karale	Executive Medical Director	0 – 2.5	90 - 95	410	49	463
Nigel Leonard	Executive Director of Corporate Governance & Strategy	5.0 – 7.5	175 - 180	819	83	909
Natalie Hammond	Executive Nurse	22.5 - 25	145 - 150	503	152	660

Fair pay multiple (subject to audit)

The Trust is required to disclose the relationship between the remuneration of the highest paid Director and the median remuneration of the Trust's workforce.

The banded remuneration of the highest paid Director in the Trust in the financial year 2017/18 was £190k to £195k. This was 7.53 times the median remuneration of the workforce, which was £25,551.

In 2017/18, there were no employees who received remuneration in respect of the highest paid Director.

Total remuneration includes salary, non-consolidated performance related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Loss of Office Payments (subject to audit)

The Trust did not make any payments to Senior Managers for loss of office during 2017/18.

Payments to Past Senior Managers (subject to audit)

The Trust has not made any payments to past senior managers during the financial year.

Sally Morris
Chief Executive
Essex Partnership University NHS FT
24 May 2018

STAFF REPORT

Our Staff

Staff Costs (subject to audit)

During 2017/18, the Trust incurred total staffing costs of £249.2 million which can be analysed as follows between permanent staff and other staff:

	Permanent Staff £000s	Other Staff £000s	Total Staff £000s
Salaries and Wages	184,940	2,780	187,720
Social Security Costs	17,368	0	17,368
Apprenticeship Levy	910	0	910
Pension Cost (employer contributions to NHS Pension Scheme	22,395	0	22,395
Pension Cost (other)	467	0	467
Other Post Employment Benefits	(163)	0	(163)
Termination Benefits	3,404	0	3,404
Temporary Staff – agency / contract staff	0	17,124	17,124
Total Staff Costs	229,321	19,904	249,225

Average Staff Numbers (subject to audit)

During 2017/18, the Trust employed an average of 6,123 staff as follows:

	Permanent Staff (WTE)	Other Staff (WTE)	Total Staff (WTE)
Medical & Dental	197	29	226
Administration & Estates	1,549	3	1,552
Healthcare Assistants & Other Support Staff	1,531	9	1,540
Nursing, Midwifery & Health Visiting Staff	1,892	0	1,892
Nursing, Midwifery & Health Visiting Learners	8	0	8
Scientific, Therapeutic & Technical Staff	588	0	588
Social Care Staff	48	0	48
Other	0	269	269
Total Average Staff Numbers	5,813	310	6,123
Of which:			
Number of employees (WTE) engaged on capital projects	2	0	2

Gender Analysis

Our workforce profile is similar to many foundation trusts, in that half of our staff are over the age of 45 and our workforce is predominantly female. This is detailed further in table 11 below:

Table 11: Workforce Profile

Staff Group	TOTAL	Gender		Age			
		Female	Male	<25	26-45	46-65	>65
Board of Directors	15	8	7	0	1	13	1
Senior Managers	39	31	8	0	8	3,12	0
Doctors and Dentists	218	92	126	0	118	90	10
Nursing	1,896	1,603	293	65	858	958	15
Other healthcare staff	2,176	1,820	356	146	1,045	940	45
Support staff	1,585	1,300	285	69	524	931	61
All Employees	5,929	4,854	1,075	280	2,554	2,963	132
All Employees %		81.87%	18.13%	4.72%	43.08%	49.97%	2.23%

Sickness Absence (taken from December 2017 NHS Digital report)

The average sickness absence rate for EPUT during 2017/2018 (based on NHS Digital December 2017 report) was 7.1 days sickness per full time member of staff.

Table 12: Sickness Absence

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2017	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
5,113	36,210	7.1	1,406,204	58,921

Disclosure Note:

EPUT was established on the 1 April 2017 therefore a nine month period April 2017 to December 2017 has been reported from the 2017 calendar year and calculations adjusted to nine months, data supplied by NHSD. This keeps in line with the data being provided to NHS Improvement.

In accordance with the Treasury guidance, all public bodies must report sickness absence data on a consistent basis per calendar year, in order to permit aggregation across the NHS. The Trust is required to use the published statistics which are produced using data from the Electronic Staff Record (ESR) Data Warehouse. The latest publication, covering up to December 2017, can be found on the website of NHS Digital.

The number of Full Time Equivalent (FTE) Days Available of 1,406,204 has been taken directly from ESR and has then been converted to Average FTE's for the nine month period April 2017 to December 2017 dividing by 275 to give 5,113.

The number of FTE days lost due to sickness of 58,921 has been taken directly from ESR, and has been converted to Adjusted FTE days due to sickness of 36,210 by taking account of the number of working days in the nine month period April 2017 to December 2017 given the cabinet office measure of 36,210 days.

The average sick days per FTE of 7.1 days has then been calculated by dividing the adjusted FTE days as per the cabinet office measure, by the average FTE for the year.

The Trust is committed to placing high priority on tackling absence and looking at ways of supporting staff whilst they are off and, where possible, returning them to work on restricted duties or in other suitable alternative roles temporarily or permanently for those staff that are no longer able to fulfil their substantive role.

In addition, the Trust has in place a fast-track physiotherapy for staff suffering from musculoskeletal conditions, and as we gather more data we will be able to establish the effect this has had on staff sickness.

Following the merger of the two Trusts the Sickness Absence Policy and Procedure has been harmonised which has resulted in a reduction of Bradford Factor trigger point and informal management process so that we are able to support staff and manage their sickness absence at the earliest possible stage, and ensure all the relevant support and interventions are in place so that patient care and service levels are as unaffected as possible. The Trust has recently reviewed the Sickness Absence Procedure and introduced further measures to streamline the management process ensuring managers are supported in roles when tackling sickness absence. The harmonised policy and procedure integrates all elements of health and wellbeing (sickness absence, stress, occupational health, employee wellbeing, management of HIV and Aids and management of alcohol and drugs) to ensure a comprehensive and integrated approach to management of employee wellbeing and clear accessibility of information for managers.

Managers with responsibility for managing staff are required to undergo specific sickness absence training as part of their management development programme. There is also a good range of information accessible to managers on the staff intranet to support them as well as each service having a dedicated HR team and their own Absence Adviser and access to an Occupational Health provider to support with the management of health conditions and sickness absence. The Trust has an employee assistance program which is designed to provide staff with independent, free and confidential information, advice and support including counselling to help improve wellness and wellbeing.

We continue to work closely with our trade unions and staff side to address and achieve the best outcomes for staff and the quality of care provided to our patients.

Trade Union (Facility Time Publication Requirements) Regulations 2017

The Trade Union (Facility Time Publication Requirements) Regulations 2017 requires NHS employers to publish certain information on trade union officials and facility time on their website as follows:

- the number of employees who were relevant union officials during the relevant period, and the number of full time equivalent employees
- the percentage of time spent on facility time for each relevant union official
- the percentage of pay bill spent on facility time
- the number of hours spent by relevant union officials on paid trade union activities as a percentage of total paid facility time hours.

Employee Experience Team information stand for Equality & Diversity Week

For these purposes, 'facility time' is defined as time that is taken off to carry out trade union duties or the duties of a union learning representative, to accompany a worker to a disciplinary or grievance hearing, or to carry out duties and receive training under the relevant safety legislation.

Disability

At present approximately 3% of our workforce consider themselves as disabled or living with long term conditions. We use a range of measures to ensure that disabled people are supported and treated fairly both when seeking employment with us – and during their employment with us including:

- robust recruitment processes that guarantee applicants with disabilities an interview if they meet the minimum criteria;
- secure job offers before any health information is requested;
- support from an equality champions network that includes other staff with disabilities or long term health conditions;
- inclusion in all staff engagement initiatives and specific competitions and tasks for those with disabilities;
- dedicated Absence Advisers for staff that need advice and support about their work role – especially those who become disabled during their employment;
- advice and support from the Staff Engagement/Equalities team where required;
- consultation of our disabled workforce on our Equality and Diversity Training to ensure that it supports and truly reflects those in the workforce with disabilities;
- being an official holder of the government's Disability Confident Badge (Level 2) and the signing up to a range of commitments to support people with disabilities to find and stay in work;
- preparation for the NHS Workforce Disability Standard which comes into force 1 April 2018;
- access to fast track physiotherapy for staff including those with long term physical conditions.

Staff Concerns

Following the merger the Trust has harmonised all policies, procedures, systems and processes to ensure that all staff are able to raise concerns quickly and have these resolved in a timely manner. The Trust's Grievance Policy and Procedure contains robust mechanisms for dealing with grievances and complaints relating to dignity at work (bullying, harassment and discrimination). During the year a range of engagement sessions/workshops have been held across all areas of the Trust focusing on bullying and harassment and raising concerns. Staff are also required to undergo e-learning training which covers how to raise concerns and managers are able to attend specific training as part of the management development programme.

There are a good range of mechanisms for staff to share concerns anonymously through the Staff Friends and Family Test and the 'I'm Worried About' tool on the staff intranet. All concerns raised through this mechanism are published and shared for all staff to see.

CEO Sally Morris lends her support to Anti-Bullying Week

The Trust also has in place the Raising Concerns, Whistleblowing Policy and Procedure for staff and workers and this is designed to provide a process for staff to be able to speak up freely and raise any concerns they may have. Post-merger we had two processes in place for staff to access Freedom to speak up Guardians; we had an external provider across one half of the Trust and an internal Freedom to Speak Up Guardian as well as local guardians in the other half. During 2017/2018 the Trust carried out a survey with our staff asking them what they wanted from the Trust moving forward. The outcome of the survey was that the Trust implemented an internal Freedom to Speak Up Guardian service. They are an independent and impartial source of advice to staff who are able to facilitate access to anyone in the Trust, including the Chief Executive, or, if necessary, refer staff to outside the Trust to the National Guardian Office.

The professional Duty of Candour makes a clear requirement to be open with patients and families when mistakes occur. The Freedom to Speak Up review encourages an environment where staff feel it is safe to raise concerns with confidence that they will be listened to and the concerns will be acted upon across the NHS.

Our performance in the area of staff having confidence to raise concerns at work is extremely positive, with the majority of all grievance complaints being concluded within 12 weeks and minimal appeal processes reported.

Staff Consultations

During the past year due to the merger the Trust has undertaken large scale restructure/redundancy programme of corporate functions and senior management clinical structures. As well as a variety of other smaller consultations with staff which also included restructure of teams/services, relocation of staff, changes in the delivery of services and the closure of services. As we did last year, the restructures were to support the continued reductions in back office and support services to implement the Trust's transformation post-merger and savings initiatives.

The Trust has also managed TUPE transfers out to new providers and in to EPUT. Some of these have been significant such as the transfer of the Essex 0-19 service to a private provider, the disaggregation of Bedfordshire Community Services as at 1 April 2018 and the transfer in of HMP Prison service in Chelmsford.

All consultations and TUPE transfers were communicated with and involved staff side input. We also ensured staff affected had access to a good range of support during the process including access to guidance and support, counselling and HR advice should they need it.

Health and Safety

The Trust's Corporate Statement and Policy on Health & Safety (RM01) sets out the organisational structure for managing Health & Safety and how the Board of Directors fulfils its statutory obligations as required by the:

- Health & Safety at Work etc., Act 1974;
- Management of Health & Safety at Work Regulations 1992;
- Workplace (Health, Safety, and Welfare) Regulations 1992.

The Health, Safety & Security Committee co-ordinates the implementation and management of health, safety & security as well as non-clinical risk management across the organisation.

The Trust has a range of policies and procedures in place to support staff in maintaining compliance with health and safety requirements.

- Corporate Statement and Policy on Health & Safety
- Fire Safety Policy
- Control of Substances Hazardous to Health (COSHH)
- Display Screen Equipment Policy
- First Aid Policy
- Non-Clinical Risk Assessment Policy
- Adverse Incident (inc Serious Incident) Reporting Policy
- Lone Worker Safety Policy
- Health & Safety of Young Persons Policy.

EPUT recognises the need for the effective management of health, safety and security. Day-to-day management of health, safety and security is undertaken by the Risk Management Department in cooperation with unit and locality managers and all staff according to their level of responsibility.

Ligature Risk Assessments have been completed in all in-patient areas of the organisation. Risks identified have been removed and replaced with a reduced ligature solution. Where this has not been possible, action has been taken to ensure that staff are aware of risks and take them into account when planning care for vulnerable patients.

Health and safety inspections were carried out across the organisation in line with legislation and guidance. These have been shared with staff and corrective action identified to minimise risk.

Occupational Health

Following the merger the Trust was operating two separate occupational health providers, one of which was delivered in house and the other externally. The Trust also had two separate dedicated employee assistance programmes provided externally for staff to access confidentially. During the year the Trust undertook a procurement process and moved to a single occupational health service on 1 April 2018. This service is provided by Optima Health. The Trust has also moved to a single confidential employee assistance provider provided by HELP. Health checks as well as fast track physiotherapy will be available under the new provider and stringent key performance indicators have been set to manage service delivery.

Workforce Equality and Inclusion

Our current workforce equality objective is:

"EPUT will be a safe and inclusive place to work for all staff with equal opportunities in respect of all employment strands and including those who fall into legal protected characteristics and other vulnerable groups."

EPUT is committed to making improvements each year to the experience of our workforce through a range of equality work streams and our main achievements during this period were:

- launching a BAME network for staff to give a voice and support the work of the Workforce Race Equality Standard;
- seeing progress in some of the Workforce Race Equality Standard Metrics;
- widening membership of the Equality Steering Group to include our equality champions;
- celebration of LGBT History Month;
- commitment to national initiatives and charter marks which support our workforce equality objectives (e.g. Mindful Employer; Time to Talk; Stonewall; Learning Disabilities in Recruitment; Working Longer Review; WRES; etc);
- strengthening and updating of the Equality On Line Training tool – required annually for all staff.

EPUT launches brand new BAME Network

Equality and inclusion initiatives going forward are:

- an Equality Conference and Equality Champions event;
- second conference for the BAME staff network;
- preparation for the Disability Equality Standard;
- improvements in the % of staff who declare themselves as disabled or with a long term condition;
- strengthening the equality champions network and promotion of the scheme;
- celebrating National Equality & Diversity Week;
- increasing the proportion of staff who are happy to record their equality information.

Staff Health and Wellbeing

EPUT has a well-established health and wellbeing service. The health and wellbeing of our patients is directly related to the health and wellbeing of our staff and so it remains a top priority for the organisation to ensure our staff are as healthy as possible.

Each year we produce a dedicated plan which sets our priorities for the year and we were proud of our achievements during 2017/2018. We ran a wide range of events to encourage staff to take responsibility for their own wellbeing in and out of work. This year we introduced fast track physio sessions for eligible staff suffering from musculoskeletal conditions. Some of our key achievements were:

- the update and re-launch of a flexible working handbook for staff;
- the introduction of a guide to bullying and harassment for staff;
- a 'new year new you' health campaign with tangible results for staff covering both physical and mental wellbeing;
- the introduction of healthy eating spaces with healthy vending machines on key sites;
- the continued investment in dedicated absence advisers to support staff;
- the introduction of access to fast-track physiotherapy for staff with musculoskeletal conditions preventing a return to work;
- a range of health fayres for staff;
- on-site fitness classes, e.g. zumba and yoga;
- the development of a guide to support staff suffering from mental ill health;
- health promotion days based around National Health Days, e.g. Stoptober, Dry January, etc.

We continue to provide full occupational health and employee assistance programmes for staff.

EPUT colleagues get together to mark Equality & Diversity Week

Brockfield House colleagues enjoying delicacies from around the world to mark Equality & Diversity Week

Priorities 2018/2019 – Building on this work we will prioritise on some key areas including:

- the continuation of a strong plan to tackle bullying and harassment;
- supporting areas of low staff morale through team development and wellbeing days;
- the continuation into year three of the national CQUIN dedicated to staff health and wellbeing at work including flu, fast track physiotherapy, healthy food options and improved staff experience in the area of wellbeing;
- mindfulness courses for staff supported by access to a range of on-line mindfulness tools.

All of this will be monitored through an agreed action plan which is reported and updated each quarter.

Policies on Counter Fraud/Corruption

The Trust has detailed procedures on counter fraud, and all finance policies and procedures are reviewed by our Local Counter Fraud Specialists to ensure fraud is minimised. Any lessons learned from fraud or staff investigations are factored into the regular reviews of procedures.

Expenditure on Consultancy

During 2017/18, the Trust spent £2.1 million on consultancy expenditure in respect of the provision of objective advice and assistance to the Trust in delivering its purpose and objectives.

This includes expert advice around the implementation of IT projects and project management support for estates and service related projects.

Off Payroll Arrangements

In line with HM Treasury guidance, the Trust has put controls in place around the use of off-payroll arrangements. These engagements are only entered into on the basis of the provider's relevant skills, experience and knowledge and are supported by individual contracts. All contracts are signed by both parties and include such terms as services to be provided, amount payable per day and responsibility for tax and national insurance contributions.

Table 13: For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months

Number of existing engagements as of 31 March 2018	13
of which…	
Number that have existed for less than one year at time of reporting	4
Number that have existed for between one and two years at time of reporting	2
Number that have existed for between two and three years at time of reporting	3
Number that have existed for between three and four years at time of reporting	2
Number that have existed for four or more years at time of reporting.	2

Table 14: New off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	4
of which…	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	4
Number engaged directly (via Personal Service Companies (PSC) contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 15: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed board members and/or senior officials with significant financial responsibility during the financial year. This figure should include both off-payroll and on-payroll engagements.	7

Staff Exit Packages (subject to audit)

During the year the Trust has incurred total termination costs of £4,966k in respect of 128 individuals. These terminations arose from the requirement to deliver its efficiency target for the year.

2017/18						
	Compulsory Redundancies		Other Departures Agreed		Total Termination Costs	
	Number	£000's	Number	£000's	Number	£000's
< £10,000	15	102	5	29	20	131
£10,001 - £25,000	43	685	3	37	46	722
£25,001 - £50,000	27	959	0	0	27	959
£50,001 - £100,000	24	1,709	0	0	24	1,709
£100,001 - £150,000	8	965	0	0	8	965
£150,001 - £200,000	3	480	0	0	3	480
Total	120	4,900	8	66	128	4,966

The above table includes one instance where a special severance payment was made that required HM Treasury approval. This was at a cost of £9,656.

Staff Exit Packages: Non Compulsory Departure Payments

This note discloses the number of non-compulsory departures which attracted an exit package, and the value of payments by individual types.

Non Compulsory Departure Payments	2017/18	
	Number	£000's
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	5	36
Exit payments following employment tribunals or court orders	2	20
Non-contractual payments requiring HMT approval	1	10
Total	8	66

Staff Survey

Staff Engagement

EPUT continues to place a high emphasis on staff engagement – with a dedicated Staff Engagement Team and Communications Team in place. We have seen our HR and Workforce Framework implemented across a range of areas and have made some pleasing progress in the area of staff engagement. Each year we develop a full set of actions based on our equality information, staff survey results and our health and wellbeing priorities. Quarterly updates are provided to ensure we remain on track to achieve our objectives for the year.

We also ensure that all feedback is shared back into the workforce and most of our information is published for all staff to read.

Also due to the merger we have held a number of engagement sessions with staff across all sites of the Trust to develop our organisational culture, HR and workforce visions and ensure that staff felt and continue to feel engaged in all that we do in the Trust.

We work on the principle that all feedback is of equal value – good or bad. We use a wide range of engagement methods (the majority of which are anonymous) to reflect the needs of a workforce which is very widely geographically spread and providing a 24 hour – seven day a week service.

These include:

- Staff Friends and Family Test Surveys;
- National Staff Survey;
- online community forums;
- articles which have the option to comment and feed back;
- Survey Monkey;
- anonymous suggestion boxes at events;
- evaluation questionnaires on learning events;
- Staff Recognition Scheme and annual awards ceremony;
- Facebook and Twitter accounts for staff.

We have excellent working relationships within the organisation, but are also proud of a close working network with other local trusts in the area as well as strong links to NHS Employers.

Performance

This year was the first set of results as a newly merged organisation. No comparator data is therefore available for the previous year. However, we used a full census approach in order to capture the views of all eligible staff.

This enables us to ascertain a truer picture of workforce engagement levels and also ensures that no hard to reach groups are left out. Therefore even though we saw a slight reduction in our response rate – we still achieved 2,399 responses. Work will continue in order to improve staff experience and this is managed and monitored through an Engagement Action Plan covering staff engagement, health and wellbeing, and equality.

Sally Morris welcomes everyone to EPUT's Quality Awards

Table 16: EPUT Staff Survey Response Rate 2017

Response rate		
	2017/18 (current year)	
	Trust	Benchmarking group (Combined Mental Health/ Learning Disability and Community Trusts) average
Response rate	42%	45%

Table 17: EPUT Staff Survey Top Ranking Scores 2017

Top Five Ranking Scores		
	2017/18 (current year)	
	Trust	Benchmarking group (Trust type) average
Key finding 14: Staff satisfaction with resourcing and support (the higher the score the better)	3.38	3.33
Key Finding 12: Quality of appraisals	3.17	3.10
Key Finding 24: Percentage of staff / colleagues reporting most recent experience of violence	89%	88%
Key finding 2: Staff satisfaction with the quality of work and care they are able to deliver (the higher the score the better)	3.88	3.85
Key Finding 18: Percentage of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	52%	53%

Table 18: EPUT Staff Survey Bottom Ranking Scores 2017

Bottom Five Ranking Scores		
	2017/18 (current year)	
	Trust	Benchmarking group (trust type) average
Key Finding 29: Percentage of staff reporting errors, near misses or incidents witnessed in the last month	90%	92%
Key Finding 1: Staff recommendation of the organisation as a place to work or receive treatment	3.61	3.68
Key Finding 16: Percentage of staff working extra hours	73%	71%
Key Finding 26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	22%	20%
Key Finding 27: Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	55%	57%

Future Priorities and Targets

Priorities will be focused around our top performing areas in terms of shared learning and also our lowest performing areas. These will include:

- a continuation of work to reduce bullying at work (there will be a separate action plan to deliver this with a view to seeing improved staff experience in the next staff survey, although we have seen some improvements this year there is still further work to be done);
- analysing a range of staff information including discipline, grievance and incident reporting to look for patterns and trends;
- drilling down into specific areas such as staff groups and areas of work to identify hotspots for attention;
- continued engagement with our BAME workforce with a view to closing the gap between BAME and white staff as set out in the Workforce Race Equality Standard;
- preparation for the Workforce Disability Equality Standard;
- 'Big Conversation' staff survey events for staff to engage and participate in the plans for 18/19;
- more opportunities for staff to reflect on activity in the workplace.

NHS FOUNDATION TRUST: CODE OF GOVERNANCE

Introduction

Code of Governance

The Trust has applied the principles of Monitor's NHS Foundation Trust Code of Governance revised July 2014 (Code) on a 'comply or explain' basis. The Code is based on the principles of the UK Corporate Governance Code issued in 2012. The purpose of the Code is to assist FTs to deliver effective and quality corporate governance, contribute to better organisational performance and ultimately discharge their duties in the best interests of patients.

The Code is best practice advice but imposes specific disclosure requirements. The annual report includes all the disclosures required by the Code.

Statement of compliance

EPUT's Board of Directors and Council of Governors are committed to continuing to operate according to the highest standards of corporate governance. A joint working group consisting of Directors and Governors annually reviewed the Trust's compliance with the Code and identifies areas for strengthening. In their opinion there is strong evidence that the Trust is compliant with all the provisions in the Code for the period 1 April 2017 to 31 March 2018.

There is one provision which requires explanation due the transition from the Interim to the permanent Board of Directors:

Code Provision B.1.2: At least half the Board, excluding the Chairperson, should comprise NEDs determined by the Board to be independent

Explanation: There were timing issues with the appointment of the Chair and Non-Executive Directors due to the regulatory governance requirements of establishing a new Trust following an FT to FT merger. In summary, the appointments of Non-Executive Directors to the permanent Board could not commence until the establishment of the new Council of Governors which in turn could not take place until the establishment of the new Trust on 1 April 2017.

Although the permanent Chair of the Trust had been identified and had confirmed acceptance of the offer of appointment effective 1 November 2017. Due to previous commitments, for the month of October 2017 there were only six NEDs in place with the Vice-Chair acting up as the Chair of the Trust.

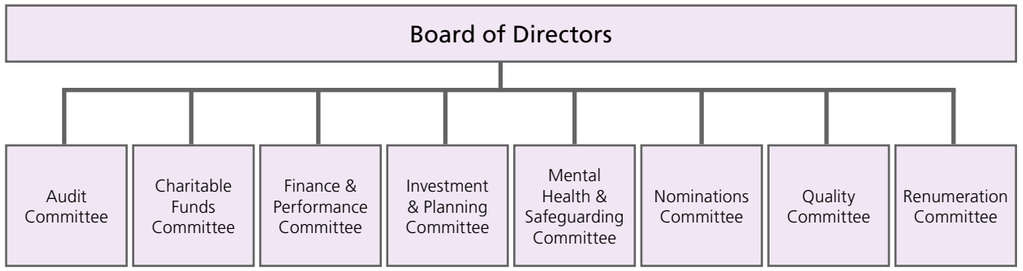
To maintain Board balance, the Chief Executive agreed with the Executives that one Executive Director would withdraw his/her voting rights on the Board for October 2017. It should be noted that there were no requirements for a vote at Board during this period.

As at 31 March 2018 there are eight NEDs in post (including the Chair of the Trust) with no vacancies.

Board of Directors

Our Board of Directors operates according to the highest corporate governance standards. It is a unitary Board providing overall leadership and vision to the Trust and is ultimately and collectively responsible for all aspects of performance, including clinical and service quality, financial performance and governance as well as the management of significant risks. The Board leads the Trust by formulating strategy; ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable; and shaping a positive culture for the Board and the organisation. The Board is also responsible for establishing the values and standards of conduct for the Trust and its staff in according with NHS values and accepted standards of behaviour in public life (The Nolan Principles) including selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

The Board exercises all the powers of the Trust on its behalf and delegates specific functions to committees of Directors. In addition, certain decisions are made by the Council of Governors, and some Board decisions require the approval of the Council. The powers and decisions are set out clearly in the Scheme of Reservation & Delegation and the Detailed Scheme of Delegation available at www.eput.nhs.uk All Directors have joint responsibility for decisions.



The Executive Directors manage the day-to-day running of the Trust while the Chair and Non-Executive Directors provide operational and Board-level experience gained from other public and private sector bodies; among their skills are accountancy, audit, clinical, law, communications and marketing. The Board includes members with a diverse range of skills, experience and backgrounds which incorporate the skills required of the Board.

The Board has a Vice-Chair and has also appointed a Senior Independent Director. All Non-Executive Directors are considered by the Board to be independent taking into account, character, judgement and length of tenure. None of the Executive Directors hold Non-Executive appointments.

During the course of the year the Board met 13 times. Ten meetings were held in public with two meetings being held in private due to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business discussed. The attendance record of meetings for the Board of Directors for the year ended 31 March 2018 is as follows:

Table 19: Board of Directors Attendance at Meetings 2017-18

Name	Role	Meetings Attended (actual/ possible)
Prof Sheila Salmon (from 01.11.17)	Chair	5/ 5
Andy Brogan	Executive Director Mental Health & Deputy CEO	11/ 13
Steve Cotter (until 30.09.17)	Non-Executive Director	4/ 7
Steve Currell (until 30.09.17)	Non-Executive Director	7/ 7
Alison Davis	Non-Executive Director	11/ 13
Natalie Hammond	Executive Nurse	10/ 13
Jan Hutchinson (until 30.09.17)	Non-Executive Director	7/ 7
Dr Milind Karale	Executive Medical Director	11/ 13
Nigel Leonard	Executive Director Corporate Governance & Strategy	11/ 13
Manny Lewis (from 28.02.18)	Non-Executive Director	1/ 2
Mark Madden	Executive Chief Finance Officer	13/ 13
Malcolm McCann	Executive Director Community Services & Partnerships	9/ 13
Sally Morris	Chief Executive	13/ 13
Mary-Ann Munford	Non-Executive Director	13/ 13
Amanda Sherlock	Non-Executive Director	13/ 13
Nicci Statham (from 01.10.17)	Non-Executive Director	6/ 6
Nigel Turner (from 01.10.17)	Non-Executive Director	6/6
Janet Wood	Vice-Chair (and Acting Chair 1 Apr 2017 – 30 Sept 2017)	11/1 3

Board of Directors Appointments

The Trust has a formal, rigorous and transparent procedure for the appointment of both Executive and Non-Executive Directors. Appointments are made on merit, based on objective criteria.

Executive Directors are permanent appointments, while Non-Executive Directors are appointed to a three year term of office and where possible appointments are staggered. The reappointment of a Non-Executive Director after their first term of office will be subject to a satisfactory performance appraisal. Any term beyond six years will be subject to a rigorous review and satisfactory annual performance appraisal, and takes account of the need for progressive refreshing of the Board. However, the Council of Governors will also consider the skills and experience required on the Board taking account of the Trust's current and future business needs, as well as continuity during any period of change.

Both the Chair and Non-Executive Directors are appointed by the Council who may also terminate their appointment as set out in the Trust's constitution.

The following Directors were appointed to the Interim Board of Directors on the establishment of the Trust on 1 April 2017:

- Andy Brogan, Executive Director Mental Health & Deputy CEO
- Steve Cotter, Non-Executive Director (until 30 September 2017)
- Steve Currell, Non-Executive Director (until 30 September 2017)
- Alison Davis, Non-Executive Director
- Natalie Hammond, Executive Nurse
- Jan Hutchinson, Non-Executive Director (until 30 September 2017)
- Dr Milind Karale, Executive Medical Director
- Nigel Leonard, Executive Director Corporate Governance & Strategy
- Mark Madden, Executive Chief Finance Officer
- Malcolm McCann, Executive Director Community Services & Partnerships
- Sally Morris, Chief Executive
- Mary-Ann Munford, Non-Executive Director
- Amanda Sherlock, Non-Executive Director
- Janet Wood, Vice-Chair and Acting Chair (until 30 September 2017)

Appointments to the substantive Board of Directors took place during 2017/18. All Executive Directors were appointed to the substantive Board and the following Non-Executive Directors were appointed:

- Professor Sheila Salmon, Chair (from 1 November 2017)
- Manny Lewis, Non-Executive Director (from 28 February 2018)
- Nicci Statham, Non-Executive Director (from 1 October 2017)
- Nigel Turner, Non-Executive Director (from 1 October 2017).

All appointments were managed internally by Trust teams and advertised externally through various channels including the Trust's website, HSJ online and NHS Jobs. No external consultants were involved or commissioned to undertake the recruitment.

Chair's Significant Commitments

Professor Sheila Salmon has no other significant commitments other than to the Trust. However, she has declared her involvement with Anglia Ruskin University where she is the Emeritus Professor of Health Services Development which is a non-remunerated role.

Independence of the Non-Executive Directors

Following consideration of the Code of Governance and completion by all Non-Executive Directors of a test of independence statement, the Board takes the view that all Non-Executive Directors are independent. All Non-Executive Directors declare their interest and in the unlikelihood that such interests conflict with those of the Trust, then the individual would be excluded from any discussion and decision relating to that specific matter.

Balance, Completeness and Appropriateness of the Membership of the Board of Directors

The current Board of Directors comprises eight Non-Executive Directors (including the Trust Chair) and seven Executive Directors (including the Chief Executive). The structure is compliant with the provisions of the Code of Governance and the Trust's constitution.

Taking into account the wide experience of the whole Board as well as the balance and completeness of membership, the composition of the Board is considered to be appropriate for the requirements of the business and future direction of the Trust. Arrangements are in place to enable appropriate review of the Board's balance, completeness and appropriateness to the requirements of the Trust.

Board of Directors Performance Evaluation

The Trust has put in place processes for an annual performance evaluation of the Board, its Directors and its committees in relation to their performance. At the time of writing this report, the various end of year evaluations for 2017/18 were being undertaken; however, a mid-year review had been undertaken of the individual performances of the Board Directors in place at the time.

All members of the Board receive a full and tailored induction on joining the Trust and undertake a personal induction programme during the first 12 months of appointment. All Directors will undergo an annual performance review against agreed objectives, skills and competences and agree personal development plans for the forthcoming year. In addition, the Chair will annually review and agree the Chief Executive's and Executive Directors' training and development needs as they relate to their role on the Board.

A 360° appraisal has been introduced for the Chair, Chief Executive and Executive Directors for 2017/18. It was agreed that the 360° appraisal for Non-Executive Directors would be considered once these Directors had completed a year of the contract. In addition, an external stakeholder review of the performance of the Board is also being conducted.

The performance evaluation of the Executive Directors is carried out by the Chief Executive whose performance is appraised by the Chair. The outcomes will be reported to the Board of Directors Remuneration Committee.

The Chair will conduct the annual performance evaluation and appraisal of each Non-Executive Director. The Senior Independent Director will conduct the annual performance evaluation and appraisal of the Chair, having collectively met with all other Non-Executive Directors and received feedback from Governors. Detailed consideration of the results of the performance evaluation of the Chair and Non-Executive Directors will be undertaken by the Council of Governors Remuneration Committee in line with the process agreed by the Council. A report from the Committee will be made to a general meeting of the Council.

A mid-year internal review of the effectiveness of the Board standing committees has been undertaken. No major concerns or issues were raised, and there has been positive validation of the work of all committees from both members and non-members.

The Board will undertake annual self-assessments reflecting NHS Improvement's and CQC's well-led framework to evaluate its own effectiveness and in line with NHS Improvement's requirements that an external evaluation is carried out every three years. This will contribute to providing an insight into how the Trust gauges its own leadership and governance performance. It will also help to identify the Board's development needs and to shape its development programme.

Board performance will also be evaluated further through focused discussions at Board Development Days and on-going in-year review of the Board Assurance Framework which enables continuous and comprehensive review of the performance of the Trust against agreed plans and objectives.

All Directors meet the criteria for being a fit and proper person as prescribed by the Trust's Provider Licence and Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Nominations Committees

The Trust has two Nominations Committees: the Board of Directors Nominations Committee and the Council of Governors Nominations Committee.

Board of Directors Nominations Committee

The Board of Directors Nominations Committee is constituted as a standing committee of the Board. It has the statutory responsibility for identifying and appointing suitable candidates to fill Executive Director posts on the Board, ensuring compliance with any mandatory guidance and relevant statutory requirements.

This Committee is also responsible for succession planning and reviewing Board structure, size and composition, taking into account future challenges, risks and opportunities facing the Trust and the balance of skills, knowledge and experience required on the Board to meet them.

The Committee is chaired by the Trust's Chair with membership comprising all Non-Executive Directors and the Chief Executive, except in the case of the nomination of the Chief Executive's post. At the invitation of the Committee, representation from HR will be invited to attend a meeting in an advisory capacity in relation to a specific agenda item. The Trust Secretary is the Committee Secretary.

The Committee's terms of reference are reviewed annually in line with good practice. The Committee meets at least annually or as when required to undertake its roles and responsibilities.

The Committee met twice during the year where the main considerations included the establishment of the substantive Board including the balance of skills, experience and expertise required.

Members of the Committee and the number of meetings attended by each member during the year are set out below.

Name	Role	Meetings Attended (actual/ possible)
Prof Sheila Salmon (from 01.11.17)	Chair	0/ 0
Steve Cotter (until 30.09.17)	Non-Executive Director	1/ 2
Steve Currell (until 30.09.17)	Non-Executive Director	1/ 2
Alison Davis	Non-Executive Director	2/ 2
Jan Hutchinson (until 30.09.17)	Non-Executive Director	2/ 2
Manny Lewis (from 28.02.18)	Non-Executive Director	0/ 0
Sally Morris	Chief Executive	1/ 2
Mary-Ann Munford	Non-Executive Director	1/ 1
Amanda Sherlock	Non-Executive Director	2/ 2
Nicci Statham (from 01.10.17)	Non-Executive Director	0/ 0
Nigel Turner (from 01.10.17)	Non-Executive Director	0/ 0
Janet Wood	Non-Executive Director	2/ 2

Council of Governors Nominations Committee

The Council of Governors Nominations Committee is responsible for establishing a clear and transparent process for the identification and nomination of suitable candidates that fit the criteria set out by the Board of Directors Nominations Committee for the appointment of the Trust Chair and Non-Executive Directors for approval by the Council.

The Committee is chaired by the Trust's Chair with membership comprising elected and appointed Governors. If the Chair is being appointed or not available, the Vice-Chair or one of the other Non-Executive Directors who is not standing for appointment will be the Chair. When the Trust Chair is being appointed, the Committee comprises only of Governors who will elect a Chair of the Committee from amongst its members. The Trust Secretary is the Committee Secretary.

During the year, the Committee led and delivered the process for the appointments of the Chair and Non-Executive Directors for the substantive Board of Directors that was established as part of the merger application process.

Members of the Committee and the number of meetings attended by each member during the year are set out below.

Name	Role	Meetings Attended (actual/ possible)
Prof Sheila Salmon (from 01.11.17)	Chair	4/ 4
Janet Wood (Acting Chair until 31.10.17)	Vice-Chair	1/ 4
Brian Arney	Public Governor	8/ 8
Roy Birch (from 23.08.17)	Public Governor	5/ 7
David Bowater	Appointed Governor	8/ 8
Pippa Ecclestone (from 06.09.17)	Public Governor	5/ 6
Paula Grayson	Public Governor	8/ 8
John Jones	Public Governor	8/ 8
Patrick Sheehan (until 18.08.17)	Public Governor	1/ 1
Clive White	Public Governor	7/ 8
Judith Woolley	Public Governor	5/ 8

Audit Committee

The Audit Committee comprises solely of independent Non-Executive Directors who have a broad set of financial, legal and commercial expertise to fulfil the Committee's duties. Members of the Committee and the number of meetings attended by each member during the year are set out below.

Name	Role	Meetings Attended (actual/ possible)
Janet Wood	Chair of Committee	7/ 7
Mary-Ann Munford	Non-Executive Director	6/ 7
Amanda Sherlock	Non-Executive Director	6/ 7
Nigel Turner (from 01.10.17)	Non-Executive Director	2/ 2
Steve Cotter (until 30.09.17)	Non-Executive Director	5/ 5

At the request of the Committee Chair, each meeting is attended by the Executive Chief Finance Officer, Head of Financial Accounts, an external audit representative, an internal audit representative, and the Local Counter Fraud Specialist. In addition, the Chief Executive presents the Annual Governance Statement on an annual basis.

Internal Audit

The Trust has an internal audit function which forms an important part of the organisations internal control environment. This was provided by Mazars LLP during 2017/18. The functions of the internal audit service are to provide an "independent, objective assurance and consulting activity designed to add value to an organisation's activities". This means that the role embraces two key areas:

1. the provision of an independent and objective opinion to the Accounting Officer, the governing body and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisations agreed objectives;

2. the provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

Local Counter Fraud Specialist

RSM LLP provide the Trust with a dedicated counter fraud services, and agrees a detailed counter fraud work plan with the Trust, based on guidance received from the NHS Counter Fraud Authority. The Trust also has a Counter Fraud Policy and response plan which has been approved by the Board of Directors. Anyone suspecting fraudulent activities within the Trust's services should report their suspicions to the Executive Chief Finance Officer or telephone the confidential hotline on: **0800 028 4060**.

External Audit

The Trust undertook a market testing exercise early in the financial year to appoint a new external auditor. The Council of Governors subsequently approved the appointment of Ernst and Young at their meeting in August 2017.

The value of the external audit contract for 2017/18 was £55,000 (excluding VAT). There was no non-audit work undertaken in the 2017/18 period.

Work of the Audit Committee

During the year, the Committee considered a number of significant issues. These included the ongoing integration of the former south and north Essex Trusts and the legacy internal audit recommendations to be addressed during 2017/18.

In addition, further significant issues relating to the 2017/18 annual accounts which were discussed by the Committee were as follows:

- the requirement to account for the merger of the two legacy organisations as a Transfer by Absorption, and the resulting technical gain of £203,203k which is required to be shown on the face of the Statement of Comprehensive Income;
- the revaluation of land and property and alignment of valuation dates and basis, which resulted in a technical impairment chargeable to the Statement of Comprehensive Income of £3,993k;
- the impact that the receipt of Sustainability and Transformation Funding from the Department of Health had on the Trust's reported surplus and which totalled £7,855k;
- the treatment of HM Prison Chelmsford as an onerous contract in the 2017/18 accounts, and the resulting mitigation and lessons learned which have been adopted by the Trust;
- the Audit Committee considered the issue of going concern and the Trust's future financial plans that are in place, and recommended that the Board sign off the appropriate statements.

Council of Governors

An integral part of the Trust is the Council of Governors who brings the views and interests of the public, service users and patients, carers, our staff and other stakeholders into the heart of our governance. This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments in order to help improve the quality of services and care for all our service users and patients.

The Council comprises 41 members: 28 of which are elected to represent public constituencies, six who are elected as staff representatives and seven appointed partnership organisations.

Role of the Council

The over-riding role of the Council is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and of the public. This includes scrutinising how well the Board is working, challenging the Board in respect of its effectiveness and asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust, questioning Non-Executive Directors about the performance of the Board and of the Trust, to ensure that the interests of the Trust's members and public are represented.

Governors on the Council meet the 'fit and proper persons test' described in the Trust's NHS Improvement provider licence.

The roles and responsibilities of the Council are set out in our constitution. The Council's statutory responsibilities include:

- to amend/approve amendments to the Trust's constitution;
- to appoint/remove the Chair and other Non-Executive Directors;
- to approve the appointment of the Chief Executive;
- to determine the remuneration, allowances and other terms and conditions of office of the Chair and Non-Executive Directors;
- to appoint/remove the Trust's external auditor;
- to provide views to the Board of Directors in the preparation of the Trust's annual plan;
- to receive the Trust's annual report and accounts and any report of the auditor;
- to take decisions on significant transactions and on non-NHS income.

The Council of Governors is required to meet a minimum of four times a year.

The Health and Social Care Act 2012 requires the Board of Directors to empower Governors by:

- holding open Board meetings;
- before holding a Board meeting, the Board must send a copy of the agendas to the Council;
- sending copies of the approved minutes to the Council as soon as practicable after holding a Board meeting;
- ensuring that Governors are equipped with the skills and knowledge they need to undertake their role.

Composition of the Council of Governors

The Council is led by the Chair of the Trust. The composition of the Council of Governors is in accordance with the Trust's constitution as below:

Constituency		Number of Governors
Public	Essex Mid & South	11
	Milton Keynes, Bedfordshire & Luton	7
	North East Essex & Suffolk	5
	West Essex & Herts	5
Staff	Clinical	3
	Non-clinical	3
Appointed	Bedford Borough Council and Central Bedfordshire Council*	1
	Essex County Council	1
	Southend Borough Council	1
	Thurrock Council	1
	Anglia Ruskin and Essex Universities*	1
	CVS Essex	1
	Service Users & Carers Forum	1

** Joint appointment*

Council of Governors Elections

EPUT was established on 1 April 2017 following the successful merger between SEPT and NEP. Public and Staff Governor elections and appointments to the Council of Governors commenced on the establishment of the new Trust on 1 April 2017. Nine Prospective Governor Workshops, led by the Acting Chair and Trust Secretary were held across the Trust's constituencies during April with over 100 people attending. Elections commenced on 20 April 2017 and voting closed on 16 June 2017, with the results being declared on 19 June 2017.

Elections were conducted by using the single transferrable vote electoral system.

Public and Staff Governors were elected for either a two or three year period as provided for in the constitution and are known as Transitional Period Governors.

A summary of candidates and election turnout is as below:

	Number of Governors to be Elected	Number of Candidates	Election Turnout
Public: Essex Mid & South	11	27	4.9%
Public: Milton Keynes, Bedfordshire & Luton	7	8	5.2%
Public: North East Essex & Suffolk	5	5	Uncontested
Public: West Essex & Herts	5	14	7.1%
Staff: Clinical	3	4	10.8%
Staff: Non-clinical	3	2	Uncontested

Prior to the completion of the elections, the constitution provided for Appointed Governors to be responsible for holding the Non-Executive Directors individually and collectively to account for their performance as a Board.

Board's Relationship with the Council

The Trust Chair is responsible for the leadership of both the Council of Governors and the Board of Directors. The Chair has overall responsibility for ensuring that the views of the Council and Trust members are communicated to the Board as a whole and considered as part of decision-making processes and that the two bodies work effectively together.

The Chair works closely with the nominated Lead and Deputy Lead Governors and meets with them and the Senior Independent Director and Trust Secretary prior to each Council meeting to set the agenda and review key issues.

The Executive and Non-Executive Directors attend each meeting of the Council presenting agenda items and take part in open discussions that form part of each meeting. Standing agenda items also include reports from the Chief Executive and Executive Directors on Trust performance, finance and quality matters, a report from the Chair, and national and local systems updates. Non-Executive chairs of each Board standing committee also present on a rotational basis a summary report of the committees' deliberations.

The Senior Independent Director actively pursues an effective relationship between the Council and the Board. Governors can contact the Senior Independent Director if they have concerns regarding any issues which have not been addressed by the Chair, Chief Executive or Executive Chief Finance Officer. The Council in liaison with the Senior Independent Director is developing a Policy for Engagement with the Board of Directors (where there is Disagreement or Concerns with Performance) which outlines how the Council and Board engage as well as the procedure to be followed when there are disagreements and/or when the Council has concerns about the performance of the Board.

Board of Directors meetings are held in public and Governors can and do attend, having the opportunity to ask questions of the Board on matters relating to agenda items. In addition, the Trust has established working groups of Board and Council representatives to take forward specific work including, for example, the review of the Trust's operational plan through the Strategic Planning Group, the development of the Trust's Membership Framework, etc.

Both the Board of Directors and the Council of Governors are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible.

The Board values the relationship it has with the Council and recognises that its work promotes the strategic aims and assists in shaping the culture of the Trust. Both the Board and the Council are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible.

Keeping Informed of Governors' and Members' Views

During the year the Board was kept informed of the views of Governors and members in a number of ways. The Board recognises the importance of ensuring the relations with stakeholders are embedded and in particular there is dialogue with members, patients and the local community. The Trust encourages quality engagement with stakeholders and regularly consults and involves Governors, members, patients and the local community through various routes. It also supports Governors in ensuring they represent the interests of the Trust's members and the public, through seeking their views and keeping them informed.

During the year the Membership Framework was developed which outlines the vision for membership over the period 2018-2021. It includes the priorities to build an effective, responsive and representative membership body that will assist in ensuring the Trust is fit for its future in the changing NHS environment. The Framework recognises that there will be a wide variation in the level of participation of our members and therefore provides a range of pathways from which choices can be made. Every effort will be made to be inclusive in the approach to involvement with the aim of the membership community reflecting the social and cultural mix of the Trust's constituencies.

Some of the key features of the wide-range of engagement mechanisms with Governors and members include:

- attendance and agenda item presentations by Executive Directors and Non-Executive Directors at all Council meetings held quarterly (Governors are provided with the opportunity of asking questions and providing feedback);
- council meetings held in public;
- Non-Executive Directors and Governors informal meetings held quarterly;
- Chief Executive briefing sessions with Governors held quarterly;
- Lead and Deputy Lead Governors meetings with Chair, Senior Independent Director and Trust Secretary held quarterly;
- Lead Governor and Senior Independent Director meetings held quarterly;
- attendance by Governors at Board of Director meetings;
- joint Quality Visits by Governors and Board Directors to Trust sites;
- Governor Strategic Planning Working Group meetings led by Executive Director Corporate Governance & Strategy;
- joint Director/Governor Task & Finish Groups established as required;
- public member meetings: 'Your Voice' meetings were launched during in 2017 with 10 meetings being held in November/December 2017 and in March 2018 in all Trust constituencies (members and the public were able to meet with the Chair, Chief Executive, Directors, Senior Managers and Governors);
- guidance for the management of queries/issues/feedback raised by Governors outside of formal meetings was established, with member/patient feedback being reviewed by the Patient & Carers Experience Sub-Group;
- our website www.eput.nhs.uk.

The Trust fosters an 'open door' policy where issues, queries and feedback can be raised with the Chair, the CEO and any Board member as appropriate either on a face to face basis or via email.

Feedback and views are captured and shared with the Board as described above and are also reported, for example, through:

- report from the Council in the Trust's annual report;
- statement from the Council in Trust's Quality Report/Account;
- Annual Members Meeting;
- Our Voice (members' magazine).

Staff members are also able to provide feedback and share concerns through various mechanisms in the Trust as part of the Trust's approach to being open. This includes, for example, the 'I'm worried about' facility on the intranet and the Freedom to Speak Up initiative as well as through team, professional groups and directorate meetings and the Whistleblowing Policy and Procedure.

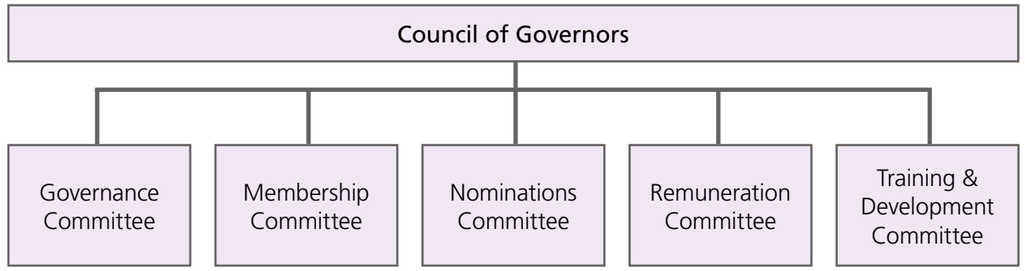
Table 20: Council of Governors Meeting Attendance 2017-2018

Name	Term		Attendance at Council of Governor Meetings (actual/ possible)
Public: Milton Keynes, Bedfordshire & Luton			
Yvonne du Casse	1st term: 3 years	Jun 2017 – May 2020 Resigned July 2017	0/ 1
Jackie Gleeson	1st term: 3 years	Jun 2017 – May 2020 Resigned July 2017	0/ 1
Paula Grayson	1st term: 2 years	Jun 2017 – May 2019	4/ 5
John Jones	1st term: 2 years	Jun 2017 – May 2019	5/ 5
Hasan Kayani	1st term: 2 years	Jun 2017 – May 2019	3/ 5
Jim Thakoordin	1st term: 3 years	Jun 2017 – May 2020 Resigned Sept 2017	0/ 3
Clive Travis	1st term: 3 years	Jun 2017 – May 2020	3/ 5
Alex Zihute	1st term: 3 years	Jul 2017 – May 2020	4/ 4
Pubic: Essex Mid & South			
Roy Birch	1st term: 3 years	Jun 2017 – May 2020	5/ 5
Toby Blunsten	1st term: 3 years	Jun 2017 – May 2020	5/ 5
Keith Bobbin	1st term: 3 years	Jan 2018 – May 2020	0/ 0
Karen Brown	1st term: 2 years	Jun 2017 – May 2019	2/ 5
Bob Calver	1st term: 2 years	Aug 2017 – May 2019	2/ 3
James Clarke	1st term: 3 years	Jun 2017 – May 2020	4/ 5
Shurleea Harding	1st term: 3 years	Jun 2017 – May 2020	0/ 5
Andrew Hensman	1st term: 2 years	Jun 2017 – May 2019	3/ 5
Poppy Miller	1st term: 3 years	Jun 2017 – May 2020	5/ 5
Sam Rakusen	1st term: 2 years	Feb 2018 – May 2019	0/ 0
Patrick Sheehan	1st term: 2 years	Jun 2017 – May 2019 Resigned Sept 2017	2/ 2
Cathy Trevaldwyn	1st term: 2 years	Jun 2017 – May 2019 Resigned Feb 2018	5/ 5
Judith Woolley	1st term: 2 years	Jun 2017 – May 2019	3/5
Tony Wright	1st term: 3 years	Jun 2017 – May 2020 Deceased Feb 2018	3/ 4

Public: North East Essex & Suffolk			
Ted Beckwith	1st term: 3 years	Jun 2017 – May 2020	4/ 5
Peter Cheng	1st term: 2 years	Jun 2017 – May 2019	5/ 5
Mikey Henderson	1st term: 2 years	Jun 2017 – May 2019	0/ 5
James Mcguiggan	1st term: 3 years	Jun 2017 – May 2020	3/ 5
Clive White	1st term: 3 years	Jun 2017 – May 2020	4/ 5
Public: West Essex & Herts			
Brian Arney	1st term: 3 years	Jun 2017 – May 2020	5/ 5
David Bamber	1st term: 3 years	Jun 2017 – May 2020	1/ 5
Nadiene Birch	1st term: 2 years	Jun 2017 – May 2019	4/ 5
Pippa Ecclestone	1st term: 3 years	Jun 2017 – May 2020	5/ 5
Michael Waller	1st term: 2 years	Jun 2017 – May 2019	3/ 5
Staff: Clinical			
Ben Victor-Okoh	1st term: 3 years	Sept 2017 – May 2020	2/ 2
Gail Gibbs	1st term: 2 years	Jun 2017 – May 2019	4/ 5
Ben Morris	1st term: 3 years	Jun 2017 – May 2020 Resigned Sept 2017	0/ 2
Tracy Reed	1st term: 3 years	Jun 2017 – May 2020	4/ 5
Staff Non-Clinical			
Pam Madison	1st term: 3 years	Jun 2017 – May 2020	5/ 5
Gill Toby	1st term: 3 years	Jun 2017 – May 2020	4/ 5
Bedford Borough Council and Central Bedfordshire Council			
David Bowater	1st term: 3 years	Jun 2017 – May 2020	4/ 5
Essex County Council			
Andy Wood	1st term: 3 years	Jun 2017 – May 2020	2/ 2
Southend Borough Council			
James Moyies	1st term: 3 years	Aug 2017 – May 2020	4/ 4
Thurrock Council			
Tony Fish	1st term: 3 years	Jun 2017 – May 2020	0/ 5
Anglia Ruskin and Essex Universities			
Graham Underwood	1st term: 3 years	Jun 2017 – May 2020	3/ 5
CVS			
Clive Emmett	1st term: 3 years	Sept 2017 – May 2020	2/ 3

Council of Governors Committees

The Council's committee governance framework is designed to ensure it robustly supports and enables the Council to fulfil its duties, roles and responsibilities effectively. The Committees do not have any delegated authority. All responsibilities are undertaken in support of the Council as it is the Council of Governors that holds the responsibility for decisions relating to all issues covered by the Committees.



Governor Training and Development

The Governor Training & Development Committee is a standing committee of the Council that provides support in ensuring that there are effective and robust training and development arrangements in place to develop Governors' skills, knowledge and capabilities. This enables them to be confident, effective, engaged and informed members of the Council, thereby ensuring that the Council as a body remains fit for purpose and is developed to ensure continued delivery of its responsibilities effectively.

During the year the Trust has hosted or provided Governors with access to a range of training and development opportunities with the purpose of enhancing their knowledge and understanding of the organisation.

All Governors have undertaken a comprehensive induction programme which is regularly reviewed and updated, taking account of best practice from the centre. This is part of the Trust's Governor Learning & Development Pathway modular framework that covers the life-cycle of a Governor.

During 2017/18 there have been various opportunities for providing support to Governors with their training and development including:

- three induction meetings covering sessions about the Trust, the Governor role and the type of information Governors see;
- briefing on how the Governor work plan check list that sets out how to fulfil the Governor role;
- Non-Executive Director recruitment refresher training to support the interview panel for the recruitment of the Chair and Non-Executive Directors;
- NHS finances and performance briefing including effective questioning in relation to performance and finance.

The Trust has also kept Governors well informed of training and development workshops and conferences hosted by other organisations, including NHS Providers, and encouraged all to utilise these development opportunities. Our Governors are encouraged to share their experiences of events attended through a written event feedback form which is circulated to the wider Council.

The Lead Governor is also the Deputy Chair and a member of the NHS Providers Governor Advisory Panel and provides quarterly updates to the Council. He has also established a Regional Lead Governors network and provides written updates to the Council.

Governors are also kept regularly informed through direct emails and the internal Governor e-newsletter. Knowledge is kept up to date through the sharing of best practice and centrally published information. In addition, the Chief Executive provides a briefing in private prior to each Council meeting.

In addition, the Council has established a buddy framework to support new Governors. They introduced a skills and interests check list that identifies the skills and knowledge gaps for Governors so that appropriate training and development modules and/or briefings can be developed as well as identifies the wealth of skills and interest areas that could be usefully utilised by the Council and therefore be shared with fellow Governors.

Council of Governors Register of Interests

All members of the Board of Directors and Council of Governors have a responsibility to declare relevant interests as defined in the Trust's constitution. These declarations are made known to the Trust Secretary and entered into two registers which are available to the public.

Details can be requested from the Trust Secretary at:

The Lodge, Lodge Approach, Wickford SS11 7XX

or email: **epunft.membership@nhs.net**

Governor Expenses

Governors do not receive remuneration but are able to claim travel and other expenses in line with Trust policy. During the year Governor expenses incurred totalled £8,100 and were claimed by 20 Governors out of a total of 44 in office.

Governors Contact Details

Governors can be contacted through the Trust Secretary Office by any of the following methods:

Email: **epunft.membership@nhs.net**

Freephone: **0800 023 2059**

Post:

Freepost RTRG–UCEC-CYXU
Trust Secretary Office
The Lodge
Lodge Approach
Wickford SS11 7XX

Council meetings are open to the public and details are published on the website together with the papers and minutes of the meetings.

Annual Report of the Council of Governors 2017/18

We are pleased to write this first report to members from the Council of Governors of EPUT. The Council was formally established on 22 June 2017, following a full set of elections/appointments and so this report reflects this reduced period. We are pleased that the Council has an equal representation of Governors from the predecessor Trusts (SEPT and NEP) as well as colleagues new to the role.

We have taken our role as 'critical friend' seriously, questioning the directors regularly so as to satisfy ourselves that proper process has been undertaken, that risks identified have appropriate mitigating actions in place which are monitored, and that the interests of the patients and carers have been uppermost in any decisions which have been made.

Those Governors who were able to attend the Council meetings every quarter will have appreciated the session before the main meeting in which the Chief Executive, Sally Morris, provides a confidential briefing on the Trust and gives a presentation on a subject of interest for us to discuss with her. This has been very helpful, enhancing as it does the closer working relationship between the Governors and the Chief Executive, and provides a further opportunity for us to ask questions. We were pleased to note that, following the merger, the services provided to patients continued seamlessly and that from our experience we believe the staff are settling into the new organisation.

One of the first jobs of the Council of Governors was to appoint the Chair and Non-Executive Directors of the new Board of Directors. As reported in more detail in the Code of Governance/Board of Directors section of this report, this commenced in the autumn. It provided us with an opportunity to examine with particular care the make-up of the Board members with a view to ensuring that there was an appropriate and useful mix of talent and expertise. Our new Chair, Professor Sheila Salmon, took up her post on 1 November 2017 and she has quickly got into the stride of our Trust, as well as with the new role to her of working with a Council of Governors.

We also had the opportunity to meet regularly with our Non-Executive Directors (NEDs) including the Chair to discuss matters in an informal atmosphere so we are more able to understand the NEDs' role and how they undertake it. This then links into our statutory duty to receive assurance on the performance of the NEDs and the Chair on an annual basis as well as to appoint/reappoint NEDs.

During the year it has also been 'business as usual' and an important part of our role is undertaking Quality Visits, which we have now restarted, in the company of one of the Executive Directors and a NED. This gives us an opportunity to talk to service users/patients, their carers and staff and to provide feedback to the Trust on what we have found, areas of good practice and any areas which we consider need to improve. We have also been involved in reassuring ourselves that EPUT complied with Monitor's Code of Governance. This guidance helps Trusts to deliver effective and quality corporate governance, contribute to better organisational performance and ultimately discharge their duties in the best interests of patients and service users.

There are Governors present at all public Board meetings to provide us with an insight into how the NEDs and the Executive Directors interact as well as to ask questions on your behalf. This is all in addition to the Public Member meetings ('Your Voice') which Governors chair and attend.

We are mindful that we are elected or appointed to represent you, the members of our Trust, or our stakeholder organisations, and to satisfy ourselves on your behalf that service users'/patients' needs are always the top priority and that the services provided are safe and of high quality, while at the same time maintaining independence from executive decisions. We have a good mix of experienced and new Governors so a number of training and development sessions have been held for all Governors to ensure we are all knowledgeable about our responsibilities to members as well as our formal statutory duties.

The annual Staff Survey has shown that EPUT has many high scores across a wide variety of parameters. We note those areas where there is some room for improvement, which is to be expected in a newly merged Trust. We as Governors would like to take this opportunity to congratulate the staff on continuing to provide services and care levels that are outstanding within the fields of both mental and community health services particularly during this year of transition.

We ask members to note that we still have a strong presence in Bedfordshire and Luton as we continue to provide the local forensic mental health services there commissioned by NHS England as well as children's immunisation.

We wish to thank Janet Wood in her role as Acting Chair of EPUT, during the period from 1 April to 31 October 2017. She provided a huge amount of knowledge and experience which ensured we provided quality and safe services during a difficult time when the Trust was establishing itself.

Finally, we hope that you, as members, have been satisfied with the representation which we, as Governors, have been able to provide during the past year. If you have any questions which you wish to ask us then feel free to send us these through the Trust Secretary's Office.

John Jones
Lead Governor

Brian Arney
Deputy Lead Governor

Membership

Foundation Trust membership aims to give local people, service users, patients and staff a greater influence in how the Trust's services are provided and developed. The membership structure reflects this composition and is made up of two categories of membership.

Public Members

Our aim is to build a broad membership that is evenly spread geographically across the local area we serve and reflects the ages and diversity of our local population.

The geographical area of the Trust serves is sub-divided into constituencies using STP boundaries. All people aged 12 and over and living in one of the constituencies listed on **page 80** can become a member:

Staff Members

All staff who are on permanent or fixed term contracts that run for 12 months or longer are automatically members, unless they opt out, although few chose to do so. Staff who are seconded from our partnership organisations and working in the Trust on permanent or fixed term contracts that run for 12 months or longer are also automatically eligible to become members. Staff are members of one of two sub-groups which are linked to their different fields of work – clinical or non-clinical.

Membership Size

Membership is important in helping to make the Trust more accountable to the people we serve, to raise awareness of mental health, community health and learning disability issues, and assists the Trust to work in partnership with our local communities.

The Trust's aim is to ensure that our membership is similar to demographic proportions in the population served by the Trust. The current membership comprises the membership from the predecessor Trusts (NEP and SEPT). Prior to the establishment of EPUT on 1 April 2017, all members were given the opportunity to opt out of the new Trust's membership. However, significant growth is not the primary aim. Creating a more active and representative membership with increased engagement will be the main focus over the next three years.

As at 31 March 2018, the Trust had 25,343 members as follows:

Membership Size and Movements 2017/18	
Public constituency	
At year start (April 1)	19,384
New members	58
Members leaving	581
At year end (March 31)	18,861
Staff constituency	
At year start (April 1)	7,566
New members	94
Members leaving	1,178
At year end (March 31)	6,482

Analysis of Public Membership 2017/18		
Public constituency		Number of members
Age (years)	0-16	4
	17-21	134
	22+	15,120
Ethnicity	White	14,791
	Mixed	313
	Asian or Asian British	1,126
	Black or Black British	702
	Other	68
Socio-economic groupings	AB	4,674
	C1	5,435
	C2	4,114
	DE	4,479
Gender analysis	Male	7,342
	Female	11,249

The analysis section of the above table excludes:

- 3603 public members with no dates of birth
- 1861 members with no stated ethnicity
- 159 members with no socio-economic grouping
- 270 with no gender

General exclusions: suspended members and inactive members.

Membership Framework

The Trust recognises that the Council of Governors directly represent the interests of the members and the local communities it serves. The Trust believes that its members have an opportunity to influence the work of the Trust and the wider healthcare landscape, thereby making a real contribution towards improving the health and wellbeing of service users/patients, and the quality of services provided.

The Membership Framework is one of six frameworks that underpin the Engagement Strategy that recognises the need to put service users and the public at the heart of our engagement. It has a direct link to engagement with our range of stakeholders and should be read in conjunction with the Communications, Patient Experience and Carers' Frameworks.

The Membership Framework outlines the Trust's vision for membership and priorities over the period 2018-2021 and includes the priorities to build an effective, responsive and representative membership body that will assist in ensuring the Trust is fit for its future in the changing NHS environment. It recognises that there will be a wide variation in the level of participation of our members and therefore provides a range of pathways from which choices can be made. Every effort will be made to be inclusive in the approach to involvement with the aim of the membership community reflecting the social and cultural mix of the Trust's constituencies.

The key priorities are to:

- encourage and maintain members with the aim of establishing a membership that is representative of the population the Trust serves;
- communicate effectively with members;
- develop an active membership including engagement with the public and key stakeholders.

The Council of Governors is responsible for the implementation of the Framework supported by primarily the Trust Secretary Office and is approved and endorsed by both the Council and the Board of Directors. An annual action plan has been developed to deliver the priorities which will be monitored on a quarterly basis by the Council's Membership Committee. The Committee also reviews membership activities and representativeness through analysing the membership demographics, identifying plans to ensure a representative membership and promoting engagement from members and the wider community.

The Framework will be reviewed annually to ensure it remains meaningful and relevant as well as to assess progress and to identify where delivery of priorities may have not been achieved.

Engagement and Recruitment

During 2017/18 ten Your Voice meetings were held across the Trust constituencies. These were chaired by Governors and supported by the Chief Executive (or an Executive Director) and the Chair and/or Non-Executive Directors as well as senior operational officers based in the locality. The format of the meetings provided the opportunity for the public and members to hear about local services/issues/topics as well as the opportunity to ask questions of senior management in open forum. The opportunity was also taken at all meetings to provide attendees to share their views on the future of the Trust and to receive updates on the action taken by the Trust following analysis of this feedback.

A variety of topics were presented at the meetings including:

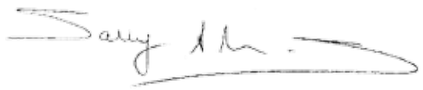
- keeping people out of hospital;
- living with dementia;
- Thurrock First;
- stroke services;
- nurse-led wellbeing clinics;
- how to access psychological and personality disorder services;
- social inclusion and employment support – helping people with mental health conditions back to work;
- how to access carers support and integrated social care;
- transfer of care – improving the patient experience.

Overall, the meetings were well attended and the presentations well received with the majority of attendees agreeing that they had a better understanding of the presentation topic and the meetings were worthwhile attending.

Members are also kept up to date with developments at the Trust by:

- e-communications;
- receiving the members' newsletter, Our Voice, that provides up to date information and features on the Trust including service developments, information on issues relating to mental health, community services and learning disabilities, information about the Council of Governors, etc;
- visiting the member pages on our website www.eput.nhs.uk ;
- using social media such as becoming a friend of the Trust on Facebook and/or following the Trust on Twitter;
- attending public meetings of the Board of Directors and Council of Governors;
- attending locality based patient/carer events;
- contributing to the development of the Trust's Operational Plan by attending stakeholder planning events.

At all our meetings, members are actively encouraged to ask questions and responses are provided by a member of the Board, senior management team or clinician.



Sally Morris
Chief Executive
Essex Partnership University NHS FT
24 May 2018

EPUT

QUALITY REPORT 2017/18

Executive Summary

As a merged organisation in its first year, we provide a range of different services, in different geographic areas, resulting in a complex document. To help readers navigate our Quality Report, a summary of content and where you can find specific information that you may be looking for is provided below.

PART 1

STATEMENT ON QUALITY FROM SALLY MORRIS, CHIEF EXECUTIVE OF EPUT 2017/18

I am delighted to present this Quality Report for 2017/18, which shows how Essex Partnership University Foundation Trust (EPUT) met our quality commitments for the past year – our first as a newly-merged organisation - and outlines our quality priorities in 2018/19.

Sally Morris,
Chief Executive

There were a number of reasons for merging. Put simply, we believe that by taking the best from both we are stronger together. Our five-year plan enables us to:

- deliver safer, more sustainable care;
- be a more attractive employer to improve recruitment and retention;
- integrate physical and mental health care;
- reduce the number of people who need to be treated outside of Essex;
- provide a more secure and stable financial future for local services.

In this inaugural year as a new organisation we have been taking the first steps on our journey towards our ambition to be rated by the CQC as an 'Outstanding' NHS Foundation Trust in 2022.

The past year has seen some significant achievements. One of these is ensuring we have robust governance in place. Good governance is not the most interesting of achievements, perhaps, but it is certainly one of the most important. It safeguards the interests of all our stakeholders, helping us all to achieve the Trust's aims and objectives. A strong foundation of good governance processes empowers people, especially our staff, to do their very best for the people they care for and for their colleagues and others with whom they come into contact. This report details many other achievements of which the Trust and our staff can be justifiably proud. I hope you enjoy reading about them. We have tried to make the report as easy to follow as possible. There are contact points at the end of the report – please do not hesitate to get in touch if you wish to know more about any of our quality improvements.

It is, of course, disappointing that we did not achieve all our quality priorities this year. However, we are on a quality improvement journey and we have only just started. We most certainly have drive and determination and we also have among the very best people working for us and caring for our patients and their families – all the key ingredients for going from strength to strength towards a successful future.

Looking forward, a key goal for next year is to develop an organisation-wide quality improvement approach. One of the first actions we took as a new Trust was to establish our own Quality Academy, designed to create the right environment and to equip our staff with the best tools and a dynamic support network to drive forward real improvements in care. We have around 170 Quality Champions now, including a cohort of service users working with staff, and we are empowering them to undertake local improvement projects and develop new and innovative ways of providing care. Next year we will also maintain our relentless focus on continuously improving patient safety. We remain firmly committed to doing all we can to put things right, wherever necessary and wherever possible, by taking a very open approach and empowering and supporting staff to make the changes needed.

As a new NHS Foundation Trust, EPUT has a fresh Council of Governors which includes elected members of the public and staff, as well as a Board of Directors, both of which are led by our recently appointed Chair. Together, they are driving the Trust on our quality journey, ensuring our staff deliver services to the high standards to which we all aspire and they hold me and my Executive Team to account for the day-to-day running of the Trust.

Our Board of Directors meets in public and ensures that we focused not only on national targets and financial balance, but also place significant emphasis on the achievement of quality in our local services. Our performance is monitored by them consistently and any potential areas for improvement addressed swiftly.

However, I am a very 'hands-on' Chief Executive. I believe in checking personally, where possible and appropriate, that things are as they should be in the Trust. I make unannounced visits to our services at all times of the day and night. I see for myself the care being provided and I hear directly from the people using the services at the time and those staff providing them. I also hold twice-monthly open staff briefing sessions throughout the Trust and talk with our Members and other local people about our services and their experiences at our 'Your Voice' meetings across Essex.

After reading this Quality Report, I hope you will understand how seriously we all at EPUT take our responsibility to provide quality services, and how hard we work to ensure that we continue to deliver services in a caring, dignified and respectful way. We believe that our patients, service users, carers, staff, volunteers and other stakeholders are the best people to tell us what constitutes the highest quality of service. We will continue to strive to meet their expectations and provide the highest standards of care by listening carefully to them and taking action promptly where necessary.

Statement of Accuracy

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

Sally Morris
Chief Executive
Essex Partnership University NHS Foundation Trust

> *My very sincere thanks for all the great kindness and help that I have received from all the lovely staff in hospital and just to know I am really happy in my new home.*
>
> Essex Mental Health Inpatient Services

PART 2

OUR QUALITY PRIORITIES FOR IMPROVEMENT DURING 2018/19 AND STATEMENTS OF ASSURANCE FROM THE BOARD FOR 2017/18

Progress against the quality priorities for improvement for 2017/18, as set out in NEP and SEPT's 2016/17 Quality Reports, is set out in Part 3 of this document.

What services did EPUT provide in 2017/18?

During 2017/2018, EPUT 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. EPUT also provided community health services in Bedfordshire, South East Essex and West Essex as well as some specialist Children's Services Essex-wide. From 1 April 2017, South Essex Partnership University NHS Foundation Trust (SEPT) merged with North Essex Partnership University NHS Foundation Trust (NEP) to form Essex Partnership University NHS Foundation Trust (EPUT).

How have we prepared this Quality Report?

This Quality Report has been prepared in accordance with the national legislation and guidance relating to the preparation of Quality Reports and Quality Reports in the NHS. The legislation and national guidance on Quality Reports and Accounts specifies mandatory information that must be reported within the Quality Report and local information that the Trust can choose to include; as well as the process that Trusts must follow in terms 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 Report as well as independent assurance from an external auditor.

This Quality Report has been collated from various sources and contains all the mandated information that is required nationally, as well as a significant amount of additional local information. It has been set out in three sections in accordance with the national legislation and guidance. The report was considered in draft form by the EPUT Quality Committee and the Board of Directors. The draft report was also sent to Clinical Commissioning Groups, Healthwatch organisations, and Local Authority Health Overview and Scrutiny Committees and they were given 30 days in which to consider the content and provide commentary for publication in the final version. Clinical Commissioning Groups are required to provide a statement whereas the other partners are given the opportunity to provide a statement for inclusion should they wish to do so. The resulting statements are included at Annexe A of this Quality Report. The draft document was also sent to Local Authority Health and Wellbeing Boards for consideration and comment should they wish. The Lead Governor for EPUT also provided a statement, on behalf of the EPUT Council of Governors, which is included in Annexe A.

The document was sent in draft form to the Trust's external auditors in April 2018, in order to provide independent external assurance in accordance with national guidance. This process has been completed and the external auditor's report is included at Annexe C of this Quality Report.

The EPUT Board of Directors approved the final version of the Quality Report 2017/18 and their statement of responsibilities in this respect is included at Annexe B of this report.

2.1 Key actions to maintain and/or improve the quality of services delivered in 2018/19

How have we developed our priorities for the coming year?

In setting the specific quality report priorities, the Board of Directors considered the strategic context, the learning identified through the first year of merger and feedback from staff and stakeholders during the planning event.

The improvements outlined below, follow the baseline work undertaken during 2017/18 and align to our Quality Strategy to ensure we continue to embed learning and make improvements in care. EPUT continues to want to set stretching targets that focus on quality improvement and reducing harm to patients.

■ Priority 1 – Patient Safety

We will continue our journey towards our ambition of achieving harm free care in the following areas:

- Pressure Ulcers
- Falls
- Restrictive Practice
- Medication Omissions
- Early detection of Deteriorating Patient
- Unexpected death

To achieve this, the Trust will:

- achieve of 95% harm free care through the national Safety Thermometer data collection;
- reduce the number of avoidable category 3 and 4 pressure ulcers acquired in our care;
- reduce the number of avoidable falls that result in moderate or severe harm and a 15% overall reduction in falls;
- reduce the number of omitted doses of medication across our services;
- implement 'No Force First' to reduce the number of restrictive practices including restraints;
- roll out suicide prevention training to community mental health teams;
- ensure that all staff working in adult inpatient services, crisis services, access and assessment, prison and IAPT receive recognised, appropriate suicide prevention training including those risks associated with physical health;
- undertake audits to ensure all inpatients are monitored for physical health deterioration using early warning scores.

■ Priority 2 – Clinical Effectiveness

Record Keeping and Personalised Care Planning

Up to date clinical risk assessment and care plans have been a theme identified from our serious incident investigations. As a Trust we, therefore, want to ensure all care plans are produced in collaboration with services users to meet their needs, are regularly reviewed and contain up to date information.

To achieve this, the Trust will:

- undertake record keeping audits and achieve improvement compared to results from audits carried out in Q4 2017/18;
- gather feedback from service users and their families about engagement and collaboration with their care plan to meet their needs and use it to make improvements as necessary.

■ Priority 3 – Clinical Effectiveness

Mortality Review

We will embed mortality review process as developed during 2017/18 in order to identify learning and take action.

To achieve this, the Trust will:

- provide quarterly reports on mortality to the Board of Directors;
- complete thematic reviews of deaths in line with our Mortality Policy;
- identify trends and themes from case note reviews for action;
- undertake audit of serious incident action plan implementation to ensure learning is embedded into practice.

■ Priority 4 - Patient Experience

We will strengthen engagement and involvement with service users, families and carers in relation to the mortality review process and the new clinical model (Transforming Services Year Two).

To achieve this, the Trust will:

- collate and analyse data collected from bereaved families and carers taken each quarter in respect of the trust's level of engagement and involvement with them to inform our processes and training for staff;
- have a protocol in place by end of Q3 for all co-production work with service users, families and carers including an evaluation method to inform our future processes in respect of the new clinical model;
- have trained a cohort of service users and carers to be Trust Quality Champions by the end of Q3.

■ Priority 5 – Clinical Effectiveness

Quality Academy

We will increase the number of staff and service users trained in quality improvement methodologies and involved in the implementation of quality improvement initiatives.

To achieve this, the Trust will:

- provide Quality Champion training in all localities of the Trust with the aim to train a further 120 Quality Champions;
- develop 30 Gold level Quality Champions to provide coaching/mentorship to new recruits;
- provide quality improvement awareness sessions and provide the opportunity for service users and their carers to take part in training and quality improvement initiatives;
- develop directorate quality improvement hubs to drive quality improvement at a local level.

2.2 Learning from Deaths

Background and Context

The effective review of mortality is an important element of the Trust's approach to learning and ensuring the quality of services is continually improved. '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.

A significant amount of work has been undertaken within the Trust during 2017/18 to address the requirements of the national guidance as listed below.

- The development and publication of a Trust Mortality Review Policy and associated Procedural Guidelines.
- In the absence of any national pro formas for Trusts providing mental health/community health service, the development of a local mortality review tool including a locally developed methodology for the assessment of the extent to which a death was due to 'problems in care'. This came into effect from the date of implementation of the Policy (1 October 2017). The Trust is reviewing the effectiveness of this tool, particularly given that it would appear that it is one of very few Trusts undertaking this at the current time.
- The development of an enhanced approach to bereavement support and family and carer involvement and implementation of an action plan to deliver this approach. This includes development of a Bereavement Support Pack and planned strengthening of the Family Liaison Officer support available to bereaved families and carers.
- The strengthening of the governance structure and processes for the review of mortality, including monthly assurance reports to the Mortality Review Sub-Committee from the Deceased Patient Review Group.
- The establishment of a mortality data dashboard, enabling the validation and analysis of death data, mortality surveillance and population of the national dashboard template.
- The publication on a quarterly basis of data and learning from mortality review from 1 April 2017 (first report presented to the Board of Directors in December 2017).
- The participation in a mortality development network for the Midlands and East Region, facilitated by Mazars.

The Trust takes every death of people 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 receiving services 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. It is a very new process across the whole NHS. It continues to be challenging, both nationally and locally, to gather and analyse the data. The review of mortality and reporting of data will thus evolve over time to become more meaningful as we learn from our own experiences of doing this, and those of other NHS Trusts.

As Trusts were able to determine their own local approaches to undertaking mortality review and defining those deaths which should be in scope for review, mortality data is not comparable between Trusts. As such, the Trust is using the 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 provided by the Trust, there will be a number of deaths that will be 'expected'. Nevertheless, we are always mindful that even if the person's death was 'expected', their family and friends will feel deeply bereaved by their loss and we are putting in place enhanced processes to support people who have been bereaved by a death of someone in our care. We will also be undertaking a review of a sample of these 'expected' deaths to identify any learning in terms of the quality of our care provision.

Explanatory notes

**** Please note, all figures stated in the section below relate to deaths 'in scope' for mortality review. Deaths 'in scope' are defined in the Trust's Mortality Review Policy as:***

- all deaths that have occurred within Trust inpatient services (this includes mental health, community health, learning disability and prison inpatient facilities);
- all deaths in a community setting of patients with recorded learning disabilities;
- all deaths meeting the criteria for a serious incident, either inpatient or community based;
- In addition, from 1 October 2017, any other deaths of patients in receipt of EPUT services not covered by the above that meet the criteria for a Grade 2 case note review – these are identified on a case by case basis and will include:
  - any patient deaths in a community setting which has 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 will be deemed to be 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 the Trust 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.

Figures are only stated for Q1 – Q3 of 2017/18. Q4 information will not be reported to the Board of Directors until June 2018. Information in relation to Q4 2017/18 (and updated information in relation to Q1 – Q3 2017/18) will, therefore, be reported in the Trust's Quality Report for 2018/19.

At the time of preparing this Quality Report, the thematic reviews and expected inpatient death review sample for 2017/18 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 including the random sample of 20 expected inpatient deaths will therefore be reported in the Trust's Quality Report for 2018/19.

The figures contained in this section of the Quality Report are consistent with the agreed approach for reporting quarterly information to the Board of Directors and are reported as at 20 March 2018.

National Guidance Ref 27.1

Number of deaths in scope for mortality review

During 2017/18 (Q1 – Q3), * 175 of EPUT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Q1 = 59
Q2 = 55
Q3 = 61

Figures for the fourth quarter are not yet available at the date of preparing this Quality Report and will be reported in the EPUT Quality Report 2018/19.

National Guidance Ref 27.2

Number of these deaths subjected to case record review/investigation

By 20 March 2018, zero case record reviews and 45 Grade 2-4 investigations have been carried out in relation to 45 of the deaths included above.

Note: in addition to the above, 15 case record reviews and 23 investigations are in progress.

In one case a death was subjected to both a case record review and an investigation (case record review in progress). The number of deaths in each quarter for which a case record review or an investigation was carried out (including those in progress) was:

Q1 = 28
Q2 = 24
Q3 = 32

The grade of review for 19 of the 175 deaths is under determination.

Figures for the fourth quarter are not yet available at the date of preparing this Quality Report and will be reported in the EPUT Quality Report 2018/19.

Explanatory note:
72 - closed reviews at Grade 1 (do not fall within the category of case note reviews/investigations)
45 - closed reviews at Grade 2 - 4 (case note review/investigation)
39 - reviews in progress at Grade 2 - 4 (case note review/investigation)
19 - final grade of review still under determination
Total = 175

National Guidance Ref 27.3

Deaths judged more likely than not to have been due to problems in care

One representing 1.7% 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.

**** Note: The Trust only agreed the methodology to assign a 'score' to whether deaths were not likely than not to have been due to problems in care provided to the patient as part of the new Mortality Review Policy which became effective on 1 October 2017. The reporting period to which these figures relate is therefore Q3 (1 October – 31 December 2017).***

In relation to each quarter, this consisted of:

- zero representing 0% for the first quarter (see explanatory note above);
- zero representing 0% for the second quarter (see explanatory note above);
- one representing 1.7% for the third quarter (please note, 46 reviews are still in progress at the date of preparing this information and thus no judgement has yet been made);

Figures for the fourth quarter are not yet available at the date of preparing this Quality Report and will be reported in the EPUT Quality Report 2018/19.

These numbers have been estimated using a tool designed locally by the Trust, based on the Royal College Physicians Structured Judgement Review tool and methodology. This tool is not based in any evidence based research. It is understood that there is national work being undertaken to design a suitable methodology and tool for use by mental health trusts.

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 the death judged more likely than not to have been due to problems in care provided to the patient.

- Review required of supervision arrangements within the team involved to ensure that support workers are supervised appropriately and that supervision is directly related to patients in their care and the supporting documentation.
- All staff within the team need to be reminded that support workers cannot work independently and that their interaction with patients should be supervised and in line with the agreed plan of care.
- Review required of arrangements in place within the team for caseload management.
- Cancellation of scheduled visits should be agreed with the appropriate case load manager and not at the discretion of support workers.
- All patients should have a clear and up to date plan of care documented in their clinical notes that includes triggers for escalation to the multi-disciplinary team or consultant.
- Individual learning issues identified for staff involved.

National Guidance ref 27.5

The following action has been / is being taken in consequence of the learning detailed above:

- Review being undertaken of supervision arrangements by team manager and a clear structure for supervision arrangements for support workers to be provided.
- Review being undertaken of all support workers' supervision notes by the team manager for a period of four months to ensure supervision directly related to patient care and the supporting documentation. Action to be taken in relation to any concerns identified.
- Actions being put in place to ensure that support workers are providing support to patients under the direction of registered staff and that they are reporting to registered staff any observed changes; and that they are able to follow and demonstrate the delivery and implementation of care plans under the direction of registered staff.
- Review being undertaken of the zoning tool currently used during multi-disciplinary team meetings and alternative ways of caseload management being explored to ensure that there is sufficient senior clinical oversight of patients on the caseload.
- Arrangements put in place that require support workers to:
  - inform the care co-ordinator/case worker (or in the absence of the care co-ordinator, the team leader/team manager) when they have to cancel appointments;
  - inform the patient in advance about the cancellation and to share any concerns they have with the care co-ordinator/case worker or management.
- Arrangements being put in place to ensure that patients who are care co-ordinated have an up-to-date care plan/crisis plan that includes relapse indicators and escalation to senior staff, multi-disciplinary team or consultant.
- Specific learning actions being taken by staff involved.

Executive Nurse, Natalie Hammond, launches EPUT's partnership with Samaritans

National Guidance Ref 27.6

The impact of the actions described above is as follows:

- There will be robust supervision arrangements, directly related to patients, in place within the team, which are effectively implemented and monitored.
- There will be robust case load management arrangements in place within the team which will ensure that there is sufficient senior clinical oversight of patients on the caseload.
- There will be clear arrangements in place for appropriate escalation to senior staff where necessary.

There will be documented care / crisis plans in place against which patient care will be monitored and any necessary escalation taken accordingly.

Learning from other deaths subjected to mortality review/investigation

Any appropriate learning is identified from all mortality reviews undertaken and actions agreed irrespective of whether the death has been judged as being more likely than not to have been due to problems in care provided to the patient. A summary of this learning is reported to the Board of Directors in a quarterly report. Examples of such learning in relation to deaths in Q1 – Q3 relate to:

- communication between different services to manage patients with complex risks / presentation;
- information sharing to ensure collaborative working with other organisations, particularly primary/ secondary care and inform clinical decision making;
- documenting multi-disciplinary team discussions including decision making;
- ensuring up-to-date risk assessment and care plans that are individually developed on the basis of both disclosed risk factors and any historical and risk characteristic profile;
- actions to be taken when a patient is disengaging including involvement of families and carers to gather information and undertaking risk assessments of patients who are disengaging before being discharged from services;
- providing advice on medication management to patients;
- reviewing duty protocols to enable adequate crisis response on face to face basis if necessary;
- communicating the drugs and alcohol services pathway;
- family and carer involvement - having face to face discussions with carers and families as well as providing information on resources available; conducting and regularly reviewing carer's assessments; reviewing and changing timings of ward reviews to offer more flexibility to ensure family members can attend; and Family Liaison Officers agreeing with families the frequency of contact during investigations.

National Guidance ref 27.7 – 27.9

Mandated information that will be reported in 2018/19 Quality Report

Reporting on mortality information became effective nationally from 1 April 2017 as part of the National Guidance on Learning from Deaths published by the Quality Board in March 2017. The Trust is, therefore, unable to report on the following mandated information in the Quality Report 2017/18 and will report on this for the first time in the Quality Report 2018/19:

- The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in the Quality Report for that previous reporting period.
- An estimate of the number of deaths included above which the Trust judges 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.

A revised estimate of the number of deaths during the previous reporting period taking account of the deaths referred to in the point above.

2.3 Stretching goals for quality improvement – 2018/19 CQUIN Programme (Commissioning for Quality and Innovation) for EPUT

Commissioners have incentivised Essex Partnership University NHS Foundation Trust (EPUT) to undertake 56 CQUIN projects in 2018/19 which aim to improve quality of care and encourage collaborative working.

CQUINs in 2018/19 remain unchanged as they enter year two of progression with the only exception of Neighbourhood Workforce Development which has now ended.

The value of the 2018/19 CQUIN scheme for EPUT is £5,906,566.79 which equates to 2.5% of Actual Annual Contract Value, as defined in the 2017/18 NHS Standard Contract.
In contrast to previous years, all are national CQUIN schemes.

The CQUIN programme content was markedly different in 2017/18 in line with national NHS England guidance which explains

"The CQUIN scheme has shifted focus from local CQUIN indicators to prioritising system wide Sustainability and Transformational Plans (STP) engagement and delivery of financial balance across local health economies. It is anticipated that that this approach will free up commissioner and provider time and resource to focus on delivering critical priorities locally."

Given the financial and capacity challenges facing the NHS and the need to transform area-wide care pathways involving many service providers to effectively deliver care, the 2018/19 CQUIN programme contains seven CQUIN that incentivise providers to collaborate and deliver quality and efficiency through transformation.

Nursing colleagues support Anti-Bullying messages

CEO Sally Morris launches EPUT's Smokefree Campaign

EPUT staff taking on fitness challenges

There are four CQUIN themes that enable the embedding of existing project work from 2017/2018:

- **Staff Health & Well-being** – a three-part CQUIN applicable to community and mental health contracts that incentivises provision of a well-rounded programme of physical and mental health initiatives to support and promote staff wellness
- **Physical Health** – a two-part CQUIN applicable to mental health contracts only that encourages physical health monitoring for patients with schizophrenia through consistent assessment and documenting of physical health and better partnership working with GP's
- **Reducing Restrictive Practice** – exploration of staff and service user experience of restrictive practice in developing initiatives that support least restrictive practice
- **Recovery College** – successfully launched FRESH, our new Recovery College and objectives for this year will embed this initiative

The commitment to rollout of national CQUIN programmes for a minimum of two years and five years in the case of Physical Health for People with Severe Mental Illness is very positive in our view. This acknowledges the length of time for real change to occur especially regarding change in health behaviour and supports embedding of change in practice.

In conclusion, the Trust is dedicated to continually improving services 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.

2.4 Statements of Assurance from the Board relating to EPUT 2017/18

We are mindful of contextual events including transition within a newly merged organisation, and dependencies inherent in the progression of shared CQUIN schemes that may present risks but anticipate teams will ably meet the challenges for the coming year.

2.4.1 Review of services

During 2017/18, EPUT provided and/or sub-contracted 156 relevant health services.

EPUT has reviewed all the data available to them on the quality of care in 156 of these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 96% of the total income generated from the provision of relevant health services by EPUT for 2017/18.

The data reviewed aimed to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. During 2017/18 monthly data quality reports have been produced in a consistent format across all services. These reports monitor both 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 section 2.4.6 below.

2.4.2 Participation in clinical audits and national confidential enquiries

Clinical audit is a quality improvement process undertaken by doctors, nurses, therapists and support staff that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change (NICE 2005). Robust programmes of national and local clinical audit that result in clear actions being implemented to improve services is a key method of ensuring high quality. Clinical audit is a tool to assist in improving services. The Trust participates in all relevant National Clinical Audit Patient Outcome Programme (NCAPOP) audit processes and additional national and locally defined clinical audits identified as being important to clinical outcomes of our service users.

During 2017/18 11 national clinical audits and one national confidential enquiry covered relevant health services that EPUT provides.

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

The national Clinical Audits and national confidential enquiries that EPUT was eligible to participate in during 2017/18 are as follows:

- National Sentinel Stroke National Audit Programme Round 5 (SSNAP) 2017/18
- National Diabetes Foot Care Audit Round 3
- National Chronic Obstructive Pulmonary Disease (COPD) Audit - Pulmonary Rehabilitation Work stream Round 3
- National Audit of Parkinson's Disease
- National Falls and Fragility Audit Programme
- POMHuk 17a Use of DEPOT/LA Antipsychotic injections for relapse prevention
- POMHuk 15b Prescribing Valproate for Bipolar Disorder
- POMHuk 16b Rapid Tranquilisation Re-audit
- National Audit Benchmarking Intermediate Care
- National Clinical Audit of Psychosis
- National Early Intervention in Psychosis

National Confidential Enquiries:

- CAMHS

The national clinical audits and national confidential enquiries that EPUT participated in during 2017/18 are as above.

The national clinical audits and national confidential enquiries that EPUT participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

Audit (POMH = Prescribing Observatory for Mental Health)	No. of cases submitted as a % of the number of registered cases required by the terms of the audit/enquiry
Sentinel Stroke National Audit Programme Round 4 (SSNAP) 2017/18	Data collection is on-going and continuous
National Diabetes Foot Care Audit Round 3	Data collection is on-going and continuous
National Audit of Parkinson Disease	100% of relevant cases had information provided to national organisers
POMH UK 17a use of depot/LA antipsychotic injections for relapse prevention	100% of required cases had information provided to national organisers
National Early Intervention in Psychosis Services	All relevant cases submitted
POMH UK 15b prescribing valproate for bipolar disorder	100% of required cases had information provided to national organisers.
NHS National Benchmarking for: Intermediate care	West Essex Community Services participation. All relevant cases included in the Benchmarking Process.
National Chronic Obstructive Pulmonary Disease (COPD) Audit - Pulmonary Rehabilitation Work stream Round 3	West Essex CHS 100% of relevant cases had information provided to national organisers.
National Clinical Audit of Psychosis	281 of target 300 cases submitted
National Audit Early intervention in Psychosis	100% of required cases had information provided to national organisers.
National Confidential Enquiry – CAMHS	100% of relevant cases were submitted with information to national organisers

The reports of five national clinical audits were reviewed by EPUT in 2017/18 and we intend to take the following actions to improve the quality of healthcare provided (examples only are listed):

- Raise staff awareness of access & waiting time targets and increase in age range for Early Intervention in Psychosis Services internally through Communications Team
- Discuss with commissioners about funding to enable all relevant service users to be offered Cognitive Behavioural Therapy (CBT) to meet national standard
- Service users to be offered employment support programme - (not commissioned in South West)
- Carers to be offered an education and support programme
- Review of the current stroke pathway to address improvements to meet compliance against the required standards including physiotherapy, speech and language therapy, occupational therapy, psychological support following discharge
- Improve practice around conducting de-briefs and documenting them after each episode of rapid tranquilisation
- Improve documentation of a care plan around management of future episodes of disturbed behaviour within one week of administering rapid tranquillisation – re-audit
- Improve discussions and inclusion in the care plan of any preferences patient might have in management of acutely disturbed behaviour
- Ensure there is a recent ECG prior to administering Intra Muscular Haloperidol
- Ensure regular monitoring of the patient's vital signs after rapid tranquillisation
- Ensure more frequent (at least every 15 mins) monitoring if eBNF limits exceeded or patient is sedated or poorly

(Note: All national clinical audit reports are presented to relevant quality and safety groups at a local level for consideration of local action to be taken in response to the national findings.)

EPUT's priority clinical audit programme for 2017/18 was developed following consultation with senior mental health and community health service managers to focus on agendas required to provide assurance to the Trust and stakeholders that services being delivered are safe and of high quality. A centralised Clinical Audit Department oversees all priority clinical audits, facilitate clinicians to ensure high quality, robust audits and monitor and report on implementation of action plans post audit to ensure that, where necessary, work is undertaken to improve services. Learning from audits takes place internally via reports that are provided to individual senior and local managers, operational quality groups and centralised senior committees. The Trust also reports regularly to stakeholders such as clinical commissioning groups about outcomes of audits relevant to services in their portfolios.

The reports of 35 local clinical audits were reviewed by EPUT in 2017/18 and we have taken or intend to take the following actions to improve the quality of healthcare provided (examples only are listed)

- Development of the End of Life framework
- Implementation of monthly records audits
- Updates to Mobius and Remedy patient Electronic record systems
- Feedback to groups to inform essential Trust workstreams:
  - Restrictive practices
  - Physical Health
  - Deteriorating patient
  - Falls
  - End Of life
  - Suicide Prevention
- Reconvene EOL steering group

2.4.3 Clinical Research

Research is a core part of the NHS, enabling the NHS to improve the current and future health of the population. In line with patient rights set out in the NHS constitution and the expectations and the wishes of the public, EPUT offers opportunities for patients to take part in research studies relevant to them. To ensure the safety and quality of clinical research, all studies require Health Research Authority (HRA) approval, while studies involving patients or patient data additionally require approval from a research ethics committee. The Research Department is responsible for assessing, arranging and confirming capacity and capability to deliver a study at the Trust.

As a newly formed Trust, EPUT has joined the Clinical Research Network - North Thames (CRN NT), which provides regional support for researchers and funds a number of research delivery staff at EPUT. CRN funded, Trust employed staff help to run studies on the National Institute for Health Research Clinical Research Network (NIHR CRN) portfolio, a database of high quality clinical research studies meeting CRN eligibility criteria. The large majority of studies hosted by the Trust are on the NIHR CRN portfolio, on research themes including schizophrenia, Alzheimer's disease, mild cognitive impairment, community services and eating disorders. Ongoing studies include clinical trials of new medications and psychological therapies, studies taking blood samples to help genetic analysis of mental illnesses and surveys examining patient preferences for care.

Evidence suggests that taking part in research leads to better clinical outcomes and that research active NHS Trusts tend to provide better care. Hosting research also helps with the professional development and ongoing education of clinical staff as well as making the Trust an attractive place to work. We continue to work with our partner organisations to develop research and to support students undertaking research as part of further education courses.

The number of patients receiving relevant health services provided or sub-contracted by EPUT in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 990.

2.4.4 Goals agreed with commissioners for 2017/18

The CQUIN (Commissioning for Quality and Innovation) payment framework aims to support the 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 Reports, to ensure that local quality improvement priorities are discussed and agreed at Board level within and between organisations. It makes a proportion of the provider's income dependent on locally agreed quality and innovation goals.

A proportion of EPUT's income (2.5% of contract value) in 2017/18 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. Further details of the agreed goals for 2017/18 and the following 12 month period are available electronically at: www.eput.nhs.uk

The EPUT CQUIN programme for 2017/18 included schemes negotiated with commissioners across the areas in which EPUT was commissioned to operate services. The CQUIN programme included a mix of local (1.5% of contract value) and national (1.00% of contract value) schemes and was valued at just under £6.6 million which represents 2.5% of contract value for the Trust. This compares to the 2016/17 CQUIN programme which again represented 2.5% of contract value equating to £4.4 million.

The current forecasted achievement is 86% (£5.7 million income), reflecting strong operational performance within each of the five services in achieving a complex programme and challenging expectations of commissioners. Given the financial and operational challenges facing the NHS in 2017/18 overall we are pleased that collaboration to deliver shared CQUINs is helping to strengthen links with partners. There is clear evidence of improving quality for patients across the breadth of community, mental health and specialist commissioned services run by EPUT over the last 12 months.

The Trust's CQUIN programme included the two national CQUINs applicable for Community Health Services and/or Mental Health Services.

These are:

> **Staff Health & Well-being** – a new three-part CQUIN applicable to south east Essex and west Essex community and south Essex mental health contracts;

> **Physical Health (Year three Cardio-metabolic Assessment)** - a two-part CQUIN applicable to south Essex mental health contract only.

In conclusion, the Trust has continued to be dedicated to continually improving services. 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. We anticipate teams will continue to ably meet the challenges for the coming year.

2.4.5 What others say about the provider?

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

- a requirement to have registered managers;
- a limitation on the number of beds provided by the services.

The Care Quality Commission has not taken enforcement action against EPUT during 2017/18

Essex Partnership University NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2017/18

The Care Quality Commission has completed three unannounced inspections of Trust services during 2017/18. The inspections consisted of two location specific inspections (Byron Court/Colchester Mental Health Wards) and a focused inspection of six core services (covering the majority of the Trust's mental health inpatient provision). The visits review compliance against the Fundamental Standards and Key Lines of Enquiry (KLOE's). The published reports were not rated. A number of concerns for the Trust to address were identified which have been proactively taken forward as part of preparing for a comprehensive inspection of all Trust services in 2018/19.

The Trust has not yet been rated by the CQC as this will be undertaken following the inspection being completed in April/May 2018. However, as part of registering as a new provider in April 2017, the Trust made a declaration against the five key questions as to how it would ensure compliance:

■ Are they safe?

- The organisation has a dedicated Risk Management Team, including staff with expertise in all aspects of health and safety. This ensures there are robust safety processes and systems in place. The organisation has a health and safety committee to ensure all aspects of health and safety are discussed and monitored; ensuring safety performance over time is measured and compared to other similar areas.

- The organisation ensures all Safety Alerts are cascaded through the organisation. This will be undertaken by the Risk Management Team as part of a system to identify relevant alerts and ensure these are circulated in a timely manner. These alerts will be monitored and reported to the health and safety committee to ensure these are cascaded to and actioned by all staff.

- The organisation has a robust incident reporting policy and procedure to ensure all staff are aware of their responsibility to report incidents. This is supported by an advanced incident reporting system, to ensure all incidents are reported correctly and in a timely way. This provides the framework for ensuring any investigations are undertaken when things go wrong and that lessons learnt are shared across the organisation through safety bulletins and a dedicated learning lessons sub-committee.

- The organisation has an open and honest culture supported by a 'being open and duty of candour' policy and procedure to guide staff in the principles and processes for being open. This is available on the intranet for staff to access. The policy provides guidance on being open (i.e. raising any concerns about clinical practice etc.) and support staff in taking Duty of Candour (i.e. informing patients / carers when action taken has led to harm) forward. This is also supported by a training package for all staff to complete.

- The organisation has a dedicated Safeguarding Team which includes experts in safeguarding systems and processes. The organisation has in depth safeguarding policies which outline what staff should do when they have concerns or potential concerns for the welfare of a child or adult. Staff are supported by the dedicated Safeguarding Team who ensure any concerns are appropriately reported, investigated and followed-up. All staff receive safeguarding training appropriate for their role.

- The organisation has a range of systems and processes to ensure safer services are provided. This includes teams responsible for infection prevention & control, management of equipment, waste management, medicines management and records management. Each team has experts within these fields to ensure the control processes are implemented with a high degree of quality.

- The organisation has a dedicated Estates Team to ensure the environments are appropriate for the type of care being provided. The organisation also has an Estates Helpdesk where staff can report any environmental or maintenance concerns. These are logged and followed-up by the Estates Department to ensure the concerns are resolved. The organisation also has a dedicated Facilities Team to ensure the environment within these buildings is maintained, meeting cleaning standards and concerns are resolved in a timely manner.

- The organisation ensures staffing establishments are set and regularly reviewed. This is undertaken using the Safer Staffing model as well as other rostering processes for community services. Staffing is monitored at a higher level through local management teams, sub-committees, committees and the Board of Directors to ensure appropriate staffing levels have been set and are being met. Twice daily inpatient 'sitreps' are in place to check staffing levels and take action.

- The organisation has a team for the management of temporary staff. This ensures all workers engaged on the bank or through an agency / or on a locum basis are required to have gone through the same pre-employment checks as those carried out for employees.

- Comprehensive risk assessments are undertaken for all patients and continually reviewed throughout the patient care episode. This is facilitated by use of a Risk Assessment form which ensures all risks are captured and reviewed within an appropriate timescale or when the needs of the patient changes. The organisation has a Risk Assessment and Management Clinical Guideline to set-out how the process should be undertaken and support staff in undertaking any clinical risk assessment. This is further supported by a clinical risk training package.

- The organisation has a team with responsibility for organisational resilience. This includes ensuring the organisation has an up-to-date Major Incident Plan and Corporate Business Continuity Plan to ensure that in the event of business interruption the organisation is able to maintain critical activities and restore normal business activities as soon as possible given the circumstances prevailing at the time. The team also ensures that all clinical teams and services have their own focused continuity plan to ensure in the event of any incidents which could cause the services to be interrupted, that the service is able to continue providing critical care for patients.

■ Are they effective?

- The organisation has a system in place to horizon scan for all appropriate guidance (including NICE, National Confidential Enquiries etc.). This is undertaken via the Executive Sub-Committee to the Board. Individual departments also have their own horizon scanning processes to ensure any relevant guidance or changes to legislation etc. are identified and taken forward appropriately.

- The organisation has an in depth policy and procedure control system to ensure all policies are updated and reviewed within an appropriate timescale. This process ensures that any new publications which affect a policy are reviewed and taken into consideration when reviewing a policy. This system also include a regular horizon scanning system to ensure any new publications are identified and forwarded to any relevant policy authors to consider, even when this falls outside of the policy review period. This is to ensure any new publications (guidance, legislation etc.) are incorporated into policies and procedures in a timely manner, rather than waiting for the review period to expire.

- The organisation continues to embrace a range of new technological progressions to enhance the delivery of care.

- The organisation has dedicated Business Analysis and Reporting Teams to ensure all data and information about the services the organisation provides is collected, analysed and reported. This information is reported via an advanced Performance Report which outlines a range of quality matrices, including care and treatment outcomes. This report is discussed by a range of local meetings before being discussed at a sub-committee of the Board and then presented to the Board of Directors for consideration, discussion and action. A range of local performance systems are also in place to ensure staff can review data at a local level to understand their own performance within the context of the rest of the organisation.

- The organisation has a Clinical Audit Team which will ensure participation in a range of national clinical audits and in a range of peer auditing. The organisation also has a clinical audit programme detailing a wide range of local audits undertaken annually.

- The organisation ensures staff seek patient's consent to care and treatment and this is undertaken in line with policy, national guidelines and legislation. The organisation has a Consent to Treatment clinical guideline to ensure processes are in place for staff to obtain valid consent and ensure this is reviewed and revisited as required.

- The organisation has Mental Health Act policies and processes in place. The organisation has a Mental Health Act Committee to review and take forward all aspects of MHA implementation. The organisation also has an MHA team who supports all aspects of MHA, including undertaking regular audits to ensure processes are being followed and paperwork completed in line with the Code of Practice. The results of these audits are fed-back through local meetings and committees to ensure action is taken where issues are identified.

- The organisation has a Recruitment Team which takes forward a robust process of recruitment and selection. This is supported through a Recruitment and Selection Policy and Procedure. All staff appointed have to meet all essential requirements of the Job Description and Personal Specification. This is assessed through the completion of the application form and subsequent interview process.

- The organisation has a supervision and appraisal procedure in place with timeframes given for when staff must have supervision. The procedure also sets-out the need for all staff to have an annual appraisal, which includes a Personal Development Plan. Supervision and appraisal is monitored using a tracker system, which allows staff to track their own supervision and appraisal to ensure they are receiving the appropriate support. Team managers can also monitor this for their staff to ensure all staff have their supervision and appraisal within the required timeframes. Data from these systems is fed into the committee structure via the Performance Report and local dashboards.

- The organisation has a Conduct and Capability Policy And Procedure in place which outlines the process to follow if a staff member's performance / capability is not meeting the requirements of the role. The HR department support staff in any of the processes set-out within the policy and paperwork is provided to help staff manage any of these situations. Where issues are not able to be resolved locally, the policy sets-out formal processes for staff to follow, with the support of the HR department.

- The organisation encourages a joint working approach to all patient care, including the sharing of information. This is assisted through a single-records approach using electronic records systems in place within the organisation. There is a number of joint working policies and procedures in place and this is supported by an Executive Lead with responsibility for partnerships.

■ Are they caring?

- The organisation has set-out the expectations for staff through treating people with respect and in a considerate manner. This is through use of the vision and values for the organisation, nursing strategy and aligned to the 6c's (which is further advocated through the organisation's Quality Strategy, at staff induction and through Customer Care Training). In addition, the organisation's interview process includes questions based on the 6c's.

- The organisation has a team focusing on employee engagement, which includes ensuring equality and diversity is sustained within the organisation. The organisation also has a team focusing on patient experience which ensures patients are treated with adherence to the principles of equality and diversity. A training package will be mandatory for all staff to complete on this subject.

- The organisation has an open culture and encourages staff to raise any concerns. This is taken forward through the Freedom to Speak Up Guardian for the organisation and a number of local guardians for individual areas. There are also a range of other methods for staff to raise concerns, including through supervision, anonymously through the 'I am Worried About' section on the intranet and using the formal Whistleblowing procedure.

- The organisation expects and supports staff to ensure patient's privacy and dignity is always respected. The organisation's facilities are designed to ensure privacy and dignity can always be offered. Some areas have their own operational procedures to ensure dignity is maintained when giving personal care.

- The organisation ensures staff act with compassion when delivering patient care.

- The organisation has an Information Governance Team which ensures a range of areas are taken forward and monitored, including data protection, information governance and confidentiality. In addition, the organisation has information governance policies and processes in place to ensure staff respect and maintain confidentiality at all times. The organisation has a committee to take forward all aspects of information governance.

- The organisation promotes a culture of patient involvement in their care and care planning. This is taken forward via a number of workstreams to ensure a consistent approach across the organisation. This ensures patients understand their care, treatment and their condition and carers/ relatives are involved in all stages of a patients care. Care and care plans are continually reviewed with the patient and all professionals involved in the patients care to ensure the care provided is in line with the patient's changing needs.

- Emotional support is offered to the patient, carers, relatives and any people close to them to ensure they are able to cope emotionally with their care and treatment.

- Patients are given the appropriate information to make informed choices and will be supported by staff.

■ Are they responsive to people's needs?

- The organisation has a team in place to ensure all the needs of the local population are analysed and taken into consideration when planning services.

- The organisation holds regular stakeholder and planning events where commissioners, service users, carers and stakeholders are invited to be part of the organisations planning process. The organisation has a service planning team who take forward all aspects of service planning. The team ensures that any planning of services takes into consideration the needs of the local population as well as patients within services to ensure these continue to be met.

- Within services, individual care and treatment plans are developed to ensure patient care is shaped around the individual patient and these will be regularly monitored to ensure any changes are identified.

- The organisation ensures waiting times for services are monitored through the Business Analysis and Reporting Teams to ensure people wait the shortest time possible for any treatment or care.

- The organisation has a Complaints Team which will support patients if they wish to complain. The organisation will have a robust complaints policy and procedure in place setting out the requirements for staff in supporting patients to complain. This will be achieved through a range of different methods including a PALS service, comment cards, complaints email address, complaints telephone number, complaints postal address and making a complaint face-to-face with staff. Any complaints received from patients will be entered into a system to ensure these are investigated and responses given to the complainant in a timely manner. The system will also identify any themes which will be taken through the Patient Experience Committee structure to ensure any common areas are addressed.

- The organisation ensures any additional patient feedback, positive and negative, is identified and collected into the system. This allows additional trends to be identified outside of formal complaints to ensure action is taken or positive practice celebrated. This includes any locally resolved complaints.

- The organisation operates a robust assurance framework which is taken forward by staff with expertise in assurance. The Board Assurance Framework is in place and received by the Board of Directors on a monthly basis, detailing the highest rated risks that may impact on the organisation achieving its objectives. This is further underpinned by a Corporate Risk Register and individual Director/ Service Risk Registers.

- The organisation promotes visible and approachable leadership. This is undertaken by ensuring regular communication between Board members, including via email newsletters, individual meetings and face-to-face visits to services.

- A Fit and Proper Persons test process has been implemented for the organisation and has been utilised in the appointment of the interim Board. This is taken forward when appointing further members to the Board.

- The organisation strives for a culture centred on the needs and experiences of patients. The organisation has an active patient experience team who work to ensure patient experience is captured and understood and improvements made where necessary.

- Compliments and complaints are used to capture views of the people who use services. Friends and Family Test results are also reviewed and monitored.

- All identified concerns are investigated appropriately and action plans developed to ensure improvements are made. These are monitored by the organisations standing committees.

- The organisation has a Council of Governors in place to hold the Non-Executive Directors to the Board to account.

■ Are they well-led?

- The organisation has clear Vision and Values in place which focuses on quality.

- The organisations vision is 'working to improve lives'

- The organisations values are 'open, compassionate and empowering'

- The vision and values for the organisation were developed with key stakeholders across both previous organisations to ensure the right vision and values were identified and stakeholders felt involved from the beginning. This helps key stakeholders to fully sign-up to the vision and values ensuring these are meaningful.

- The organisation sets out a number of key priorities and these are monitored via the Performance Report. This is scrutinised as part of the organisation's committee structure as well as at a local service level.

- The organisation has a robust committee structure in place with clear links between the Board of Directors, committees and local services. Terms of references ensure the committees are clear on their remit and ensure the right people are invited to attend with the expertise to drive these any work plans and business schedules in place.

- Job descriptions and personal specifications set-out clear roles and responsibilities.

- Information sharing agreements are in place between partners. The organisation has a Contracts Team which ensures arrangements are in place with commissioners and any other service providers. Regular meetings are held to monitor these contracts and agreements.

- The organisation produces a performance report (including performance information, alongside financial, safety, quality activity and patient experience information). This is discussed at a range of committees and disseminated through local operational groups.

2.4.6 Data Quality

The ability of the Trust to have timely and effective monitoring reports, using complete data, is recognised as a fundamental requirement in order for the Trust to deliver safe, high quality care. The Board of Directors strongly believes that all decisions, whether clinical, managerial or financial, need to be based on information which is accurate, timely, complete and consistent. A high level of data quality also allows the Trust to undertake meaningful planning and enables services to be alerted to any deviation from expected trends.

The Trust has systems and processes in place for the collection, recording, analysis and reporting of data. Information systems have built in controls to minimise scope for human error or manipulation. There are corporate security and recovery arrangements in place. Roles and responsibilities in relation to service and data quality are clearly defined and where appropriate incorporated into job descriptions.

2017/18 has been a challenging year within the new Trust with the ongoing use of two mental health information systems inherited from the former organisations of SEPT and NEP. Considerable work has been undertaken to align data reporting across the organisation and to ensure that data definitions are interpreted and applied consistently across EPUT. During 2017/18 Trust wide reporting has been implemented to ensure that national data submissions accurately reflect EPUT's position.

Internal Audit carried out a data quality audit on randomly selected KPIs across the Trust during February 2018 and has advised that there is 'satisfactory assurance' on the controls that are in place.

Internal and external reporting requirements have been assessed and data provision is reviewed to ensure it is aligned to these needs. Data used for reporting is used for day to day management of the Trust's business. Data is used to support decision making and management action is taken to address service delivery issues identified by reporting. Data used for external reporting is subject to verification prior to submission. Data returns are prepared and submitted on a timely basis and are supported by an audit trail.

External independent assurance has been sought on the content of the Quality Account/ Report and of the quality of data that supported reporting of performance against three of the KPIs reported within it.

In addition to the changes above, the following key developments have taken place.

The Information Assurance Framework has been revised to focus on the performance indicators outlined within the Single Oversight Framework. The assurance framework reflects the changes that were made to the Single Oversight Framework in November 2017.

During 2017/18, a new IM&T strategy has been approved, which acknowledges the primacy of data quality and proposes practical steps to consolidate and improve it.

The continued monthly monitoring of data quality across mental health and community health services patient data by Senior Management Teams, Executive Team and Finance and Performance Committee.

Presentation of a regular Data Quality Report to the Information Governance Steering Sub Committee.

In October 2017, a revised Data Quality Policy and Procedure was approved for use throughout EPUT.

EPUT achieved a Data Quality Maturity Index score of 95.1% for Q1 and 94.9% for Q2 compared to the NHSI Single Oversight Framework target of 95%.

Note: This was due to an issue with the commissioner code in the south of the Trust. This has been corrected for the October refresh and the November primary submission of the Q2 data.

EPUT's Information Governance Assessment Report overall score for 2017/18 was 72% and was graded Green (Level 2 or above - Satisfactory).

During 2017/18, EPUT undertook an annual clinical coding audit, conducted by CBS Butler, an accredited external organisation. Results were:

- Primary Diagnoses: 96.5%
- Secondary Diagnoses: 89.3%
- Primary procedures: 100%
- Secondary procedures: 100%

Essex Partnership University NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

Essex Partnership University NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

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

- 99.7% for admitted patient care
- 100% for outpatient care
- 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:

- 98.4% for admitted patient care
- 99.7% for outpatient care
- N/A for accident and emergency care

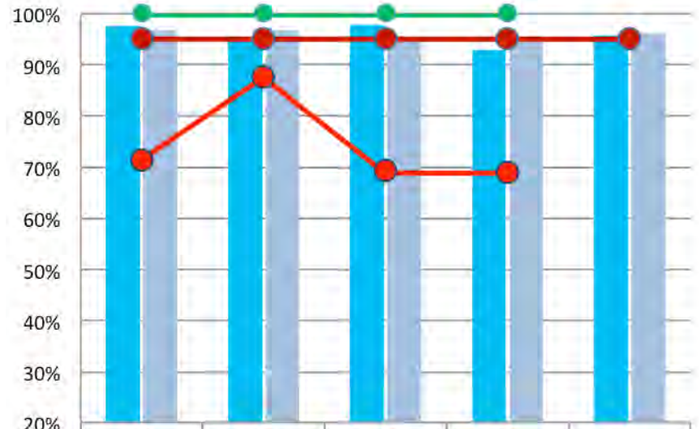
We will be taking the following actions to improve data quality:

- Submission of additional fields within the Mental Health Services Dataset. As part of the implementation of new national datasets the Trust is undertaking intensive monitoring of all the data fields to ensure a high level of data quality is achieved.
- Increased number of Data Quality Audits to be undertaken by the Internal Audit function.

2.5 National Mandated Indicators of Quality

A letter from NHS Improvement dated 26 January 2018 accompanied by detailed guidance outlined the reporting and recommended audit arrangements for Quality Accounts / Reports for 2017/18. The National Health Service (Quality Accounts) Regulations 2010 had been previously amended to include changes of the mandatory reporting of a core set of quality indicators. Those indicators relevant to the services EPUT provided during 2017/18 are detailed below, including a comparison of the Trust's performance with the national average and also the lowest and highest performers. The information presented for the four mandated indicators has been extracted from nationally specified datasets, and, as a result, is only available at a Trust-wide level.

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



	Q1	Q2	Q3	Q4	Outturn
EPUT 2017-18	97.5%	95.3%	97.8%	92.8%	95.7%
All Trusts 2017-18	96.7%	96.7%	95.4%	95.5%	96.1%
Best Performer in Quarter	100.0%	100.0%	100.0%	100.0%	
Worst Performer in Quarter	71.4%	87.5%	69.2%	68.8%	
Target	95.0%	95.0%	95.0%	95.0%	95.0%

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

This target has been met for quarters 1-3. During Q4, the Trust followed up 519 discharges within seven days out of a total 549 discharges, equating to a rate of 94.5%. The Q4 position is based on local data and will be updated upon receipt of the national data in early May 2018.

The Essex Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

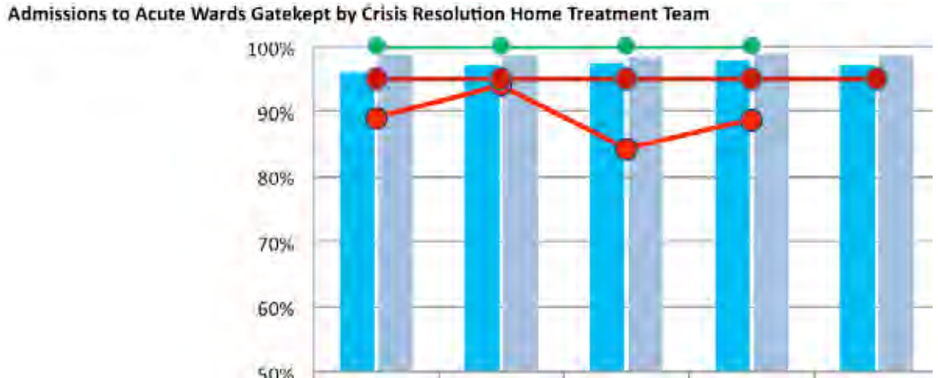
- 12 Discharges not followed up within seven days in Q1
- 28 Discharges not followed up within seven days in Q2
- 11 Discharges not followed up within seven days in Q3
- 40 Discharges not followed up within seven days in Q4

The Essex Partnership University NHS Foundation has taken the following actions to improve this indicator, and so the quality of its services, by:

- routinely monitoring compliance on a monthly basis;
- identifying the reasons for any patients not being followed up within seven days of their discharge;
- identified learning is then disseminated across relevant services.

Data Source: DoH Unify2 Data Collection – MHPrvCom via NHS Digital
National Definition applied: Yes

Admissions to acute wards gatekept by Crisis Resolution Home Treatment Team



	Q1	Q2	Q3	Q4	Outturn
EPUT 2017-18	95.9%	97.0%	97.5%	97.8%	97.1%
All Trusts 2017-18	98.7%	98.6%	98.5%	98.7%	98.6%
Best Performer in Quarter	100.0%	100.0%	100.0%	100.0%	
Worst Performer in Quarter	88.9%	94.0%	84.3%	88.7%	
Target	95.0%	95.0%	95.0%	95.0%	95.0%

This indicator measures the percentage of adult admissions which are gatekept by a crisis resolution/ home treatment team.

This target has been met consistently each quarter during 2017/18 and for the year as a whole. The Q4 position is based on local data and will be updated upon receipt of the national data in early May 2018.

The Essex Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

- 16 Admissions not gatekept in Q1
- 12 Admissions not gatekept in Q2
- 11 Admissions not gatekept in Q3
- 9 Admissions not gatekept in Q4

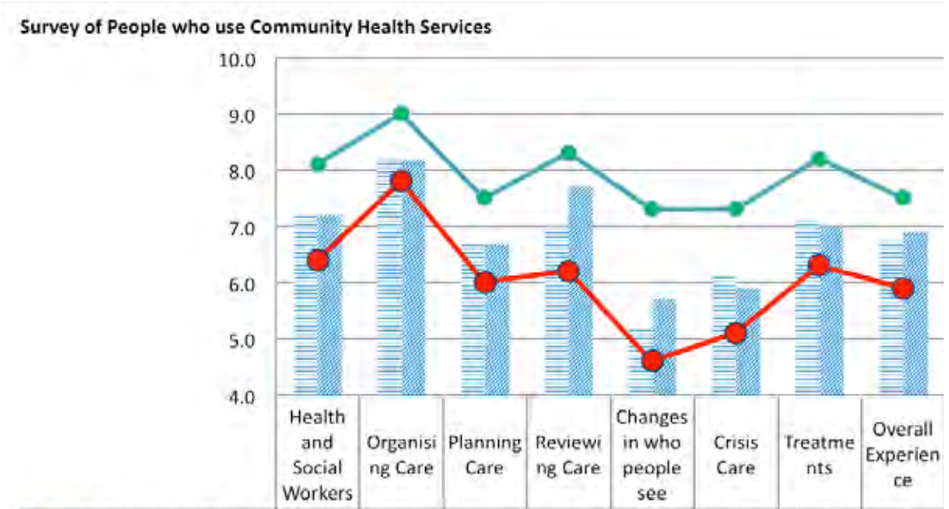
The Essex Partnership University NHS Foundation has taken the following actions to improve this indicator, and so the quality of its services, by:

- senior operational staff review of the causes of any breaches;
- identification of any common themes or trends;
- identified learning is then disseminated across relevant services.

Data Source: DoH Unify2 Data Collection – MHPrvCom via NHS Digital
National Definition applied: Yes

Patient experience of community mental health services

The Community Mental Health Patient Survey 2017 was sent to patients who received treatment from the former Trusts in September to November 2016 to complete and return. The CQC have published reports in November 2017 for each of the former Essex Mental Health Trusts (these are designated below as EPUT (North) and EPUT (South) in the graph below).



	Health and Social Workers	Organising Care	Planning Care	Reviewing Care	Changes in who people see	Crisis Care	Treatments	Overall Experience
EPUT (North) 2017-18	7.2	8.2	6.7	7.0	5.2	6.1	7.1	6.8
EPUT (South) 2017-18	7.2	8.2	6.7	7.7	5.7	5.9	7.0	6.9
Highest Performer	8.1	9.0	7.5	8.3	7.3	7.3	8.2	7.5
Lowest Performer	6.4	7.8	6.0	6.2	4.6	5.1	6.3	5.9

The results of the 2017/18 Community Mental Health Patient Survey show that EPUT (North) and EPUT (South) have scored 'About the Same' as the England average across all sections in the graph above.

The results show that overall patient experience has improved in the north of the county from 6.4 in 2016/17 to 6.8 in 2017/18 but has reduced marginally in the south of the county from 7.0 in 2016/17 to 6.9 in 2017/18.

The Essex Partnership University NHS Foundation Trust considers that this data is as described for the following reason:

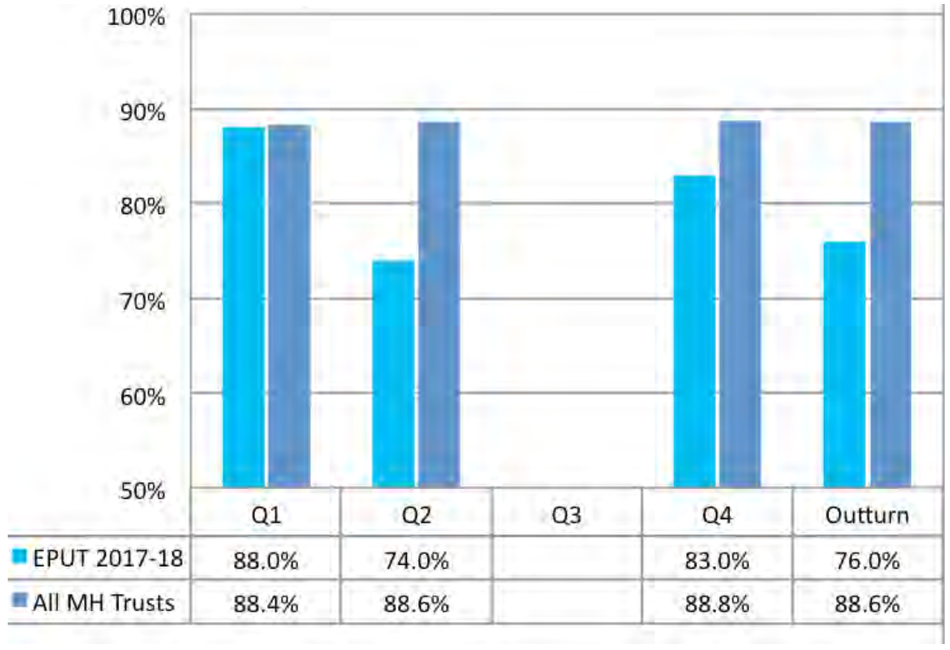
- there have been historical reasons why patient experience is slightly different between north and south Essex; and
- there have been demographic changes in the patients who have completed the latest survey.

The Essex Partnership University NHS Foundation has taken the following actions to improve this indicator, and so the quality of its services, by:

- establishing a Trust-wide Patient Experience Group;
- identifying actions to improve the experience of service users.

Data Source: CQC Community Mental Health Services Surveys
National Definition applied: Yes

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



	Q1	Q2	Q3	Q4	Outturn
EPUT 2017-18	88.0%	74.0%		83.0%	76.0%
All MH Trusts	88.4%	88.6%		88.8%	88.6%

The Friends and Family Test is available to staff to record whether they would recommend the Trust to their family or friends, either as a place to work or as a place to receive care.

EPUT staff were able to record their views from 1 April 2017 to 31 March 2018, although responses are not reported for Q3 as this coincided with the national NHS Staff Survey.

The Essex Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

- the number of responses has been lower than hoped for;
- staff morale may have been impacted by the recent merger to create our new organisation;
- no responses received in Q3 due to Staff Survey being underway at that time.

The Essex Partnership University NHS Foundation has taken the following actions to improve this indicator, and so the quality of its services, by:

- inclusion as part of our Retention Plan with NHSi;
- inclusion in all staff engagement events;
- SFFT link is regularly sent out with an invitation to complete;
- SFFT is referred to is one of the key channels through which staff can report anonymously and confidentially;

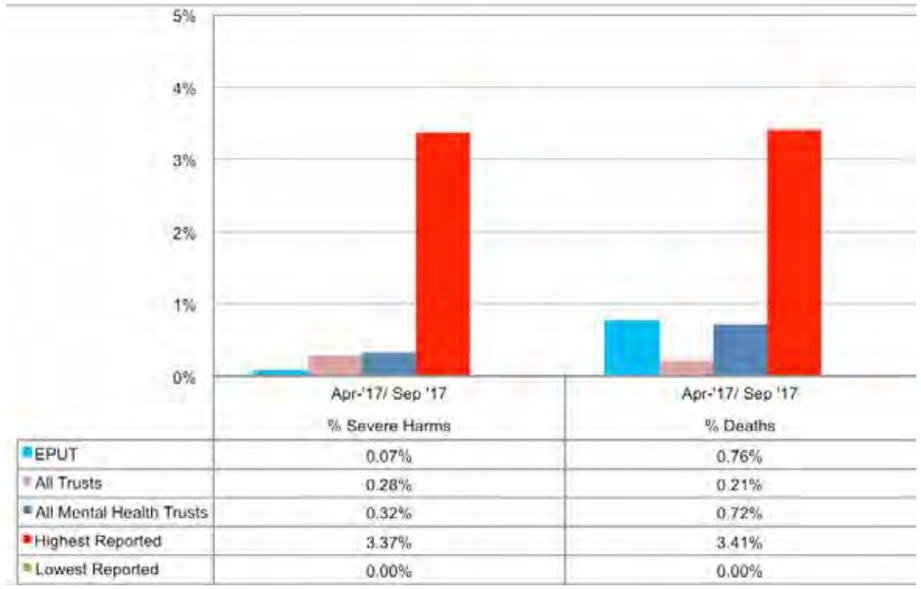
paper versions are also brought to events and staff are asked to take them back to staff rooms and receptions.

Data Source: Staff FFT Surveys
National Definition applied: Yes

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

Reported Dates	1 April 2017 – 30 September 2017		
Organisation	All incidents	Severe harm	Deaths
EPUT	7,149	5	54

The graph below shows the percentage of all incidents reported by EPUT to the NRLS that resulted in severe harm and those which resulted in death.



	Apr-'17/ Sep '17 % Severe Harms	Apr-'17/ Sep '17 % Deaths
EPUT	0.07%	0.76%
All Trusts	0.28%	0.21%
All Mental Health Trusts	0.32%	0.72%
Highest Reported	3.37%	3.41%
Lowest Reported	0.00%	0.00%

Patient safety data for period 1 April 2017 to 30 September 2017 was published in March 2018 and provides figures for the new Trust.

The national collection of patient safety incident data for period 1 October 2017 to 31 March 2018 is due to be completed by the end of May 2018 and publication of reports is anticipated to be around September 2018.

The Essex Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

- nationally reviewed via the NRLS;
- benchmarking is against similar Trusts within our cluster group.

The Essex Partnership University NHS Foundation has taken the following actions to improve this indicator, and so the quality of its services, by:

- taking forward work to reduce the number of harms – details of some of this work is included throughout this report;
- agreeing quality priorities for the coming year to specifically reduce incidents resulting in harm;
- close monitoring of quality improvement initiatives.

Data source: NRLS NPSA Submissions
National Definition applied: Yes

2.6 Implementing the Duty of Candour and 'Sign up to Safety'

A letter from NHS Improvement dated 26 January 2018 accompanied by detailed guidance outlined the reporting and recommended audit arrangements for Quality Accounts / Reports for 2017/18. The National Health Service (Quality Accounts) Regulations 2010 had been previously amended to include changes of the mandatory reporting of a core set of quality indicators. Those indicators relevant to the services EPUT provided during 2017/18 are detailed below, including a comparison of the Trust's performance with the national average and also the lowest and highest performers. The information presented for the four mandated indicators has been extracted from nationally specified datasets, and, as a result, is only available at a Trust-wide level.

This year NHS England has again asked Trusts to consider including information in their Quality Reports/ Accounts relating to the implementation of the Duty of Candour and of the national Sign up To Safety (SUTS) campaign. The following sections therefore outline the progress made by EPUT in 2017/18.

Implementing the Duty of Candour

The Duty of Candour is the requirement for all clinicians, managers and healthcare staff to inform patients/relatives of any actions which have resulted in harm. It actively encourages transparency and openness and the Trust has a legal and contractual obligation to ensure compliance with the standard. EPUT has considered such openness and transparency to be vital in ensuring the safety and quality of services, and has continued to drive forward work in this area.

Work undertaken in 2017/18 has included:

- harmonisation of policy across the Trust incorporating mandatory training courses for staff as follows:
  - short overview on-line course for all clinical staff on-line;
  - detailed on-line course for managers/team leads and senior staff;
- Duty of Candor and Being Open session included within Trust induction;
- the identification of a Family Liaison Officer/Duty of Candour lead for all serious incidents and weekly reporting to the Executive Team;
- information and evidence in terms of meeting Duty of Candour requirements collated within Datix system;

EPUT welcomes national Freedom to Speak Up Guardian

EPUT welcomes Astrid Pollard as the newly elected Freedom to Speak Up Guardian

- weekly review of all moderate incidents to assess if the Duty of Candour is applicable and ensuring that necessary actions are taken;
- terms of reference now shared with families prior to investigation to agree areas to be covered;
- the introduction of monthly reporting in the Trust's Performance Report of relevant incidents, with weekly progress chaser / situation reports sent to directors and senior managers;
- plans for Family Liaison Officer training programme involving Police and CRUSE Bereavement.

The Trust is confident that the ongoing work being taken is contributing to the on-going development of a culture which is open and transparent.

Implementing 'Sign up to Safety' (SUTS)

The Trust has continued to take forward 'Sign up To Safety' (SUTS), a national safety campaign, workstreams. The mission of the national campaign was to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result. The work streams continue to cover the six priorities aligned with the Quality Strategy and Quality Priorities as below:

- Early detection of deteriorating patient
- Avoidable pressure ulcers
- Avoidable falls
- Avoidable unexpected deaths
- Reduction in use of restraint
- Reduction in omitted doses of medication

Leads have been assigned to each of the 'Sign up to Safety' workstreams to ensure the Safety Improvement Plan actions are taken forward and monthly meetings have been held with these workstream leads throughout the year to review progress. A regular update on each work stream is presented to the Quality Committee. Key actions delivered this year include:

- standardisation of the early warning scoring system chart (MEWS) across the Trust with training provided through Enhanced Emergency Skills course;
- roll out of harmonised falls guidelines and participation in the NHSI Falls Collaborative;
- communication of medication errors by service area with ward managers and matrons through the quality and safety meetings and through the pharmacy weekly checklist;
- harmonisation of pressure ulcer guidelines and review of training;
- review of restraint training and harmonisation of TASI training across the Trust;
- using service user stories within restraint training;
- further roll out of suicide prevention training.

The leads have continued to link with a number of other organisations to share best practice and learning.

Emma Willey and Anna Davis welcome NHS Improvement's Ruth May to present their work on restrictive practice

PART 3

REVIEW OF EPUT QUALITY PERFORMANCE DURING 2017/18

This section of the Quality Account outlines the Trust's performance over the past year in terms of delivering on the quality priorities set out in the NEP and SEPT Quality Account 2016/17. It also details performance against some key indicators of service quality which have been reported on in previous years. The tables include previous year's results too as this gives an indication of whether the Trust is getting better at quality or if there are areas where action needs to be taken to improve. Where this is the case, we have detailed the actions we intend to take.

This part of the Quality Account is divided into five sections.

To enable readers to get an understanding of the Trust's performance in local areas, performance against indicators is detailed by locality area where it is possible to do so.

Section 3.1: Progress against the quality priorities we set for 2017/18

The Board of Directors considered the strategic context, their knowledge of the Trust and the feedback from staff and stakeholders during the planning cycle and identified seven Quality Priorities for 2017/18. These built on quality priorities for 2016/17in the former Trusts of North and South Essex and are linked with the national 'Sign up to Safety' Campaign.

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 exceeded the target %.

3.1.3 Effectiveness

Quality priority: To develop and implement revised standards for record keeping and achieve an improvement in the quality of record keeping between Q1 and Q4.

Why did we set this priority?

Clinical record keeping is integral to professional practice. Good record keeping is a vital part of communication for clinical staff and is integral to promoting safety and continuity of care for service users. Staff should be clear about their responsibilities for record keeping in whatever format records are kept. Clinical records provide an account of individual considerations and the reasons for decisions and the use of this information is essential to supporting delivery of high quality, evidence based care.

During 2017/18 we have taken the following actions:

- ongoing face to face training undertaken by the practice development team;
- records audits were undertaken across CAMHS & LD, the Mother & Baby Unit, Secure Services, MH Adult Wards and MHOP wards in Q1with a target to achieve 90% compliance by Q4.

Data source: Audit

National Definition applied: N/A

TARGET 1: During Q1, the Trust will undertake a record keeping baseline audit and develop and launch revised standards for record keeping.

TARGET 2: At the end of Q1, the Trust will agree appropriate improvement targets to be achieved by Q4 against the established baseline.

TARGET 3: The Trust will undertake a further record keeping audit in Q4 and will have achieved a percentage improvement in the quality of record keeping.

	Baseline (Q1)	Re-audit (Q4)
CAMHS	85%	85%
Mother & Baby	91%	98%
MH Adults	80%	88%
Secure Services	79%	95%
Mental Health Older Adults	86%	89%
Total	**84%**	**91%**

Has the priority been achieved?

The Trust has partially achieved the priority as two of the five areas exceeded the 90% target.

3.1.1 Safety

Quality priority: To develop and implement revised standards for record keeping and achieve an improvement in the quality of record keeping between Q1 and Q4.

Why did we set this priority?

■ Pressure Ulcers

Pressure ulcers represent a major burden of sickness and reduced quality of life for people and their carers. They can be debilitating for the patient, with the most vulnerable people being those over the age of 75. Pressure ulcers can be serious and lead to life-threatening complications.

■ Omitted Doses

In 2007, 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). The data highlighted that if delayed or omitted some medicines, such as anti-infectives, anticoagulants and insulin, could have serious or even fatal consequences. As a result in 2010 the NPSA issued a Rapid Response Report aimed at reducing harm from omitted and delayed medicines in hospital.

Doses of medicines may be omitted for a variety of reasons, including:

- a valid clinical reason for not giving the medicine;
- the intention to prescribe a new or regular medicine is not carried through;
- the medicines are not available on the ward/ in the patient's home;
- the route of administration is not available (e.g. nil by mouth, loss of patency of an IV line);
- the patient is away from the ward or out when visited at home;
- poor communication between or within teams about the patient's needs;
- the patient refuses the medication.

Data source: Datix

National Definition applied: Yes

TARGET 1: During Q1, the Trust will establish a baseline for the new organisation for each of the areas identified and standardise processes and reporting where differences exist.

TARGET 2: At the end of Q1 when the baseline across EPUT has been established, the Trust will establish appropriate reduction targets for the remainder of the year.

TARGET 3: The Trust will monitor performance in each of the categories during Q2 – Q4 and will have achieved an appropriate reduction against the new organisational baseline established in Q1 for:

- the number of avoidable grade 3 and 4 pressure ulcers acquired in our care;
- the number of avoidable falls that result in moderate or severe harm;
- the number of omitted doses within services;
- the number of prone restraints.

TARGET 4: The Trust will achieve above 95% harm free care from the 'Safety Thermometer' every month throughout the year.

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■ Falls

Across England and Wales, over 36,000 falls are reported from mental health units and 28,000 from community hospitals. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. Hip fracture is the most common serious injury related to falls in older people. 30% of people who fracture their hip as a result of a fall will die within 12 months of the injury. 30% will not return to their pre-fracture level of function.

■ Prone Restraint

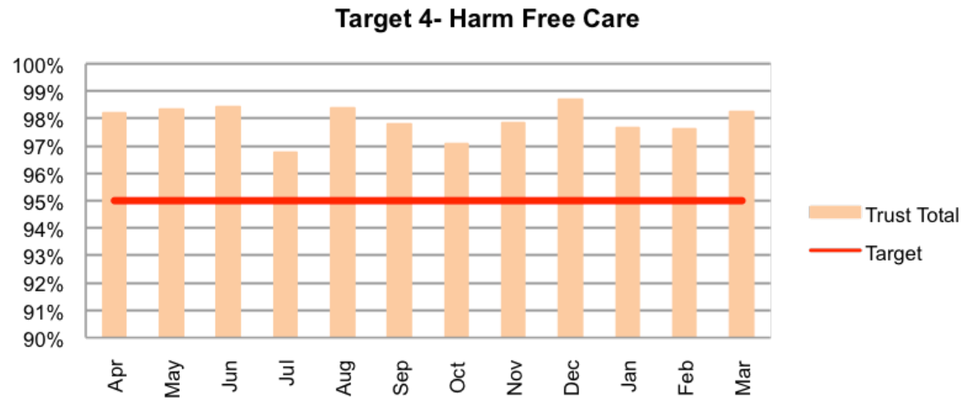
Changes to how we practice in health and social care services have been influenced by the MIND campaign in 2013, when they called for an end to all face down (prone) restraint. This influenced the 'Positive and Proactive Care' national guidance aimed to shape policies and practice. Strengthening this agenda came with the revised 2015 Mental Health Act Code of Practice. The Trust has continued to take this work stream forward and the target within this section was aimed at reducing prone restraints.

During 2017/18 we have taken the following actions:

- a baseline review was undertaken using Q1 and Q2 for prone restraint and omitted doses as follows:
  - omitted doses = ***290***
  - prone restraint = ***122***
- the baseline for falls, pressure ulcers and unexpected deaths was derived from 2016/2017 data:
  - avoidable PU = ***11***
  - avoidable Falls = ***7***
- a 10% reduction was agreed across all work streams;
- Skin Matters groups in place;
- weekly reporting to executive team on pressure ulcer prevalence including identifying any trends or themes and actions being taken forward to embed learning;
- learning from RCAs undertaken for category 3 and 4 pressure ulcers is shared with teams.
- on-line pressure ulcer training is now mandatory;
- work on falls prevention has been taken forward as part of the NHSI Falls Collaborative;
- we held a dedicated Falls Week in October;
- training on falls prevention has been strengthened;
- the Falls Guideline has been harmonised across the Trust;
- standardised Falls Risk Assessment Tools are in use across all older adults wards;
- communication of medication errors by service area with ward managers and matrons through the quality and safety meetings and through the pharmacy weekly checklist;
- implementing a system of checking all that all the medication charts have been signed before the staff on each shift leave;
- introduced the provision of support where medication errors are repeated through supervision;
- taking forward 'No Force First Approach' with regard to restraint;
- reviewed restraint training and implemented TASI training across all relevant areas;
- implemented service user stories within restraint training;
- performance in each of the above categories during has been monitored during Q2 – Q4 with the following reduction achieved at the time of writing against the organisational baseline:
  - omitted doses = ***147 in Q4 vs quarterly improvement target of 261***
  - prone restraint = ***98 in Q4 vs quarterly improvement target of 110***
  - avoidable PU = ***5 (2017/18) vs baseline of 11***
  - avoidable Falls = ***4 (2017/18) vs baseline of 7***
- the Trust has consistently achieved or surpassed 95% harm free care from the 'Safety Thermometer' every month throughout the year.

Has the priority been achieved?

The Trust has partially achieved the target with a reduction in the number of avoidable falls, omitted doses, prone restraints and pressure ulcers and achievement of harm free care as measured by the Safety Thermometer.



3.1.1 Safety

Quality priority: Unexpected Deaths

Why did we set this priority?

Suicide is a most distressing event having a significant and profound impact on families, carers and loved ones.

Between 2003 and 2013, 18,220 people with mental health problems took their own life in the UK. Suicide is the most common cause of death for men aged 20-49 years in England and Wales. One person in 15 had made a suicide attempt at some point in their life.

Data source: Local Training Records

National Definition applied: N/A

TARGET 1: During Q1 the Trust will review the different suicide prevention training packages in place across the Trust and establish the organizational baseline for staff having completed suicide prevention training.

TARGET 2: At the end of Q1, the Trust will agree the training approach going forward and appropriate trajectories for completion of agreed suicide prevention training across the Trust.

TARGET 3: The Trust will monitor training completion during Q2 – Q4 and will have achieved the agreed completion rate by the end of Q4.

During 2017/18 we have taken the following actions:

- suicide prevention training was reviewed and a decision taken by the Executive Team to take forward Connecting with People across the Trust. Trajectory agreed: 60% of clinical staff to be trained in either STORM or Connecting with People (CWP) training by March 2018 (Adult inpatient & Crisis teams);
- STORM training ceased in October 2017 with CWP adopted Trust wide;
- two CWP courses provided each month – 84 delegates trained, 45 of whom were in the target group e.g. adult inpatient, CAHMS, Community and Crisis Services – target group WTE 42 (the majority of other attendees not in the target group were from community mental health services and older adult);
- in total, 252 individuals have received some form of suicide prevention training since 2015;
- percentage WTE of target teams trained as at March 2018 is 50%;
- consideration is currently being given to employing dedicated trainers and mandating training;
- consideration also needed as to how to increase attendance by target group;
- consideration to be given to a review of training records;
- in addition, 14 Contact Centre staff trained in suicide awareness.

Has the priority been achieved?

The Trust has partially achieved this target.

3.1.3 Effectiveness

Quality priority: To ensure that all patients on an End of Life Care Pathway have a personalised care plan in place.

Why did we set this priority?

All people, irrespective of diagnosis, who are recognised as approaching the last year of their life should have an integrated approach to their end of life care, aligned to external organisations and services. Every person identified at end of life should be offered the opportunity to discuss, plan and record their preferences for care, inclusive of where they wish to die.

Data source: Local Audit

National Definition applied: N/A

TARGET 1: During Q1, the Trust will undertake an audit of the number of patients identified as on an 'end of life' pathway who have a personalised care plan in place.

TARGET 2: During Q4, the Trust will undertake another audit of the number of patients identified as on an 'end of life' pathway who have a personalised care plan in place and will have achieved an increase in the number.

During 2017/18 we have taken the following actions:

- a Trust wide End of Life Group with membership from mental health and community health services has been convened;
- End of Life audit standards were developed and agreed in Q1;
- audit was undertaken across community health services and mental health inpatient wards in Q2 and Q4;
- the results of the audit have been shared with the End of Life Group and Service Management teams;
- the Trust wide End of Life Framework has been reviewed and revised to reflect Trust's approach and priorities in relation to supporting and delivering end of life care for adults and children;
- an implementation plan has been drawn up with clear milestones for achievement of the aims and objectives laid out in The Framework.

Has the priority been achieved?

The Trust has achieved this target. Audit in Q2 identified that the overall number of people who are at end of life was 75%. In Q4 this number was 77%.

3.1.3 Effectiveness

Quality priority: To develop and implement organisational systems to deliver the National Quality Board's 'Learning from Deaths' guidance issued in March 2017.

Why did we set this priority?

The effective review of mortality is an important element of the Trust's approach to learning and ensuring the quality of services is continually improved. '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' (National Quality Board March 2017) 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.

Data source: Patient Records

National Definition applied: N/A

TARGET 1: By September 2017, the Trust will have developed and approved an updated Mortality Review Policy in line with the 'Learning from Deaths' national guidance.

TARGET 2: From Q3 onwards, the Trust will report mortality information on a quarterly (and annual) basis in line with the requirements of the 'Learning from Deaths' national guidance (data to be published will be from April 2017 onwards). This will include the total number of the Trust's in-patient deaths and those deaths that the Trust has subjected to case record review; of the deaths subjected to review, an estimate of how many deaths were judged more likely than not to have been due to problems in care; and learning points.

TARGET 3: At the end of Q4, the Trust will undertake an audit of implementation of the Policy to assess whether processes have been embedded and are operating effectively.

During 2017/18 we have taken the following actions:

- the Mortality Review Policy was approved and is available from EPUT's website;
- a full report was presented to the Board of Directors in accordance with national requirements;
- EPUT has published three Learning from Deaths reports;
- the Trust has established processes for reviewing deaths in scope;
- the Trust has had a review of deaths in the elderly and a review of LD deaths;
- the policy on Mortality Review and Learning from Deaths was approved by the Board of Directors in September 2017, to be implemented from October 2017. The Trust will undertake an audit on compliance with the policy after 12 months of its implementation at the end of Q3 2018/19.

Has the priority been achieved?

The Trust has partially achieved this target.

3.1.2 Experience

Quality priority: To achieve high quality family and carer engagement and involvement after the death of an inpatient or the death in a community setting which is classified as a 'Serious Incident' in line with national guidance on learning from deaths.

Why did we set this priority?

Dealing respectfully, sensitively and compassionately with families and carers of a deceased patient in line with national guidance on learning from deaths in EPUT is crucially important. The Trust is committed to engaging meaningfully and compassionately with bereaved families and carers in relation to all stages of responding to a death. We believe the following principles are key to ensuring true engagement and involvement with families and carers:

- to treat them as equal partners following a bereavement;
- to ensure they always receive a clear, honest, compassionate and sensitive response;
- to ensure they receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs including being offered appropriate support;
- to ensure they are informed of their right to raise concerns about the quality of care provided to their loved one;
- to ensure their views will help to inform decisions about whether a review or investigation is needed.
- to ensure they receive timely, responsive contact and support in all aspects of an investigation process, with a single point of contact and liaison;
- to ensure they are partners in an investigation to the extent and at whichever stages that they wish to be involved as they offer a unique and equally valid source of information and evidence that can better inform investigations;
- to ensure those who have experienced the investigation process will be supported to work in partnership with the Trust in delivering training for staff in supporting family and carer involvement where they want to.

Data source: Local Audit

National Definition applied: Yes

TARGET 1: By September 2017, the Trust will have developed a Family and Carer Engagement and Involvement Policy which will include how families and carers are involved after the death of a patient who died in in-patient services or the death of a patient in a community setting which is classified as a 'serious incident'.

TARGET 2: By September 2017, the Trust will design appropriate mechanisms of seeking feedback from families and carers in terms of their engagement and involvement following the death of a patient in in-patient services or the death of a patient in a community setting which is classified as a 'serious incident'.

TARGET 3: The Trust will implement these mechanisms and undertake an audit through Q3 – 4 to establish the position in terms of the effectiveness of engagement and involvement, aiming to achieve a target of 100% of families/carers of patients whose death was in in-patient services or classified as a serious incident indicating that they were satisfied with their engagement and involvement after the death.

TARGET 4: The outcomes of the Q3 - Q4 audit will be assessed and actions agreed that could be taken to achieve improvement for ongoing monitoring.

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During 2017/18 we have taken the following actions:

- the Family/Carer Involvement Protocol was approved by Executive Team in September 2017;
- an implementation action plan has been developed and approved by the Mortality Review Sub-Committee which is on track to deliver all actions by the specified timeframes;
- questions to obtain feedback from families and carers on their involvement and engagement have been implemented and incorporated as part of the Family Liaison Officer (FLO) role;
- a Bereavement Support Booklet has been developed by the Trust with the aim of providing enhanced information and support for bereaved families and carers;
- an audit has been undertaken and an analysis of responses to questions was undertaken in Q4 and will be reported to the Sub-Committee in April 2018 with details of actions to be taken if required.

Has the priority been achieved?

The Trust has achieved this priority.

3.1.1 Safety

Quality priority: Physical Health of Mental Health Patients and early warning systems for deteriorating patients.

Why did we set this priority?

There is now a strong body of research on the interdependence of physical and mental health and integration of physical and mental health care is now a central plank in all health and care policy. This applies to the mental health needs of people with long term health conditions and persistent physical health symptoms as well as to the physical health needs of people with mental illness. Given the overwhelming evidence of physical co-morbidity in patients with mental illness we have introduced a number of measures to ensure service users with mental illness receive appropriated and effective physical healthcare interventions.

Data source: Audit

National Definition applied: Yes

TARGET 1: During Q1 the Trust will review the physical health monitoring tools in place across the Trust, standardise and deliver training on the agreed tool.

TARGET 2: During Q2, the Trust will undertake an audit of physical health and early warning systems for deteriorating patients and agree appropriate outcome measures to achieve by the end of Q4.

TARGET 3: At the end of Q4, the Trust will review performance against the agreed outcome measures.

TARGET 4: The Trust will consistently achieve the following targets in terms of patients with psychosis receiving a cardio metabolic assessment from Q1:

- Inpatients 90%
- Early Intervention in Psychosis patients 90%
- Community patients on CPA 65%

TARGET 5: The Trust will consider how to implement a sustainable process which ensures that all patients with psychosis receive a cardio metabolic assessment and will set stretch targets for the remainder of the year at the end of Q1.

During 2017/18 we have taken the following actions:

- The MEWS have been reviewed and adopted across Trust mental health inpatient areas
- A competency framework based on Competencies for Recognising and Responding to Acutely ill Patients in hospital is being introduced across all inpatient areas
- Mandatory Enhanced Emergency Skills training for registered nursing staff has been reviewed to expand the approach to the management of patients who are deteriorating physically
- Physical health training has been incorporated to the Care Certificate and Apprenticeship programme for staff at Band 1 – 4
- The role of the physical health co-ordinator/champion is being rolled out across inpatient areas.
- Audits undertaken during Q1 and Q4 show an improvement in the completion of MEWS charts but a decrease in the numbers being escalated – this has been raised as a BAF risk

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- The CQUIN submission shows that the % of patients with Cardio-Metabolic Assessment (CMA) and treatment, as defined as % complete Lester Tool indicator, is:

  - North: Inpatients & Community ***79%***, EIP ***6%***;

  - South: Inpatients & Community ***58%***, EIP ***78%***.

  When these CQUIN submissions for the north are compared to data extracted from the patients electronic record (Inpatients 99%, EIP 83%, Community 75%), a discrepancy arises with the EIS data. However, in the south the electronic data in the patients' records is not sufficiently robust to support a comparison. Data is collected on e-form 3.2-010CP and the following CMA rates demonstrate the level of uptake of this form, rather than the rates of CMA.

  - Inpatients: ***6.0%***

  - EIP: ***62.9%***

  - Community: ***16.8%***
- A monthly thermometer has been created highlighting these points and will be distributed to the teams/units/services in a dashboard format via the SMG to promote compliance
- An equipment audit has been undertaken to ensure that all services have access to the appropriate equipment to offer these health care checks
- Equipment suites have now been supplied to all appropriate areas of the service
- A competency audit has been performed to identify training needs across the clinical services
- A training programme has been developed for clinicians from the results of the audit to establish baseline knowledge with a suite of physical health care specialities for the physical health care champions. This programme has been rolled out via face to face for the PHC and has been accessed on OLM by over 700 clinicians to date. It will subject to annual review and will become integrated into the induction programmes for new staff
- The physical health care policy has been reviewed and updated to ensure clarification of our duty of care to SMI patients and the current NICE guideline – this is to be circulated to the operational managers to be cascaded throughout services.
- Annual physical healthcare screening is to become embedded into supervision guidelines. In some teams this is already established practice.

Has the priority been achieved?

The Trust has not achieved the target.

Section 3.2: Examples of local service quality improvements and Trust Workforce Developments during 2017/18

Outlined below are some examples of quality improvements that have been achieved by EPUT services during 2017/18. These will provide a flavour of the diversity of initiatives we are working on and the progress we are making in improving the quality of care we provide for our patients and service users. Due to the diversity and volume of services we provide, we only have room to include very brief details in this report. Please do get in touch with us (contact details are at the end of this report) if you would like further details about any of the initiatives listed.

Bedfordshire Community Health Services (Adults)

- **Heart Failure** - completing recruitment and providing a county wide service to patients with heart failure. There will be integrated working with the acute trusts with development of county wide nurse led clinics, education and home visits

- **Parkinson's** - the exercise programme has now been rolled out across Bedfordshire working in collaboration with Parkinson's UK and the MS society. There are exercise classes with peer support, Nordic walking as well as Movement to Music and Pilates. We are holding a newly diagnosed patient group in the south of the county in collaboration with the Luton Parkinson's Disease (PD) Nurse. Running a three day professionals Parkinson's course in Mid Bedfordshire. We are exploring group sessions for patients with the PD Nurse looking at health promotion, medication management and top tips to avoid hospital admission in the north of the county.

Debbie Blake - Parkinson Disease Specialist Nurse receives national award

- The **Tissue Viability Service** launched the National Best Practice Statement on the Leg Ulcer Pathway in March, providing five sessions and targeting the district nursing teams. They have arranged both day and evening sessions to capture as many clinicians as possible. An additional session has been arranged at the end of March, dedicated to the Band 6 nurses. This will ensure they can embed the training within their teams. The Tissue Viability Team will implement audits post training in order to monitor practice. Each of the sessions held include the Leg Ulcer Pathway, the Venous Leg Ulcer (VLU) Pathway, Patient Held VLU passport and practical support on compression selection.

- A two month trial of an **Early Intervention Vehicle** (EIV) has been in operation over February and will end at the end of March. The EIV is staffed by a paramedic (EEAST) and a member of the Rapid Intervention Team. They jointly attend non urgent calls for older adults in their usual place of residence across Bedfordshire who have requested ambulance response for a fall or related incident. The EIV crew assesses the individual for injuries and determine if the patient is safe to be left in their own home with adaptations or equipment, as required. Either crew member are able to make additional referrals to aid the resident to remain at home and avoid an A&E attendance. The aim of the scheme is to safely care for people within their own home (including nursing and residential homes) where an acute admission to hospital may otherwise have been necessary

- **Verification of Expected Death Standard Operating Policy** has been completed and two training sessions have now taken place within the locality to enable staff to verify expected deaths for patients being seen on relevant community caseloads

- **Oral Mouth Care** Guidance for patients at End of Life have been ratified and are currently being rolled out across all teams within Bedfordshire

- **Student Nurse Placements** have now been identified within palliative care and long term conditions. This will increase the capacity of services to take student nurses

- The IPOS Framework relating to **Specialist Palliative Care** continues to be rolled out within the team. There are a number of units that it is anticipated that the team will implement and is a nationally and internationally recognised assessment and outcomes based measurement tool

- **Rehabilitation & Enablement** have developed competencies for Band 3 and Band 4 roles within the team. The service will be continuing with Band 5 and 6 within the coming months

- Rehabilitation & Enablement now run a one stop **Wheelchair Clinic** at Millbrook Healthcare Equipment Provider. People can now be seen at the clinic, measured for a wheelchair and receive their wheelchair all within the hour. This clinic has helped to reduce the number of patients waiting to be seen.

- A **Journal Club** now takes places regularly to which all clinicians are welcome to share, learn and develop ideas and ensure evidence based practice continues and flourishes within Bedfordshire.

Bedfordshire Community Health Services (Children)

- **Asthma Friendly Schools Programme:** The project has continued throughout this year and has delivered training to all the upper schools in Bedford Borough (BBC) and Central Bedfordshire Council (CBC) areas. To further inform and support school staff, dates have been arranged to educate and update primary school staff across the two council areas. The school nurses are continuing to co-ordinate the existing asthma champions in these schools so that the number of asthma friendly schools can grow.

- **The Future in Mind Schools Project:** School nurses continue to work closely with the CAMH school support workers and are delivering a record number of episodes of support to children and young people over age 11. Due to this integrated approach the early assessment for C&YP with mental health needs ensures that early interventions occur delivered by the right person at the right time.

- **Perinatal and Infant Mental Health Champions:** The 11 champions have delivered integrated training to 197 staff across services that include health visitors, community midwives, social workers, early help practitioners and children's centre staff. Further training is ongoing. Two health visitor champions have been seconded to work as Specialist PNIMH Health Visitors and have developed supportive packages of training for HV's who offer early interventional work with families, pathway development on behalf of the service and group development for mothers and babies with mild to moderate depression and anxiety. The success of this secondment has enabled the service to increase service delivery resilience, to meet latest NICE guidelines and also to ensure accurate performance and quality data is collated.

- **Bump Birth and Baby Programme:** This antenatal programme offers parent education to couples across BBC and CBC as part of a six week or condensed one day programme. Parents report improved knowledge of responsive parenting and increased confidence at managing the transition to parenthood. As a result an increase in mothers who are breastfeeding for longer alongside an improved understanding of perinatal mental health and how to ask for support.

- **Babies with Milk Allergy:** Health visitors in Leighton Buzzard have taken part in a pilot project to reduce the amount of specialised infant formula milk prescribed for babies with a suspected allergy. In collaboration with the community dieticians, the HV's have been trained to identify babies who cannot tolerate milk and how to manage them in the community to avoid GP prescribing and unnecessary referral to dietetics.

Hong Kong visitors stop in at baby clinic in Bedfordshire

- **Health Visiting and School Nursing Working Agreements:** There are now working agreements in place with GP practices, schools and children's centres across Bedfordshire to support the implementation of the Healthy Start Vitamins Scheme. These agreements have supported good working relationships between our services and partners to ensure a seamless service is offered to families and children.

- **Websites for both Health Visiting and School Nursing:** The School Nurse website has been completed and now directs C&YP to information about local services and national websites about young people's health and wellbeing. The Health Visitor website is still in production.

- The **Nurse Led Continence Pathway** is operating successfully including workshops on toilet training for parents with children with complex needs. Referral to a specialist nurse has seen a reduction in paediatrician referrals and better outcomes for children, young people and their families. Training and support is now being rolled out for GPs and 0-19 teams to ensure effective early intervention and avoid crisis management of continence issues.

- **Health Passports** are now well established for children with complex health needs. Feedback from families and other health settings has been overwhelmingly positive. Services are now looking at extending the use of health passports across children's services.

- Development of an **Integrated Autism Pathway** continues. There is now a Neurodevelopmental Disorders Specialist Nurse who has now been ADOS trained and has completed a draft nurse led pathway for review by the integrated team which includes nurse led clinics for post diagnosis follow up.

- The Children's Community Nursing Service has **initiated Community Clinics** which provide an efficient and effective way to see more children in a child and family friendly space closer to their home, avoiding unnecessary visits to the acute units and relieving capacity issues experienced by the acute centres.

- An **ADHD assessment pathway** has been implemented at the Child Development Centre. The pathway provides support and targeted workshops for families during the assessment phase ensuring that when children and their families attend the diagnosis appointment all information is available to the paediatrician to make an informed diagnosis and avoid delay.

- The **Early Intervention Practitioner** is assessing the children that do not receive a diagnosis of ADHD, signposting families as well as supporting universal colleagues to adequately support these children and families.

Bedfordshire Community Health Services (Specialist)

EPUT Food First team Winners at PrescQIPP 2017

- The Food First Team has **redesigned the completion of audits on prescribing of nutritional products** in GP surgeries across Luton and South Bedfordshire. The redesign has allowed the team to focus on the cost of inappropriate prescribing and support surgeries in how to develop appropriate prescribing and improve management of nutritional products.

- The Food First team has been **shortlisted for an Advancing Healthcare Award** (The Scottish Government's award for improving quality: measuring and demonstrating impact).

- The Food First team has been **shortlisted for a NICE Shared Learning Award** for using Nutrition Support NICE Quality Standards as a basis to improve management of malnourished care home residents utilising the Food First approach

- The Food First team is in the process of **updating all standard operating procedures** to ensure consistency in practice across the service.

- The Food First team is involved in the **enhanced health in care homes work** in both Luton and Bedfordshire, providing nutritional expertise for the new model of working within care homes.

- The Food First team was **awarded a PrescQIPP award** for service redesign based on the project work within Hertfordshire Valley care homes.

- The Food First team is **involved in a working group with tissue viability nurses and podiatry** to discuss a collaborative approach towards prevention of pressure ulcers and diabetic foot attacks.

- The Food First team are **reviewing the data on referrals for care homes** on a monthly basis. The purpose of this is to identify the care homes with the highest referrals numbers, the number of referrals that are inappropriate and how these care homes can be best supported.

- The Nutrition and Dietetic Service have **redesigned two standard letter templates** for GPs/ other professionals to improve the communication sent back to GP's and ensure actions required are easy to read. The template letter now has a prescription box at the top so that any requests can be actioned quickly and appropriately.

- The Nutrition and Dietetic Paediatric Team has **piloted two milk free groups** in Bedfordshire for infants referred to enable starting milk free solids. This has resulted in shorter waiting times for receiving dietetic advice and offers the opportunity for parents to access peer support.

- The Nutrition and Dietetic Paediatric Team has **designed and are piloting an infant feeding assessment tool** with the health visiting team in Leighton Buzzard to support with the identification and diagnosis of common feeding issues in paediatrics. This has led to early intervention and referrals into the paediatric dietetic service for children that need specialist input.

- The Nutrition and Dietetic HEF Team has **planned a number of joint review slots** with a paediatric and adult dietitian for young people transitioning from adult to paediatric services. This supports a smoother transfer of care and provides reassurance to families that the necessary diet plans have been shared.

- Paediatric Occupational Therapy continues to deliver **parent, carer and professionals' workshops** for understanding sensory issues in children and young people. These are now well established for children, young people, families and professionals in Bedfordshire and Luton. Feedback received has been positive.

- A **Community Foot Protection Service** within Bedfordshire and Luton has been implemented. Clinics provide an additional level of expertise as a means to step down complex patients from hospital podiatry clinics that would previously have remained under care there. They are managed with a treatment plan until they can be moved on to community ulcer clinics. This additional tier of clinic also receives patients from community clinics that have increased in complexity or have been static for a period of time without improvement. Here they receive a more specialist review or support. Historically these patients would have been referred up to the hospital podiatry clinic.

Bedfordshire Diabetes Team

- **Liaison and Training of DN`s and TVN`s** – In addition to education sessions, podiatrists have been working closely with community and tissue viability nurses to clarify the podiatry role in diabetic care and to work jointly where diabetic foot ulceration is being managed in the community. There has been particular benefit in joint assessments and accessing shared hard to reach patients as well as improved referral processes.

- **Development of a structured education programme** for practice staff incorporating education in diabetic foot assessment, management and risk categorisation. Measurement of effectiveness shows an average of 51% improvement in knowledge post training. A care home training programme on diabetic foot attack and care for the diabetic foot is also delivered.

- Within **Luton and Dunstable Hospital** a weekly MDT ward round and clinic has been implemented which includes the following staff; non-medical prescribing podiatrist, diabetes consultant, vascular consultant, orthopaedic consultant, vascular nurse and diabetes specialist nurse. In addition, there is now an inpatient pathway in place, a single point of access for new foot ulcers and daily ward rounds for diabetic foot ulcers.

- Within **Bedford Hospital** the appointment of an acute inpatient podiatrist has provided additional outpatient input resulting in more responsive care. A single point of access for new diabetic foot ulcers is also now available.

- The Podiatry Service has **improved compliance with NICE guideline NG19** from 78% to 87%

- **Children's Vision Clinics** are being piloted in Liverpool Road, Luton. The children referred from the vision screening programme are seen by the orthoptist and optometrist on the same day instead of two separate appointments on different days.

- **EUPATCH research programme** (European Paediatric Amblyopia Treatment Study for Children). Bedford is one the leading recruitment sites for this project. This study is the first to perform a randomised controlled trial that tests whether, refractive adaptation (children left in their first pair of glasses for 18 weeks) before patching, improves the number of successfully treated children with amblyopia. To date Bedford has recruited 29 patients into this study. They are allocated into two groups EPG (early patching group) or RA (refractive adaptation group).

Bedfordshire Community Health Services (Paediatric Occupational Therapy Service)

- **Provision of service for children with sensory processing difficulties**. A pilot study was undertaken offering a training package with supporting resources to MDT colleagues, parents, carers, and education staff that have input with children who meet the existing referral criteria of having a functional difficulty that is not in line with the child's overall development. The training was delivered with the intention of equipping those caring for or working with this specific group of children with strategies to support and improve sensory processing function. A business case has been developed with the ambition to extend this service provision offering a three tiered delivery programme to support a larger cohort of children

South East Essex Adult and Older People's Community Health Services

- The **Care Co-ordination Service for Castle Point & Rochford** and the **Complex Care Coordination Service for Southend** aim to significantly improve the co-ordination of health and social care services required to support those living with frailty or multiple and complex needs. This helps to maintain their optimum level of independence and wellbeing, through the provision of effective and coordinated services in the community. The service works closely with patients in a strength based way, supporting them to access services and resources in their local communities. The teams comprise staff from a range of health and social care backgrounds, including Age UK, pharmacists and local authority seconded Care Navigators. The services work closely with local GP practices and partner agencies, focusing on ill health prevention and addressing any social issues through early intervention and support. 100% of patients are contacted within seven days and 95.6% have a care plan within six weeks.

- We have established eight **Integrated Neighbourhood and Locality Teams** across south east Essex. Regular integrated design team meetings take place in each neighbourhood/locality, with good engagement of front line staff from a variety of practitioner backgrounds. The staff leadership and activation approach adopted has shown success in creating a new culture of improved understanding and increased trust amongst staff groups. The teams have identified the future vision of staff practice, which is strong on collaboration, proactivity and supporting individuals to draw on their own expertise and skills.

> *I just wanted to praise the District Nurse team that have been coming out. I cannot praise them enough for their professionalism and friendliness - always punctual. It was a joy to see them each day, their smiles and care lifted my spirits especially at times when I was very low.*
>
> District Nursing Team
> Rayleigh Clinic

- Team members identify the needs of the local population of their area, design local solutions and collaborate to put these into place. The Rayleigh Integrated Team held a 'Partnership Wellbeing Event' on Rayleigh High Street on 25 October 2017, with involvement of the fire service, nurses, social workers, Community Agents, Tendering Careline, Ace Lifestyle and IAPT. Residents reported being previously unaware of the range and breadth of support available. Staff also learnt about other services to share with future clients they work with. The east Southend Team will be running a similar event on 27 April 2018.

- The Benfleet Team launched its first Benfleet public and patient newsletter. It will be circulated to all health and social care clients as well as patients of local surgeries via practice managers. The first newsletter edition focused on how people can keep well over winter, and was well received by patients and practices. The West Central Southend Team undertook targeted carers promotion during national Carers Rights Week, which led to new carers being identified.

The innovative and successful work of the south east Essex Integrated Neighbourhood and Locality Teams has been recognised widely. They won the Essex 'You Make The Difference' Partnership Working Award (2017) and highly commended for Effective Care EPUT Quality Award (2018).

Canvey Integrated Team celebrate winning Essex County Council's 'You Make The Difference' Partnership Working Award

- One of the core functions of integrated teams is to deliver **neighbourhood/locality proactive care MDT meetings**, to case-find and support people with moderate care needs to deliver a proactive model of care. In 2018 315 individuals have been supported in a new, improved co-ordinated way by local staff and agencies to keep then well and independent in a proactive holistic approach. Individuals are now signposted to a range of wrap-around services such as befriending, Community Agents and DWP to reduce social isolation, receive practical help (e.g. small repairs and equipment) and maximise their income to improve their quality of life and remain independent in the community for as long as possible. Staff working from different organisations have developed positive relationships and worked enthusiastically together delivering innovative developments targeted to each local area.

- Since January 2018 the **Community Occupational Therapy Team** has been working with the East of England Ambulance service on an Early Intervention Vehicle Project. The aim of this project is to reduce the number of admissions to hospital following a patient's fall at home. The occupational therapist and emergency care practitioner respond to targeted 999 calls. The immediate medical and therapy needs are addressed and equipment provision arranged together with advice and support and signposting to other support services. To date there has been a significant drop in the numbers of falls cases being conveyed to A and E.

- Full implementation of the **Integrated Diabetes Service** from its commencement in January 2017 with joined up care planning with Podiatry and the consultant led service integrated within a unified SystmOne care record. Upscaling of structured diabetes education programs with increased venue sizes to facilitate patient's carers to attend training days. Pending service level agreement (SLA) sign off for the integration of clinical psychology, there has been a pilot project for 12 months aimed at improving education take up from patients identified in need of support. The service has now a fully trained complement of DAFNE Type 1 Diabetes educators and provides all its training from the service. The service has expanded its Dietetic Team in 2017 providing holistic management.

- The **TB Service** presented at the TB Essex Conference day and received good feedback. Cohort reviews; this is when we have to feedback to an outside reviewer, Public Health England, (consultants, CCDCs and nurses), and all the TB nurses and clinicians across Essex. We have to present every case of TB notified on the previous year, held every quarter, on the patient's journey from symptoms to diagnosis and treatment completion, including screening contact outcomes. We have identified that some patients have a very lengthy journey from symptoms to referral and the outcome from that is for us to identify GP surgeries and contact them for TB awareness sessions in the hope to improve their knowledge and speed referral processes. A recent paediatric audit, held at Southend Hospital. Looking at the compliance of screening and processes with relation to the NICE TB guidelines has identified an improvement in compliance since the last audit in 2014. All children from 0-16 years of age identified requiring treatment from South West, South East and Mid Essex are referred to Dr Ranasinghe at Southend Hospital as the lead paediatrician for TB in the area.

- **The Tissue Viability Team** has commenced monthly education sessions to all community teams delivering education in key assessment and treatment of wounds. This has been well attended and will continue throughout 2018. Stop the Pressure, Pressure Ulcer Prevention day was undertaken in autumn 2017 attended by many of the integrated teams including student nurses. The service has developed a wound care education poster to improve the identification of wounds. Implemented Tissue Viability Specialist Nurses to individually work across both CCGs and Adult Community Teams to facilitate improved professional relationships and promote early intervention and referral. Extra training and support sessions have been arranged monthly with the integrated teams with a view to more individualised and multidisciplinary support.

Tissue Viability Team with information stand supporting 'Stop the Pressure' campaign

- **The Heart Failure Service** for EPUT in the south east has been successful in the bid for QUIP funding and development of the service to improve the care for patients and reduce admissions to secondary care. From the 31 March the following development of the service will commence in a phased implementation; Intravenous Diuretic Therapy for patients in their home, expansion of the service to include a wider all causes of heart failure.

South East Essex – Children's Services

- Our Essex wide immunisation services have implemented a targeted programme to improve immunisation uptake rates for **school aged immunisations programmes** for pupils in Thurrock. Thurrock typically has the lowest immunisation rate in Essex across all immunisation programmes, signifying that additional barriers must be overcome to reduce the health inequalities that this poses. The teams targeted and personalised approach to service delivery resulted in a 10% increase across the bottom 10% of school for the childhood flu programme.

- Over the past year the **paediatric diabetes service** has commenced delivery of a pump service. The feedback from clients has been extremely positive demonstrating a very positive effect on children and young people's control of their condition. Early indications are that there is a significant improvement and stabilisation of blood sugar levels. The paediatric diabetes services is an integrated service which early this year won an award for innovation from SHUFT.

- The **paediatric speech and language service** has developed a bespoke SLT website and Facebook page. The website has put in links to YouTube where staff have filmed and posted examples of how to support a child with their speech and language therapy. All parents are signposted to the website are increasingly communicating with the service through these mediums. We have examples where immediate support has been offered to families including when a parent made contact saying that he communicated with his child using Makaton but needed to know a particular sign for a concept. The service was able to film the sign and post back within a couple of hours of being contacted. There are weekly posts around how to support and improve your child's speech and language.

- The **Family Nurse Partnership** service is continuing its work with the National Unit. Currently we are trialling FNP ADAPT which is testing new ways of delivering the service and personalisation to ensure the programme is more targeted and focused on client's needs. The clients and staff are enjoying this work and we are awaiting formal evaluation.

- Children's services are working very closely with the **Southend 'A Better Start' programme** delivering a number of programmes. We currently second someone into the project manager's post and delivering a range of services which include early support and education around speech and language development, infant feeding and nutrition, and expansion of the FNP programme. Utilising a co-production approach with parents we hope to shortly be delivering two further services which include a perinatal mental health visitor and additional interventions completed by health visitors at three months to families living within the ABS area supporting and giving advice around nutrition and healthy eating.

- We have supported the development of the new **MASH+: team** by providing health visitors to work with SBC's front door team to improve the identification and assessment process of children in need of safeguarding. The pilot commenced in December, and early indications are that this new team is improving the assessment and identification process and communication between the local authority and health.

- Our **Immunisation Team** in Bedfordshire (covering Bedfordshire, Milton Keynes and Luton) have completed the first year of a project to increase awareness of the childhood flu vaccine in Luton. The selection of schools was chosen following the poor return rate of consent forms in the previous school year. The team worked collaboratively with the Midlands and East Public Health England Team and the head teachers at the selected schools. This year saw an increase in the uptake from between 11%- 20% last year, to 15%- 33% this year. The parental responses also increased from 11%- 30% last year, to between 42%-66% this year.

> *Thank you so much for your support, it is only thanks to you that I will be able to hear before I start school.*
>
> Speech and Language Therapy **Hadleigh Clinic**

Family Nurse Partnership celebrate 10 year anniversary

West Essex Community Health Services

- **Musculoskeletal (MSK) Physiotherapy Service** began to provide first contact Physiotherapists within the North Uttlesford GP practices. This commenced in December 2017 with a staged roll-out progressing to four full days per week at Gold Street, Crocus, Newport and Thaxted GP practices and one session a month at Steeple Bumpstead surgery. The physiotherapists provide specialist assessment and management at the first point of care for patients. This will support:
  - patients to be seen by the most appropriate clinician at the right time;
  - patients to self-manage appropriately their MSK condition and pain;
  - increased capacity for GP's to see patients who need to see a doctor;
  - a reduction in unnecessary diagnostic tests (X rays, ultrasound);
  - a reduction in waiting times for community MSK;
  - patients who require specialist consultant support are appropriately referred;
  - GPs to manage MSK conditions in the community with shared learning from the MSK physiotherapists;
  - a reduction in the need for patients to be prescribed pain medication which may have side effects.

  In addition, the MSK service will be implementing electronic patient records which will improve the quality and speed of communication between providers, reduce the information governance risks associated with paper notes and reduce costs incurred by paper notes including archiving.

> *Thank you for your brilliant healing skills. Your help is greatly appreciated.*
>
> Musculoskeletal Physiotherapy (MSK) **St Margaret's Hospital (Including Epping Forest Unit)**

- The **Rapid Intervention Service (RIS)** commenced on the 6 November 2017 to support all 10 Harlow GP practices in supporting urgent/ crisis care management in the community. This service provides rapid assessment/ diagnostics/ clinical interventions for patients who become acutely unwell or who may be at risk of rapid deterioration in order to prevent an A&E attendance and/ or unplanned admission to Princess Alexandra Hospital. The service is delivered by an emergency care practitioner (ECP) supported by an AHP (OT or PT) and the Single Point of Access (SPA) with the aim of:
  - supporting patients with a non-life threatening condition to be treated safely at home who would otherwise be conveyed to hospital;
  - undertaking rapid clinical assessment/diagnostics;
  - providing assessment of minor illness and minor injury;
  - responding to acute exacerbation of long term chronic conditions with GP support (or substituting clinician where this is required) so that the patient has access to diagnostics, treatment and care.

  To date, feedback from GP's, patients, ECP and therapy have been extremely positive.

- **Discharge to Assess Pathway** for patients has been introduced in west Essex, the aim is to support patients to return home first after an admission to an acute or community hospital following a period of ill health.

  For patients who require ongoing nursing care and support, the community services are supporting patients as they recover by working in a multidisciplinary way across both health and social care. This way of working will support patients to navigate the complex health and social care system, reduce duplication of assessment and improve the patient journey.

  Patients are then able to receive a holistic overview of their needs and are discharged home with the most appropriate care plan to meet their individual needs.

  This integrated way of working between health and social care is supporting system flow from acute hospital and community hospitals. We are working closely with the West Essex Clinical Commissioning Group to achieve the NHS England target of 85% of Continuing Health Care assessments to be completed in the community outside of the acute hospital setting providing a more appropriate setting for the assessment to be undertaken with the patient and relatives.

- **50 day mental and physical health challenge at St Margaret's Hospital**. Providing physical healthcare for patients who are being treated for mental illnesses can be challenging within a mental health setting. So the physical health team based at St Margaret's and mental health team from Roding and Kitwood wards decided to work more closely together.

  From 1 November to 20 December 2017 the physical health team and the mental health team at St Margaret's Hospital tried a new initiative of working more closely together. For 50 days, the teams worked together to manage physical health problems of mental health patients. Likewise, patients with physical health conditions who experienced mental illness had prompt access to mental health professionals. The challenge went so well and therefore did not stop at 50 days and continues.

- The **west Essex Single Point of Access (SPoA)** has expanded this year to provide a joint physical, mental health and social care entry point in to integrated health and care services in West Essex. Co-location of services and functions within the SPoA has promoted closer integrated working and has improved communication between services caring for patients/carers in west Essex to support the improvement of the patient/carer experience whilst receiving care and support.

Learning Disability Services

- The LD In-patient Service and the LD Intensive Support Team have recruited to the first joint post within the service. The band 5 nurse works between both of the services, ensuring a robust and consistent approach towards and following discharge from the ward.

> *Relatives of two patients on Plane Ward said that they could not express how grateful they were to all the staff on Plane Ward for the care and attention given not only to their loved ones but to them as well."*
>
> Plane Ward **St. Margaret's Hospital**

- The MDT within the LD Service has introduced and implemented positive behavioural support plans for all patients. this is a multi-component framework for developing an understanding of the behaviours displayed by an individual, based on assessment of their environment and the broader context in which it occurs. It is very much focused on the individual, and is used to develop, implement and evaluate the effectiveness of a personalised system of support that enhances the quality of life outcomes for an individual.

- The LD Psychology Service – the trainees on placement with the service have provided sessions throughout the year for LD staff around Autistic Spectrum Disorders. This has been available to in-patient and community staff, and has further developed the quality of the service provision to individuals within this care group.

- LD Physiotherapy Service – this service has developed a pathway for those individuals who attend specific hydrotherapy sessions. This pathway looks at developing an individual to access seated exercise in sports sessions within sport sessions/swimming in community sports centres. This pathway is aimed at enabling service users to develop skills to attend ordinary community leisure activities.

- The LD Clinical Lead for community has recently qualified as a Non-Medical Prescriber and is working with the LD Medics to introduce a pathway for those identified as suitable for reduction or withdrawal from antipsychotic medication as part of the STOMP (Stopping Over-Medication of People with a Learning Disability) programme. An expression of interest has been made to ASTONOD (company name) to participate in a development opportunity for team leaders keen to develop the programme further. This is being run in collaboration with NHS England and, if successful, we will be notified in early April.

Mental Health Older Adult Services

- Older Adult services are working to reduce the patient's length of stay within our assessment wards, Meadowview, Maple, Beech and Gloucester. A discharge co-ordinator has been assigned to each ward to work on the patients discharge from the point of admission. The discharge coordinator works closely with the named nurse to ensure that all notifications to social services and the care co-ordinator are processed. They can prepare paperwork for the aftercare panels which enables a decision on care can be made immediately and effectively. The length of stay has fallen for the majority of patients and the ward capacity can now be reviewed.

- Medication omissions have been reported on our Datix System and it allowed for accountability and responsibility of the administrating nurse to review their practise and receive extra coaching if required. This has greatly reduced the amount of errors and increased the patient safety factor.

- Support workers are often the discipline who undertakes the patient's levels of observations. There has been a coaching and information provided to the support workers to improve the quality of reporting on the observation sheets. There will be an increased understanding of the importance of accurate reporting.

- The ward managers provide the matrons with weekly assurance on care plans, temperature control of fridge/clinic room, controlled drug audit, single sex breaches, and daily check of medication cards. In turn, the matrons give assurance as to whether the ward is welcoming, the resuscitation equipment is checked, whether a care plan audit has been recorded on a monthly basis. The ward manager also reports how many patients the ward has suffering with diabetes and the matron ensures there are robust care plans in place.

- Matrons are producing a monthly 'Matrons Memo' which informs staff of any recruitment process, lessons learnt, infection control initiatives and any other interesting news.

- The wards have been supplied with a dementia package computer system where the patients/residents favourite playlist of music/TV programmes/ movies can be stored and used as a means of enjoyment and/ or distraction.

> *My dad and I want to thank you for helping my mum. She is hugely improved. We are extremely grateful.*
>
> Access & Assessment
> The Lakes

Mental Health Adult Emergency Care & Inpatient Services

- Work has been underway to develop a new pathway for inpatient services to have an Assessment Unit in the north of the Trust as it is already in the south. Peter Bruff Unit in Colchester has been identified as the location for the new Assessment Unit, and all informal admissions will be referred to them in the north or Basildon Assessment Unit in the south where they will undergo further assessment of their needs. All referrals are gate kept by the Home Treatment Team. Assessment should ideally not take longer than 72hrs to complete, with the outcome that the patient will either be discharged from there or be referred for a treatment bed. Medical assessments should take place over seven days a week.

- Crisis Resolution Home Treatment Teams are being separated out with the crisis part being managed by community mental health services and the home treatment part being managed by inpatient services. The home treatment teams will work closely with our assessment units and in-reach on the wards to look at alternatives to admission and aid flow and capacity. They also gate-keep all referrals.

- There has been development of a flow and capacity lead role that has responsibility for looking at delays in movement through our wards, and addressing any issues that arise in this respect. This role manages a team of discharge coordinators and assists the bed managers with decision making about allocation of beds. The flow and capacity lead also looks to repatriate any patients at the earliest opportunity who have been placed in out of area placements and looks to avoid this practice wherever possible.

- Our RAID Teams in the south of the Trust have been given funding for further development of the service to Core 24. Recruitment has been underway with the introduction of new grades of staff into the teams, and higher staffing numbers and wider MDT cover. This will allow them to provide brief evidence-based interventions with short-term follow up if required including psychological therapies. This enhances what they already were providing.

Mental Health Community Services

Eating Disorders (South Essex)

- MANTRA (Maudsley Model of Anorexia Treatment in Adults): one of the team members has recently trained in this therapeutic approach and attends supervision specifically for this. This approach is recommended in NICE guidance.

- Carers Group: the service is to offer two psychoeducational groups a year and monthly carers support group.

Thurrock First

- Over the last two years EPUT, NELFT and Thurrock Council had been working on a proposal 'Thurrock First' which would be a community health, community mental health and social care information, and advice and assessment service, jointly funded by the three providers.

- The vision was to develop a high quality integrated health and adult social care information, advice and assessment service focused on prevention and signposting, and delivered locally to the residents of Thurrock. It was recognised that people accessing services can present with complex conditions that cross the divide between physical and mental health, and social care. The aim was to create a single point of entry for each person to meet all their needs.

Thurrock First integrated health & social care information, advice and assessment service launched

- The new service was launched in November 2017 and has been commissioned for a year. However, due to its success it is expected to be commissioned further to improve access to the service.

Intensive Outreach Team (IOT)

- The Intensive Outreach Team (IOT) was introduced in April 2017 within community mental health services with the aim of providing the service to patients residing in south Essex and Southend.

- The IOT offers a multi-disciplinary pro-active and comprehensive service to people suffering from severe and enduring mental illness that have complex needs and have demonstrated that they are unable or unwilling, to engage with other community mental health services.

- A critical feature of the IOT service delivery is that of a 'unified team approach'. All IOT staff know and work with all IOT patients.

- The IOT works with patients within a model of care that aids recovery and enables them to return to their full potential in day to day life. In particular the aim is to:
  - improve the patient's engagement with services;
  - reduce hospital admissions;
  - reduce the length of stay when in-patient care is required;
  - increase stability and quality in the lives of patients and their carers/families;
  - improve social functioning.

Mid Essex Access & Assessment and Home Treatment Team

- Access and Assessment are working with colleagues at Broomfield Hospital to develop shared care and contingency plans to reduce the requirement for attendance at A&E

Mid Essex Specialist Mental Health Team

- A telephone hub room has been created at the C&E centre to move the telephone function from the reception area. This will improve call waiting time for callers.

Mid Essex Specialist Psychosis Team

- A Polar Speed system introduced into the Specialist Psychosis Team. This has reduced the expenditure of around 20% of pharmacy costs for Risperidone Consta and Paliperidone depot injections. Teams receive medications direct from supplier, so the cold chain is maintained for storage, which increases the longevity of the medication

- A weekly zoning meeting commenced in Specialist Psychosis Team in February 2018, the aims of this caseload management system are to provide assurance, discussion by MDT of individual cases where there is instability, unblock delays in discharge from inpatient wards

- CAARMS (comprehensive assessment of at risk mental state) tool implemented in Specialist Psychosis Team as part of the EIP pathway. Train the trainer model in place to provide sustainability of model

SIM Project – Mid Essex CMHT

- A collaborative two year project called SIM Essex is commencing on 30 April 2018 in the Recovery Team. A police officer will work with mental health practitioners to provide mentorship to improve outcomes for service users in relation to patterns of behaviour

Mental Health Forum – Mid Essex CMHT

- The Mental Health Forum was developed in the last 12 months, which is attended by Essex Police, STaRS and the antisocial behaviour officers of local district councils to review complex cases with a multi-agency approach. The Forum has strengthened community networks and increased knowledge and working relationships

THINK AHEAD Programme – Mid Essex Specialist Mental Health Team/Social Care

- Collaboration between specialist mental health team and the social care THINK AHEAD programme, supporting the training programme for social care students. Two students are now in permanent positions in the SPT, with a further four undertaking their training this year. The team are in discussion with York University regarding participation in a research project attached to the THINK AHEAD programme.

Nurse Prescriber Clinics – Mid Essex Recovery Team

- Nurse prescriber clinics have been set up in the Recovery Team to release medical time for response to urgent cases

Improved Carers Support – Mid Essex Recovery Team

- An improved system for providing support to carers, is being piloted in the Recovery Team, this has been developed with the Carers Support Lead, and has resulted in targets for carers assessments being exceeded in Mid Essex

Therapy For You IAPT Service

- The service has increased patient choice and access to therapy by engaging with a new partner, IESO, offering online CBT delivered interactively online. Through the use of written/typed conversation, therapy is offered by an accredited and highly-qualified therapist in a secure virtual therapy room at a time and location that is convenient for patients including the offer of 'out of office hours' appointments at evenings and weekends.

- The service has also completed Phase 2 of its online mobile therapy options with the inclusion of new courses such as mindfulness, self-esteem and post-natal depression. These options are available 24/7 via website and from all platforms enabling patients to access at times that it is convenient for them.

- The service is working to integrate with our physical health colleagues to meet the needs of patients with long term health conditions. Our first co-facilitated diabetes course is due to run next month.

- One of our therapists with a special interest in physical health and developed a course that integrates psychological wellbeing with physical wellbeing. A sports centre in Southend has become our partner and has offered space from within the centre to run the courses and enable the patients attending to access free gym sessions. Following this pilot, the service hopes to link with other local sports centres to roll out the programme.

Development and Launch of SEE Recovery College REACH

- **AN initiative** has been launched to help improve the lives of people with mental health conditions.

- **REACH** (Recovery, Empowerment, Achievement, Community and Hope), the South East Essex Recovery College, was launched at an event on 24 January 2017 which was attended by EPUT staff, service users, practitioners, supporters and Mayor of Southend, Councillor Judith McMahon.

- **EPUT mental health services** were instrumental in highlighting the need for local Recovery Colleges, and EPUT mental health have continued to be a key driving force in the development of REACH and continue to be an active consortium partner in REACH.

- **REACH** is the South East Essex Recovery College. It's an environment where people with lived experience support one another to a better way of life. REACH creates opportunities to learn in a safe and supportive environment and to apply learning in daily life. It also includes lots of opportunities for people to share their experiences and connect with others who understand what it's like to be living with a mental health condition.

REACH includes:

> **Courses designed and reviewed** by people with a lived experience of mental health to support the development of skills. Each course has a taster session and a chance to meet the tutor. EPUT Community mental health staff are directly involved in co-delivering a range of courses within the college something we continue to build on year on year.

> **Recovery Coaches** are allocated to work with each student once they have enrolled.

> **Student Support** is designed to support you to take the steps to get you to the courses and implement those skills in your life. We appreciate just how difficult it is to start something new and how tricky it can be to learn new skills and implement them in your life.

> **Student Union** is an informal network of peers; it provides opportunities to meet other people going through similar things and helps to develop social networks with other students.

> **The REACH pilot** is currently being evaluated by Anglia Ruskin University and students will be asked to give feedback on the impact of their involvement in REACH.

Perinatal Mental Health Services

- The previous South East Essex Community Perinatal Mental Health Services were successful in clinically leading a joint bid with North Essex Partnership Trust colleagues and Mental Health Commissioners to submit a successful bid for up to three years additional funding, from 2016/17–2018/19, focused on expanding existing specialist community teams or developing small new teams. NHS England has committed to fulfilling the ambition in the Five Year Forward View for Mental Health, so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. EPUT were delighted to be successful with a bid which equated to 1.3 million additional investments coming into the Trust to develop an Essex wide Specialist Community Mental Health Perinatal Service. The service is now well underway and already attracting National Recognition for it's innovate approach to service pathway development. Key features of our new specialist perinatal mental health service in Essex are:

  - expansion of the existing south east Essex hub across south west;
  - development of a new north Essex hub;
  - working closely with rainbow mother and baby unit;
  - developing a co-production model;
  - contribution to emerging perinatal evidence and service models through research;
  - an outstanding service for newly merged Trust;
  - equitable specialist community PMH services across Essex;
  - flagship service to contribute to national learning;
  - supporting development of pathways in the wider system;
  - use of digital technology in reaching mums;
  - increasingly accessible venues for mums and babies;
  - CCQI accreditation;

EPUT welcomed Jackie Doyle Price MP to the Rainbow Mother and Baby Unit

Would like to thank the staff in the ward I have regained confidence with my son which I once lost. The staff on the ward are fantastic, they really looked after me and my son and couldn't help me enough. I really felt at home. Thank you.

Rainbow Unit

Early Intervention in Psychosis

- First episode of psychosis is the term used to describe the first time a person experiences a combination of symptoms known as psychosis, where a person's perception, thoughts, mood and behaviour are significantly altered. A range of common mental health problems such as depression and anxiety, and coexisting substance misuse may also be present.

- First episode psychosis occurs most commonly between late teens and late twenties, with more than three quarters of men and two thirds of women experiencing their first episode before the age of 35. This means that areas serving younger populations (e.g. areas with higher education colleges and universities) may have higher rates of psychosis; a small proportion of people will also experience an onset of psychosis before the age of 16 years, with an additional peak in incidence in women in their mid-to-late 40s.

- There are significant personal, social and health impacts of psychosis when treatment and support is not effective. People who do not access effective treatment quickly are far more likely to experience poor physical health, lower levels of social functioning and poorer occupational and educational outcomes and thereby leading to costly and lengthy use of system services.

- In 2011, 'No Health without Mental Health' highlighted the effectiveness of EIP services for people experiencing first episode of psychosis. There is good evidence that these services help people to recover and gain a good quality of life. EIP services have demonstrated that they can reduce the rate of relapse, risk of suicide and number of hospital admissions. They are cost effective and improve employment, education and wellbeing outcomes

- In October 2014 NHS England and the Department of Health jointly published 'Achieving better access to mental health services by 2020', outlining the first set of mental health access and waiting time standards introduced during 2015-16. These commitments were later reaffirmed in the 'Government's mandate to NHS England for 2016-17' and included as one of the nine 'must do's' for the NHS in the 'NHS Shared Planning Guidance for 2016-17-2020/21.'

- This saw the introduction of 'The early intervention in psychosis access and waiting time standard' from 1 April 2016 with the expectation that more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The Trust is achieving these new targets across all of its EIP service both in the north and south of the Trust.

- In the south of the Trust in Thurrock we have worked collaboratively with commissioners, and another provider 'Inclusion' to develop the first mixed provider model of EIP services in the country. This new model of service delivery aims to being together expertise of a range of providers, third sector organisations and a wide range of community assets to significantly improve the 'offer' to people with first episode of psychosis and the support available to their families and carers. As this is the first time this new model has been developed in the county it has attracted a great deal of national and local interest and will likely provide the blueprint for similar alliance models across the county moving forward.

Integrated Working New Neighborhood /Locality Teams

- South Essex Community Mental Health services have been actively involved in the development of the new integrated MDTS with primary care partners ensuring that true parity of esteem is achieved for people with mental health needs. The new integrated teams serve discreet GP populations and aim to break down the artificial barriers between statutory and non-statutory services in the area to achieve better health and social care outcomes for the defined population. The next stage of development will be to further integrate mental health into primary care and develop much improved primary mental healthcare services moving forward.

Dementia and Frailty

- The development of the integrated dementia intensive support service within the Mid area. This service provides intensive for those people with a conformed or suspected dementia diagnosis; it is an integrated service which meets both the physical and mental health needs of patients enabling them to remain in their own home/place of residence, avoiding hospital attendance and admissions. The service also works with people who are admitted to either acute or mental health wards to facilitate early discharge and support the return home.

- The west Essex service dementia services have now integrated with the EPUT community services single point of access, enabling GPs to make a single call to a central triage centre, enabling patients to have a right service right place right time. Ensuring those with co-morbidities have their multiple needs met through one service response.

- In all three areas within the north of the Trust the role of the care home nurse has been developed to provide enhanced services for those living in care homes, improving quality, supporting care and enabling residents to remain in their own homes. The focus for the service in the NE and Mid at this time is to support the diagnosis of those residents with undiagnosed dementia to receive a diagnosis ensuring that care and support plans are appropriate to the needs of the individual.

EPUT colleagues promoting the Dementia Intensive Support Services

> *I just wanted to say a big thank you to everyone at Mountnessing Court for taking such good care of my uncle. Thank you very much.*
>
> Mountnessing Court

- In west Essex the dementia and frailty services have further integrated with the neighbourhood model. This continues to be an area of ongoing development, however, there is clearly increased integration in the delivery of care with community primary care services.

- The west Essex community services are now delivering the entirety of adult and old age mental health services for the North Uttlesford population following a change in commissioning arrangements. This has enabled the services to deliver joined up and responsive whole pathway services more fully linked with the primary care services.

North East Adult Services

- **High Intensity Users** (whole health economy) – EPUT are one of the founding members of the high intensity users group in north east Essex, meeting with the CCG, The East of England Ambulance Services, Colchester Hospitals University NHSFT (CHUFT), 111, out of hours GP service, and community matrons from primary care on a bi-monthly basis. The group identifies high intensity users of the services, and aims to work collaboratively to support patients access the correct local health services in a more appropriate manner by agreeing multi-disciplinary plans and effective joint working.

- **Extended hours of street triage** – The Street Triage Service is jointly funded by Essex Police and CCGs across Essex, and has developed and evolved from the original service that was primarily telephone based with mental health staff and police officers providing a mobile response Friday to Sunday. The Team now operates between 10am and 2am seven days per week, and comprises of two police cars staffed by a police officer and mental health professional. The aim of the service is to improve the response that people in mental health crisis receive, by ensuring that those with mental health needs are identified and their needs assessed as swiftly as possible in the least restrictive manner appropriate. The team is deployed upon request from Essex Police Officers who have attended an incident and are either considering using their powers of detention under Sect 136 of the MHA, or who have identified concerns about a person's mental health and their ability to cope with a crisis presentation. In Q3 of 2017-18, Police Officers only went on to detain patients under Section 136 of the MHA in 6% of the cases that Street Triage attended, and has also seen a significant reduction in police officers taking people to A&E. One of the CPNs (Susan Inglis) was awarded a Chief Officer's Certificate of Merit for her response at an incident where a male was on a bridge expressing intent to jump off. She was commended for her dedication, commitment and professionalism during the incident, which was resolved safely.

CPN Susan Inglis awarded Chief Officer's Certificate of Merit

- **Specialist Psychosis Team Staff Training** - As well as whole team training e.g. (SBAR, CAARMS,) there are specific training events for non-registered and non-clinical staff. Non-registered training involves introductory level sessions on understanding symptoms, sleep hygiene, non-clinical staff sessions have focused on the customer contact aspect of their role in particular dealing with difficult conversations, positive techniques to end conversations etc.

- **Clinical ABI Clinics** - (Assessment Brief Intervention) Specific clinics for all first episode cases. Individuals book themselves into clinic. ABI gives rapid access to psychological interventions (as per EI guidance and national standards). Clinic consists of four sessions which allow assessment and formulation of individuals needs along with some CBT approaches and support. Sessions help identify the people who would benefit from longer term psychological input such as CBTp or family interventions, but are often sufficient in their own right.

- **'Thinking about thinking group'** - Studies show people with mental health problems tend to get stuck in unhelpful thinking patterns. Group uses principles of Meta Cognitive Therapy raising awareness of unhelpful thinking patterns. Recognising when this happens promotes new ways to tackle problems

- **Bi-Polar Group** - Structured programme which helps people with mood disorders recognise their mood patterns, giving support and techniques to help people regulate their mood. Recognising the impact of stimuli, stress etc.

- **Family Intervention Clinics** - Part of NICE guidance for treatment of Psychosis and First Episode Psychosis. Clinic uses a range of family interventions such as Behavioural Family Therapy (BFT) to help develop positive communication, share information and develop stress management and problem solving within the family. The clinic operates after normal office hours to assist with attendance of family members who would otherwise be at work.

- **Treatment Teams Carers Group (jointly run between Specialist MH Team and Specialist Psychosis Team)** -Structured programme aimed at people who have a caring role for a friend or family member. Structured programme with a predominantly education based focus, backed up by a safe space to offload stress and concerns about the cared for and promote peer support. Topics include what can be medication, psychological approaches, wider community support etc.

> *To all the staff on Chelmer Ward, thank you for looking after my beloved wife so well so that I could have back the lovely person I know.*
>
> Chelmer Ward

Social inclusion Initiatives

- **Breakfast club** - A weekly informal session where the focus is on social contact rather than mental health issues. A low key gathering where people can gain confidence in a social setting as well as meet new contacts and make friendships. Promoting recovery and confidence. Group regularly has 10-12 people attend with staff facilitating.

- **Badminton Group** -Weekly session on a pre-booked badminton court. Giving an opportunity to promote activity and healthy living as well as social interaction and confidence.

- **Occasional Group Activity** - Mainly occurring during the warmer months, one off activities to meet a wide range of peoples favoured activities. Bowling, nature walks, rounder's etc.

Health and Well-being Initiatives – Specialist Mental Team

- **Health and Well-Being Group** - Focusing on physical health promotion, with support and information around healthy eating, diet, weight loss, Smoking etc. Acts to support physical health clinics.

- **Psychological Health and Wellbeing – Specialist Psychosis Team** Currently under development, will focus on mental health promotion

- **GP Pilot – Colchester** - Due to commence in April 2018, a community practitioner will be based in a Colchester GP practice with high referral rate. Joint MDT working will commence supporting and working with complex cases based in the practice surgery.

- **Specialist Mental Health Team - Mental Health and Wellbeing Workshops** are run in Clacton and Colchester once a week with eight different workshop skills.
  - Distraction Skills
  - Calming Mind Skills
  - Grounding Skills and Dropping the Anchor
  - Attention Training
  - Sleep Improvement and Physical Activity
  - Thought Identification
  - Managing Worry and Avoidance
  - Goal Setting

There are two parts to the session lasting an hour and a half – one part being exploring the skill with visual use of workbook, and the other part being open for those who attend to discuss any thoughts or concerns. The idea of the rolling workshop is that there is no waiting list and people can access it immediately as need is identified. People are invited via their care co-ordinator or via the duty system as relevant. Those attending a session get an opportunity to sign up for the next session at the end of each workshop and uptake for this is good. Care co and lead professionals can have access to skill work book to revisit and reflect is appropriate

Specialist Mental Health Services

Secure services in Essex, Beds and Luton:

- Fuji Ward at Brockfield House has delivered a **programme to reduce incidence of restraint and physical intervention** in collaboration with its service users. This has led to a significant decrease in the rates of physical intervention and improved service user experience. Learning from this will be disseminated through the service

- The **Recovery College** programme has seen strong participation from Service Users this year leading to a wide range of formal and vocational qualifications as well as participatory recognition for those involved. This has included NVQ level qualifications and work opportunities outside of hospital as well as excellent engagement form external agencies in-reaching to services with further innovations underway for 2018

- EPUT has launched a new county wide **Health and Justice Pathway** which brings together key elements of Street Triage, Liaison and Diversion and Forensic Medical Examiner services into a single model. We are delivering this in partnership with CRG and Phoenix Futures to ensure service users who find themselves in contact with the criminal justice system receive a seamless and rapid response to any health and support needs they may have.

- Our **Veterans Mental Health Service** delivers in partnership with other NHS Trusts and Charitable groups to deliver support, assessment referral to ex-forces and merchant naval personnel with mental health issues across the East of England Area. The service has received national recognition for its work and has received support from the Royal Family to publicise and support the work.

- Brockfield House has actively **increased patient participation in recruitment and local induction** for secure services. Patients now assess participants in pre-interview workshops, sit on the interview panel, and deliver components of the local induction programme. The feedback from both patients and staff has been very positive.

Veterans Team Nurse, Diane Palmer, presented with 'Innovation in my Specialty Award' at the RCNi Nurse Awards

Child and Adolescent Mental Health Services (Tier 4 in-patients – Larkwood, Longview & Poplar Wards):

- The service has made significant headway in **reducing restrictive practice** on the unit. Just a few examples include, reviewing access to bedrooms, the introduction of mobile phone handsets and reduction in the number of restraints.

- Significant work has been undertaken and completed to harmonise and adopt best practice methodologies following the Trust merger. **Referral and treatment pathways** have been reviewed and close collaboration between the units to share skills, knowledge and capacity to ensure young people needing this service are kept as close to home as possible.

St Aubyn Centre celebrate their ArtsMark Gold Award

- At the St Aubyn Centre **psychology and psychotherapy services** have been reviewed and are now available across seven days per week, improving access and availability to young people in our care.

- All three wards have revalidated their **accreditation with QNIC** or are in the process of being assessed for accreditation against their best practice standards.

Social Care Services (Adult Mental Health)

- The recently merged Social Care Leadership Team has created a new **Care Planning Scrutiny Panel** across both north and south Essex. This panel meets on a weekly basis so as to ensure there are less delays in provision of funded care, and scrutinises all applications due to be submitted to Essex County Council's Social Care Funding Forum and the S117 Panels. The aim of the Scrutiny Panel is to ensure that all paperwork submitted to Essex County Council and the S117 panels is of the highest quality, and to ensure as far as possible that the applications are likely to be accepted and taken forward, thereby reducing delays in the provision of care. The Scrutiny Panel also provides very clear learning for staff via a robust feedback process.

- On 1 January 2018 the new **Review and Recovery Team** was launched in the north east of EPUT, led by a social work consultant in partnership with Family Mosaic. The aim of this team is to ensure that high level support is provided to service users in this area when it is deemed appropriate for them to move on. The team is able to work with these individuals intensively to ensure that their move on from residential care into either supported housing or their own tenancy is smooth and successful.

- The new **HeadsUp Service** was launched in this year, in partnership with Enable East and funded by the Big Lottery and the European Social Funds. HeadsUp works with people across Essex who have common mental health problems, such as anxiety and depression, and who are going through a period of unemployment. More than 90 people have already made the most of the project's free support, advice, practical tips and experiences to help with employability. A team of peer support workers give one-on-one support, while practical interactive workshops help to build skills and confidence. HeadsUp is assisted by a network of Essex-based businesses and organisations who share their guidance and expertise. Where relevant, they also help to secure employment or training for participants enrolled on the programme.

Family Group Conference team shortlisted for national Social Work Award

- EPUT is currently supporting a second cohort of **Think Ahead** students. There are four Think Ahead social worker students based in north Essex who are supported by two Consultant Social Workers. We work in partnership with the Essex County Council, with our Think Ahead students undertaking placements in their children and family teams. Dr Lynn Prendergast and Lyndsey Taylor also provide training on the national Think Ahead programme on Family Group Conferencing which has proved to be very successful over the last two years. Think Ahead and EPUT will be partnering for a third year in 2018/19 with two student participant units consisting of 8 students joining the Trust.

Workforce Development

Having the right people, with the right skills, in the right roles, at the right time is absolutely critical to the delivery of our quality aims and priorities. This section therefore details some examples of workforce initiatives that the Trust has undertaken over the past year - these initiatives have been designed to help to build the workforce of the future and upskill current staff, ensuring that the workforce is trained to the highest standards so that they can provide the safest and best possible care for patients and users now and into the future.

Progression Pathways and Apprenticeships and Employer Provider Status

The national Apprenticeship Levy was introduced in April 2017. All organisations with a pay bill of over £3 million pay 0.5% of the pay bill into the levy pot. This funding can then be used to pay for apprenticeship programmes. It can only be used to fund programmes approved by the Institute for Apprenticeships, and at the beginning of 2017 there were a limited number of approved programmes for health and social care roles. However, further programmes are in development and the nursing pathway is complete now with approval of the Nursing, Assistant Practitioner, Nurse Associate and Health Care Support Worker apprenticeships.

The Trust has taken a proactive approach to use of the levy and was approved as an Employer Provider by the Skills Funding Agency in June 2017. This means that we can deliver apprenticeship programmes in-house using our assessors and lecturers. We are now delivering the Health Care Support Worker and Assistant Practitioner programmes in house with plans for expanding to deliver further programmes in future as we get established.

STP Partnerships

The Trust currently sits in four STP areas: Mid and South Essex, Hertfordshire and West Essex, North Essex and Suffolk and Bedfordshire, Luton and Milton Keynes. Working across all these STP areas is a challenge but there is a certain degree of commonality in the issues facing each area and the approaches taken.

There has been a particularly collaborative approach in the Mid and South Essex STP and we have worked across the STP to conduct joint procurement of apprenticeship programmes, working to understand the STP demand and to get competitive deals. Even though EPUT is delivering many of the apprenticeship programmes required in-house, each programme has to have an independent end point assessor so we have worked with our neighbouring trusts to purchase this through a joint procurement process.

In future, we shall be exploring how we can work collaboratively on the delivery of the programmes so that we can give an enhanced experience to our students and learners.

Collaborative Work on Career Promotion

The formation of the STP and associated Local Workforce Action Board (LWAB) has given the opportunity for collaborative work in other areas as well. The organisations operating in Mid and South Essex are working on career promotion programmes with schools and colleges in the area. This work has been undertaken in partnership with the local authorities and there is increasing scope for further partnership projects.

The Work of the Student Facilitators

The Trust has always valued the students on placement within the organisation as part of their professional training. We have introduced a number of initiatives over the past couple of years to enhance the student experience and to promote local employment. All students are invited regularly to student forums which give additional learning opportunities and enable students to share experiences and explore solutions to any difficulties.

The Trust has introduced new models of student mentorship and most areas now offer a coaching model where students are assigned to different members of the multi-disciplinary team for short periods to support their learning on specific objectives.

Throughout their learning time at the Trust, our student facilitators will work with the students to explore their career aspirations and to ensure that they are aware of the employment opportunities within the Trust. They will try to ensure that they are offered placements, in particular their final placement, in an area where there are job opportunities that they are interested in.

Newly Qualified Staff

It is increasingly realised that newly qualified staff need additional support as they take up their new roles. The Trust Preceptorship Policy has been revised with this in mind. The new approach has meant that the preceptorship skills book has been re-written for nursing and other professions have also revised theirs as appropriate.

The new policy is also aware of the need to give an enhanced experience to our newly qualified staff in terms of the areas that they can work in and the development of their skills. The policy takes account of this by offering the possibility of rotational placements, not just within the Trust but potentially within neighbouring organisations as well in order to improve understanding of the patient pathway and to promote parity of esteem between mental and physical healthcare.

Grangewaters Ward staff celebrate CCQI Accreditation

Leadership Development

The Trust promotes a distributed leadership model and is keen to develop leadership potential at all levels. The Trust has invested in leadership development to support the in-house programmes and extend the access to NHS Leadership Academy courses. Additional optional modules have been added to the in-house management/leadership development programme with workshops on developing resilience and confidence building. We have also developed a new programme specifically aimed at staff in Bands 1-4 who are starting out on their leadership journey.

In addition, Health Education England has franchised delivery of the NHS Leadership Academy's 'Mary Seacole' Programme through local trusts and this is being offered to staff at Band 7. This is a six month leadership development programme designed by the NHS Leadership Academy in partnership with global experts, the Hay Group, to develop knowledge and skills in leadership and management.

Further progression is then offered via the Integrated Leadership Programme, supported by the Mid and South Essex STP. This programme focuses on developing strategic thinking and offers learners the opportunity to take up short placements in other organisations within the local health and social care economy.

We have rewritten the Supervision and Appraisal Policy with a focus on support for aspirations and talent management. A 360 degree assessment tool is in development which will be based on leadership behaviours as expressed through the Trust values.

Harmonisation and Development of Best Practice in Mandatory Training

The merger of the two Trusts in April 2017 provided an opportunity to consider best practice across the training curricula and to utilise the best from both organisations. This led to adoption of the TASI approach to restrictive practices – a programme which has been developed by a number of mental health trusts and follows DH guidelines. NEPT was one of the trusts involved in the development and so this enabled EPUT to adopt this when the curricula were harmonised.

Similarly, SEPT had created a network of manual handling link workers in in-patient areas to increase the expertise available. This model of manual handling delivery is now being rolled out across all areas of the Trust.

The two organisations utilised a number of e-learning programmes to deliver essential learning to staff. Harmonisation of learning following merger has enabled the Trust to increase its offer to all staff.

Service User Co-Production – The Buddy Scheme

The Mental Health Buddy scheme, whereby all second year Mental Health students at Anglia Ruskin University have been partnered with a service user and given the opportunity to undertake structured discussions with them on aspects of care has continued to be very well-received. Following on from the Deanery visit in 2017 it was requested that we consider how we could offer this to other student groups. The Trust is now offering this to Occupational Therapy students. As the student numbers are smaller and their placement spans are different, the programme has been re-designed to some extent to take account of this. Initial feedback, from both students and service users, has been very positive though. We are now in discussions with Essex University to see how we can extend the programme to involve Essex University nursing students.

Workforce Planning for Stepping Forward

The Five Year Forward View for Mental Health sets out the direction of travel for mental health services . The Trust has been looking at the changes it will need to make to service delivery, and to the workforce that supports this over the next few years.

In answer to this EPUT has drawn up workforce trajectories that will put additional workforce resources into the areas highlighted by the plan, e.g. IAPT, crisis teams, early intervention. The plan looks for better support, improved interventions and improved outcomes for our service users. To support all of this we will need to ensure that we have the right workforce with the right skills. This has meant increased focus on recruitment and retention with the Trust taking part in the second wave of trusts involved in national retention projects. The Trust retention plan has ambitious but realistic targets to support staff through a combination of initiatives.

Nurses from Kitwood Ward

Section 3.3: Overview of the quality of care offered in 2017/18 against selected indicators

As well as progress with implementing the quality priorities identified in our Quality Report last year, the Trust is required to provide an overview of the quality of care provided during 2017/18 based on performance against selected quality indicators. The Trust has selected the following indicators because they have been 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.

Patient Experience

Complaints

Data source: Datix
National Definition applied: Only to K041-A Submissions to the Department of Health

Complaints referred to the Parliamentary & Health Service Ombudsman

During 2017/18 a total of 10 complaints were referred to the Parliamentary & Health Service Ombudsman. (PHSO)

One was upheld and the Trust was asked to acknowledge failings and make financial recompense of £500 for the impact the failings had on the complainant. The Trust was also asked to produce an action plan outlining what actions it had taken in relation to the identified failings.

Four complaints were not upheld, and the PHSO discontinued one investigation. Investigations are ongoing for the remaining four referrals.

Complaints closed within timescales

The "% of Complaints Resolved within agreed timescales" indicator is a measure of how well the complaints-handling process is operating. The agreement of a timescale for the resolution of a complaint is identified in the NHS Complaints Regulations, but these do not stipulate a % target to be achieved. The Trust believes that commitments to complainants should be adhered to and aims for 100% resolution of all complaints within the agreed timescale with the complainant. This year the Trust has achieved 90% for complaints closed within agreed timescale.

Non-Executive Director Reviews

An important part of the complaints process is the independent reviews of closed complaints by the Non-Executive Directors (NEDs). The complaints are selected at random each month. The reviewer will take into consideration the content and presentation of the response, whether they feel the Trust has done all it can to resolve the complaint and if they think anything else could have been done to achieve an appropriate outcome.

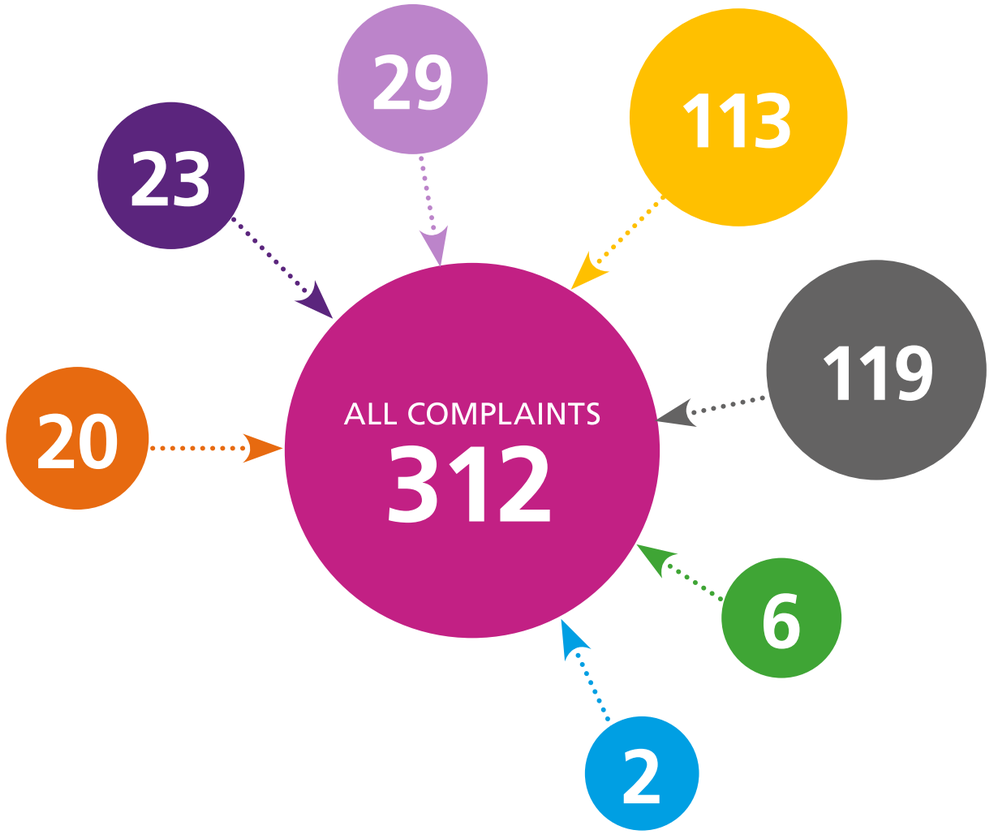
During 2017/18, the NEDs reviewed 45 complaint responses. The majority received a good or very good rating for how the investigation was handled and the quality of the response.

Number of formal complaints received:

Performance Indicator	2017/18
Number of formal complaints received	**312**
Comprising:	
Total received Mental Health Services	238
Total received Community Health Services	72
Total received Primary Care	1
Total received non-Operational Services	1
Number of complaints withdrawn	**5**

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

Complaints Received by Locality and Service



KEY:	
	EPUT TOTAL
	West Essex Community Health
	Bedfordshire Community Health
	South East Essex Community Health
	South Essex Mental Health
	North Essex Mental Health
	Bedfordshire Mental Health
	Other

Number of active complaints at year-end:

At year end, the number of active complaints was 59. All active complaints are on target to be responded to within their agreed timescale.

Number of complaints upheld / partially upheld:

A total of 284 complaints were closed during the year.

Performance Indicator	2017/18
Number of complaints upheld	40
Number of complaints partially upheld	163
Number of complaints not upheld	66
Totals	**269**

A total of nine complaints were not investigated due to consent being withheld, one was handled under the Trust policy and five complaints were withdrawn by the complainant.

Patient Advice and Liaison Service queries and locally resolved concerns:

In addition, the Trust received a total of 1269 Patient Advice and Liaison Service queries and 354 locally resolved concerns in 2017/18.

Nature of complaints received:

The top three themes for complaints for both mental health and community during 2017/2018 were dissatisfaction with treatment, staff attitude and communication. The top three themes for the Trust also apply nationally across the spectrum of health services. The table below shows the outcomes of the closed complaints for each of these three themes:

Top Three Complaint Themes 2017/18	Total Number of Complaints Received	Upheld	Partially Upheld	Total Upheld or Partially Upheld
Unhappy with treatment	54	4	35	39
Staff Attitude	36	3	21	24
Communication	42	9	25	34

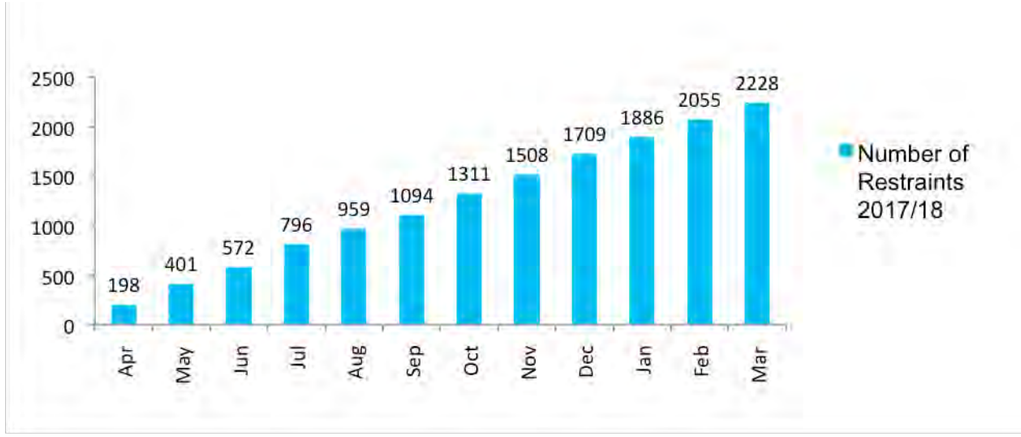
The category ‘unhappy with treatment’ covers a wide spectrum. In some cases, complainants had certain expectations; however, this was contrary to their clinical need. The Trust was, therefore, limited in providing solutions to these complaints

Restraints: PATIENT SAFETY

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 main reasons for restraint are anti-social behaviour, physical assault and attempted self harm. The most common types of restraint are patient standing and in supine position - prone position restraints are monitored in greater detail. The total number of restraints in 2017/18 was 2228 which is an improvement on the 2444 recorded in 2016/17 in the former Trusts. EPUT is also pleased to report that the rate of restraints per bed is lower than the national average.

Number of Restraints 2017/18

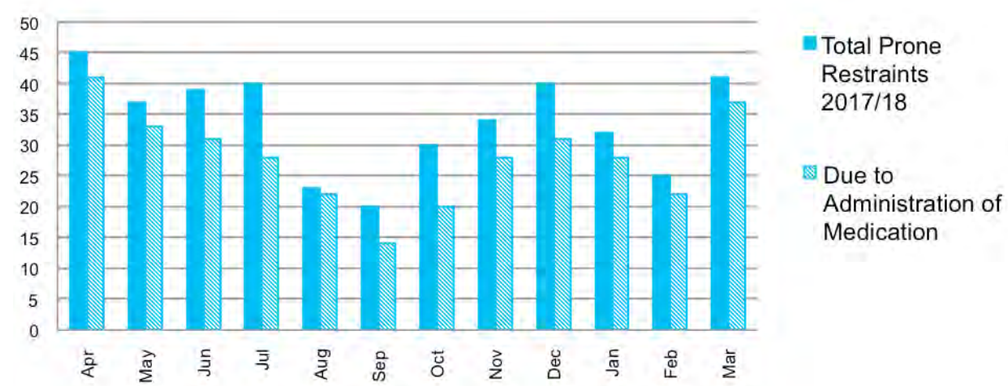


Prone Restraints

The graph below shows the number of prone restraints undertaken by month and demonstrates that the majority of prone restraints take place to facilitate the administration of intra-muscular medication.

A reduction in the number of prone restraints is part of the trust's Quality Priorities and is described in more detail in the section 3.1

Prone Restraints 2017/18



Patient Environment: PATIENT EXPERIENCE

The Patient Led Assessment of the Care Environment (PLACE) Team carried out assessments on the patient environment on 14 sites from 27 February – 2 June 2017. No external validators accompanied the teams this year. The assessments spanned the merger of SEPT and NEP and are, therefore, presented separately.

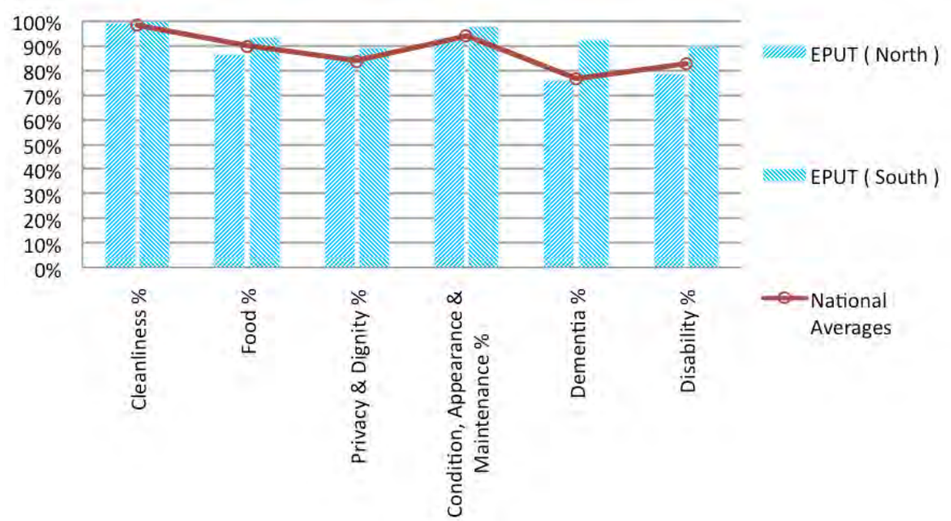
The Trust's Board of Directors have ultimate responsibility for ensuring health services are provided within clean, safe and fit for purpose environments appropriate for health care. The PLACE assessments support the Trust's compliance with Standards for Better Health.

EPUT (South) (formerly SEPT) achieved above the national average in all categories. For Cleanliness we were +1.51%; Food 3.77%; Privacy, Dignity and Well-being 5.38%; for Maintenance 3.92%; Dementia 15.94% and Disability 7.51%.

EPUT (North) (formerly NEPT) achieved an increase in scores from 2016/2017 in most of the categories. Cleanliness +2.4%; Food +8.9%; Privacy, Dignity and Well-being +6.69%; Condition, Appearance and Maintenance +9.01%.

Although there are some areas of improvement and investment identified, overall the results must be considered as an improvement on the previous year.

Patient Environment: Place Scores

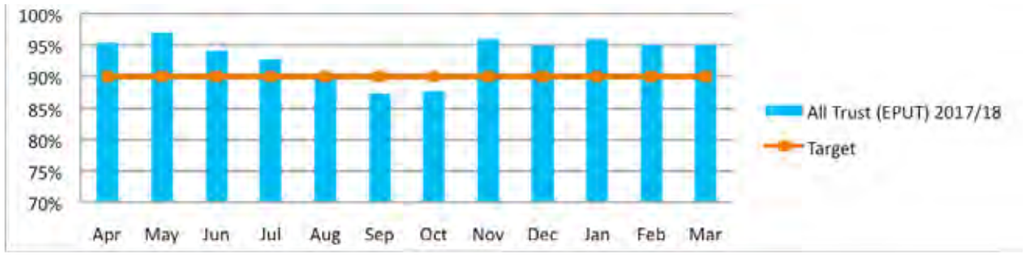


Scores (%)	National Averages	EPUT (North)	EPUT (South)
Cleanliness	98.38	99.33	99.89
Food	89.68	86.68	93.45
Privacy & Dignity	83.68	86.02	89.06
Condition, Appearance & Maintenance	94	93.11	97.92
Dementia	76.71	76.21	92.65
Disability	82.56	78.52	90.07

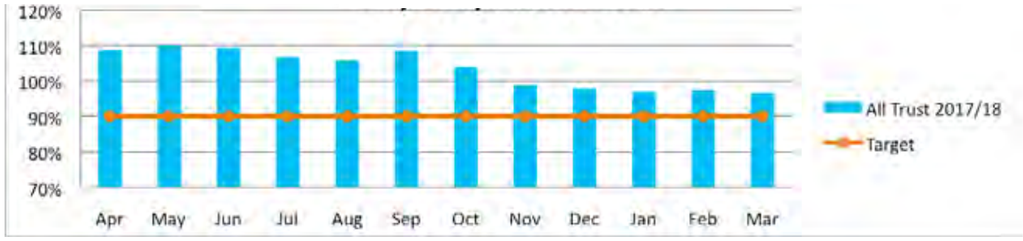
Safer Staffing: PATIENT SAFETY

The Trust monitors the actual levels of staffing compared to the planned levels on a shift by shift basis across all its inpatient wards. Day Qualified staff failed to achieve the 90% target in September and October. Enhanced monitoring of Staffing Fill Rates has been introduced and compliance is monitored by ward on a monthly basis.

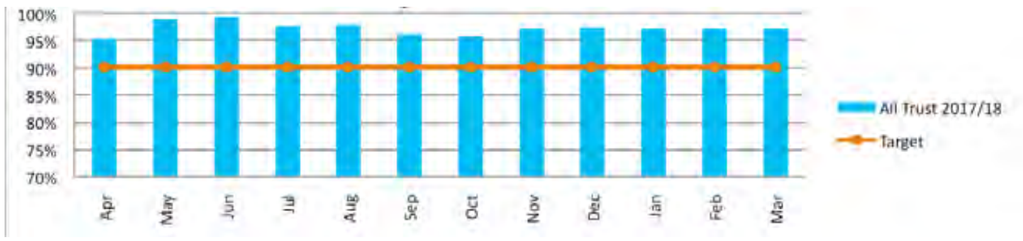
Day Qualified Staff



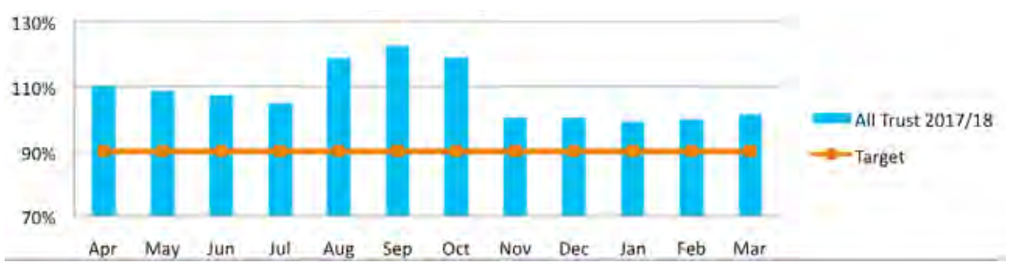
Day Unqualified Staff



Night Qualified Staff



Night Unqualified Staff



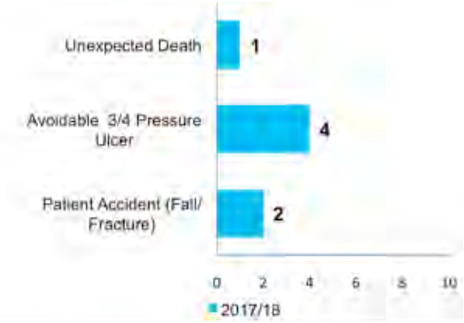
Serious Incidents: PATIENT SAFETY

Monitoring of the number and nature of Serious Incidents, identification of learning and embedding learning back into clinical practice, is a key part of the Trust's patient safety systems.

The Trust reported seven serious incidents in Community Health Services in 2017/18 compared to 16 during 2016/17. Two of these incidents were falls leading to fractures, a decrease (improvement) compared to three last year. The continued decrease in the number of Serious Incidents in the community is a major achievement for the Trust which has been made possible by the widespread implementation and adoption of the principles of our 'Sign Up to Safety' campaign.

Data source: DATIX
National Definition applied: EoE and Midlands definition applied

Serious Incidents Occurring in Community Health Services



Serious Incidents by Locality

Mental Health - Local Quality Indicators

Serious Incidents: PATIENT SAFETY

Monitoring of the number and nature of Serious Incidents, identification of learning and embedding learning back into clinical practice, is a key part of the Trust's patient safety.

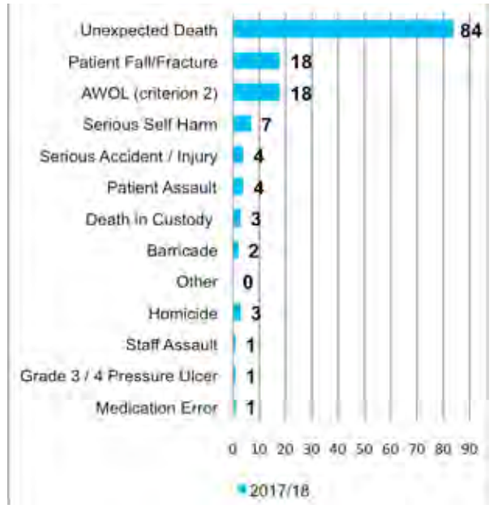
The Trust reported 146 serious incidents (SIs) in Mental Health Services in 2017/18.

The most common type of serious incident is an unexpected death, although not all relate to suicide, the Trust has made suicide prevention a priority through its Sign Up To Safety campaign. A comprehensive forward looking action plan has been developed to deliver transformational change to how staff assess and plan for safety within services, supported by the plan to commission specific suicide prevention training for all staff, underpinned by a cultural review of the organisations' understanding and attitudes towards suicide prevention. Further details of suicide reduction can be found in the Quality priorities section of this report

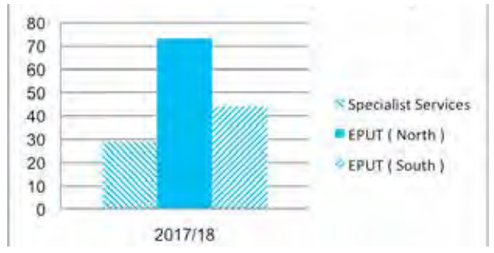
The graph to the right shows that Patient Falls/fractures (occur mainly on Older people inpatient wards) and AWOLs (Absconding from an inpatient ward) are the two other most common form of serious incident.

Data source: DATIX
National Definition applied: EoE and Midlands definition applied

Serious Incidents Occurring in Mental Health Services



Serious Incidents by Locality



Readmissions: CLINICAL EFFECTIVENESS

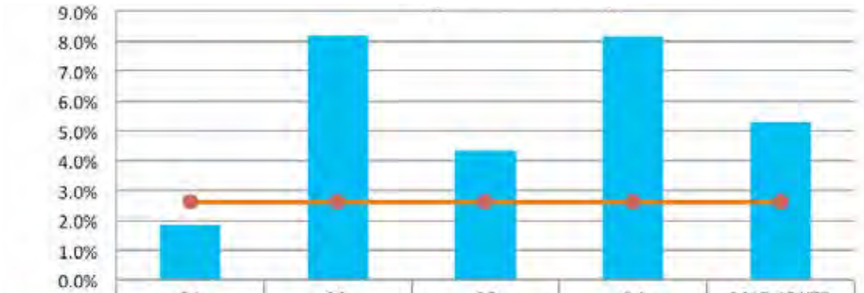
The target % of Adults Re-Admitted within 30 days has not been achieved during the course of 2017/18. This position has been advised to the Board of Directors and it is anticipated that changes brought in by the new clinical model i.e. the introduction of an Assessment unit will help reduce the number of readmissions. Elderly Re-admissions achieved the target in the first quarter, but have subsequently breached the target during 2017/18. The 2017/18 % for Elderly readmissions represents 30 readmissions out of a total of 571 discharges. This will be reviewed to understand the cause of the readmissions in this area.

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

Adult Patients Re-Admitted Within 30 Days (Mental Health)

	Q1	Q2	Q3	Q4	2017-18 YTD
EPUT	9.4%	10.8%	12.9%	11.6%	11.2%
Target	8.0%	8.0%	8.0%	8.0%	8.0%

Elderly Patients Re-Admitted Within 30 Days (Mental Health)



	Q1	Q2	Q3	Q4	2017-18 YTD
EPUT	1.8%	8.1%	4.3%	8.1%	5.3%
Target	2.6%	2.6%	2.6%	2.6%	2.6%

Readmission rates have been used extensively to conduct national reviews into the effective delivery of health services as well as CQC cross-checking arrangements. The number of re-admissions, as well as the % re-admission rate are monitored regularly throughout the organisation. The targets for adult and older people re-admission rates are derived from the NHS Benchmarking project based on 2016/17 data (further information can be found at www.nhsbenchmarking.nhs.uk).

Data source: EPUT Systems (IPM and Paris)
National Definition applied: Yes

Delayed Transfers of Care: CLINICAL EFFECTIVENESS

Delayed Transfers of Care

The graph below shows that delayed transfers of care have exceeded the benchmark in north Essex for seven months of 2017/18. This is predominantly due to delays in discharging older people. Weekly monitoring was introduced in December 2017 to focus on reducing these delays. The Trust has introduced a process for verifying each delayed transfer of care and this has helped reduce the numbers reported. The Trust is working with NHS England to progress this work further.

Data source: EPUT Systems (IPM and Paris)

National Definition applied: Yes

Section 3.4: Performance against key national priorities

In this section we have provided an overview of performance in 2017/18 against key national targets. These are relevant to EPUT's services contained in NHS Improvement's (NHSI) Single Oversight Framework (November 2017 update) in accordance with the national guidance issued by NHSI for Quality Reports in 2017/18. Data for two indicators, 'Patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay' and 'Admissions to acute wards gatekept by Crisis Resolution Home Treatment Team', have been reported in the mandatory indicator section (2.5) of this report. EPUT is pleased to report that, with the exceptions of one indicator, 'Cardio-metabolic Assessment', compliance has been achieved across all indicators reported below throughout 2017/18.

Out Of Area Placements

This indicator was introduced in the November 2017 update to NHS Improvement's Single Oversight Framework. The indicator measures the number of days that patients have spent in in-patient facilities out of area. This is being proactively addressed to ensure that there is a significant reduction in 2018/19.

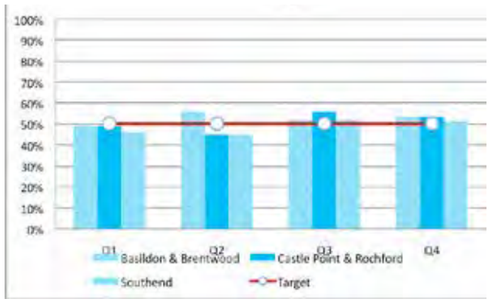
Patients placed Out of Area - occupied beddays

Improving Access to Psychological Services: Recovery Rate

This indicator measures the percentage of patients discharged from IAPT services who have moved to recovery. The NHSI compliance threshold is 50%. IAPT services are commissioned from EPUT by three CCGs. The target was not achieved in Q1 in any of the CCG areas but performance has since improved.

Q4 figures are local/ provisional and will be updated by nationally published data during 2018/19.

IAPT - Recovery Rate



Improving Access to Psychological Services: Referrals treated within six weeks and 18 weeks of referral

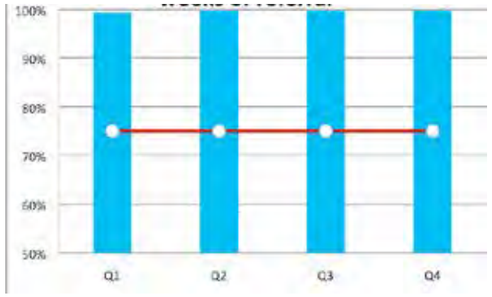
This indicator measures the percentage of referrals to IAPT services whose treatment commences within:

a) six weeks

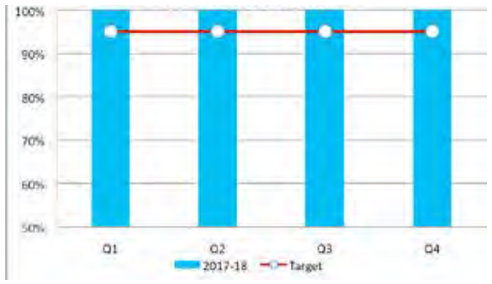
b) 18 weeks

Compliance with both of these targets has been achieved consistently throughout 2017/18.

IAPT - Referrals treated within six weeks of referral



IAPT - Referrals treated within 18 weeks of referral



Early Intervention in Psychosis: Referrals treated within two weeks

This indicator measures the percentage of referrals for people with a first episode of psychosis who are treated within two weeks.

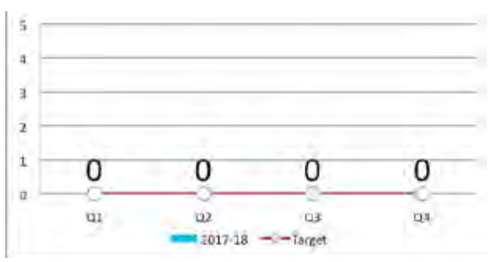
Compliance with this target has been achieved consistently throughout 2017/18.

EIP - referrals treated within two weeks of referral

U16 admissions to Adult wards

This indicator measures the number of admissions of patients aged less than 16 years old to adult mental health wards. EPUT is pleased to report that no patients aged under 16 years old have been admitted to any of its adult wards.

Under 16 years old - admissions to adult mental health wards



Cardio-Metabolic Assessment

TThese indicators measure the percentage of adults with psychosis who have had a cardio-metabolic assessment, within three different settings:

a) Inpatient wards

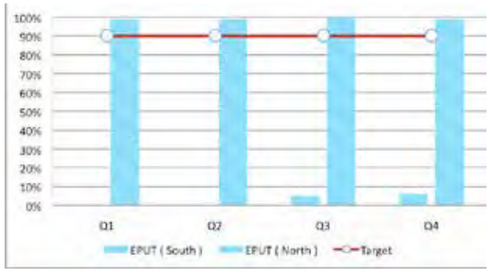
b) Early Intervention in Psychosis Service

c) Community services.

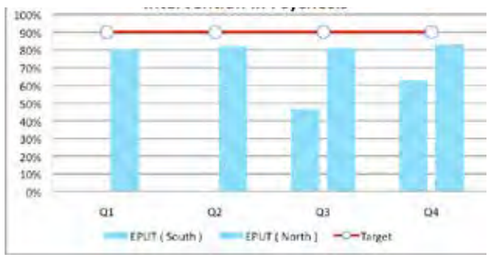
The Service Improvement Team is currently working with relevant internal and external stakeholders to ensure that EPUT is working towards achieving the target levels of performance.

Further details are available in section *3.1 Quality Priorities*

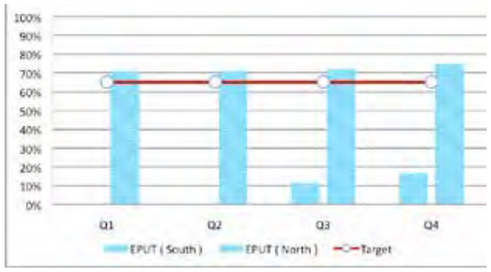
Cardio-Metabolic Assessment - Inpatients



Cardio-Metabolic Assessment - Early Intervention in Psychosis



Cardio-Metabolic Assessment - Community



Section 3.5: Listening to our patients and service users

We believe that receiving and acting on feedback from our service users is crucial to maintain the high quality standards we have set ourselves and work continues to increase the feedback received. This section of our Quality Report 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.

Patient Survey Feedback

The Trust 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 are sent to all patients who have recently been discharged, either from 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 are also asked to complete the survey for those unable to fill it in themselves.

The Patient Experience Team provides team managers with regular reports which detail the results from the surveys for their team. Managers review the content of these reports and discuss the feedback with their team or individual 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 2018/19
To what extent did you feel you were listened to?	**9.2**
To what extent did you feel you understood what was said?	**9.2**
To what extent were staff kind and caring?	**9.5**
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?	**9.3**
How would you rate the food?	**7.6**
To what extent would you say the ward/clinic was comfortable?	**8.8**
To what extent would you say the ward/clinic was clean?	**9.2**

A total of 7625 responses were received to the survey in 2017/18. 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 7.6% is in relation to food. The Patient Experience and Facilities Teams have attended wards and community inpatient meetings and completed, food audits including food tasting, to better understand the reasons for the low scores in this area. The findings from the audit are being finalised and where appropriate actions will be taken forward by the Trust. Food audits will be undertaken again in the future.

As outlined in section 2.5 the Trust also participates in the National Community Mental Health Survey. The Community Mental Health Patient Survey 2017 was sent to patients who received treatment from the former Trusts in September to November 2016 to complete and return. Full details of the responses can be located in section 2.5.

Other Key Patient Experience Engagement Activities

■ **Your Voice:** The aim of these events is to give service users, carers, members of the Trust and governors as well as the public a chance to speak directly to the Chief Executive about the services provided by EPUT. They are held across all localities, and include different presentations from teams relevant to the locality. The events also provide an opportunity to update everyone on the Trust's planning process. Feedback from these events is generally positive although attendance does vary considerably from locality to locality.

■ **Stakeholder Forums:** The purpose of these forums is to provide the opportunity for service users, carers and staff to discuss services in their area and share feedback with the Trust. Forums are chaired by an associate locality director who is supported by operational staff. These have been well received and in 2017/18, and the Trust will be extending these to other localities in which we provide services. Some smaller forums were also held more as discussion groups, which included patients, carers and local voluntary organisations.

■ **Service User/ Carer Involvement:** One of the Trust's priorities is to involve service users and carers more to play a meaningful role, not only in current services, but also the future of Trust services. A service user and carer reference group was set up to discuss the merger and begin co-production work on the clinical model for the new Trust. This has continued throughout 2017/18 with the group coming together regularly to be updated on developments. Many of the attendees have been involved in smaller working groups looking at specific service areas of the new model. At the Stakeholder Reference Group they then have the opportunity to feedback to others on the progress of that work stream. Service users and carers have also worked with the Trust to harmonise EPUT's Volunteers Policy and Procedure post-merger which has now been ratified.

■ **Training:** The Trust has worked to lengthen the Patient Experience portion of the EPUT Staff Induction, and changed the focus of these sessions. We now have both a carer and service user share their lived experiences for a larger part of the session. This has been received positively by both attendees and volunteers. Service users give talks at the mental health first aid training, and service users and carers take part in some clinical staff interview panels.

Executive Nurse, Natalie Hammond, presents certificates at 'Buddy' thank you celebration

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

The following are just a few examples of actions we have taken/outcomes that have been achieved as a result of listening to feedback from our patients, service users and carers over the past year.

- *Service user involvement in staff training giving the lived experience viewpoint through our Trust Induction and Buddy scheme.*
- *Varying the number and location of local forums in response to those who were either experiencing difficulties to attend or who had not been engaged with before.*
- *Implementing new activities supplementary to their therapeutic interventions on our wards.*
- *Adapting general areas used by patients and carers (such as waiting areas) to make them more comfortable.*

Service users, carers, partners, staff and governors celebrate World Mental Health Day

CLOSING STATEMENT FROM SALLY MORRIS, CHIEF EXECUTIVE

I am proud to present our quality report for 2017/2018 in our first year as EPUT. I am grateful to you for taking the time to read this report, and I hope it has been presented in a clear and useful way for you.

Next year will be an exciting time for the Trust as we consolidate our work during our inaugural year and start to reach towards our quality goal for the coming year and beyond. I hope you would like to join us on this journey and look forward to meeting many of you at our public meetings and other events throughout the year.

Sally Morris
Chief Executive

If you have any questions or comments about this Quality Report or about any service provided by EPUT please contact:

Faye Swanson
Director of Compliance and Assurance
Essex Partnership University NHS Foundation Trust
The Lodge
Lodge Approach
Runwell
Wickford
Essex SS11 7XX

Email: faye.swanson@nhs.net

ANNEXE 1 – Comments on the Quality Account

We sent the EPUT Quality Report to various external partners to seek their views on the content of the report. The responses received are outlined below for information – we thank them for taking the time to consider the information and for providing their comments.

NHS North East Essex Clinical Commissioning Group 70 YEARS OF THE NHS 1948 - 2018

Response to the Quality Report for Essex Partnership University NHS Foundation Trust 2017-2018

The Clinical Commissioning Group (CCG) welcomes this Quality Report as a commitment to an open and honest dialogue with the public regarding the quality of care provided by Essex Partnership University NHS Foundation Trust for 2017-2018 as well as its quality improvement plans for the forthcoming year.

North East Essex Clinical Commissioning Group is commenting on this Quality Report for 2017-18 by virtue of its role as lead commissioner for mental health services for North Essex (on behalf of mid, west and north Essex CCGs). Assurance from the CCG is required to ensure that the information in this Quality Report is accurate, fairly interpreted and representative of the range of services delivered.

Though the CCG is commenting on a final draft version of the Quality Report we are pleased to be able to assure accuracy of the content of the report in general. We have fed back our comments on accuracy on he draft report and anticipate that these changes will be made to the final published version.

This has been the first year of the operation of Essex Partnership University NHS Foundation Trust which was formed on the 1st April 2017 from the merger of North and South Essex Partnership University NHS Foundation Trusts. The Trust's remit has predominantly been the provision of both hospital and community based mental health services· as well as learning disability· general community nursing; a community hospital in south Essex and services in Bedford and Suffolk. This herallded real opportunity to enhance and develop the implementation and sustainability of further quality improvements through the sharing of good practice and the alignment of quality standards for the benefit of patients.

It is pertinent hat you have used learning from this first year including relevant feedback from staff and stakeholders to develop your key priorities for the forthcoming year; including patient safety, clinical effectiveness and patient experience.

The challenges you have faced within the last year have been demanding and testing. Not least there has been new guidance relating to mor ality review processes. You have developed good governance processes underpinned by a new policy, to maximise opportunities for learning and improving services.

You have participated in 11 national clinical audits as well as the relevant national confidential enquiries. For those audits where collection has been completed, all relevant cases were submitted, except for the national clinical audit of psychosis, where there was a shortfall of 9 of the required cohort from 300 cases.

In addition, 35 local audits were completed and following these you have identified some intended actions to improve quality of care to service users, including the development of an End of Life framework, monthly record audits and updates to your electronic patient records systems.

Your support for research has led to you joining the Clinical Research Network- North Thames and almost a thousand people enrolled in a variety of studies. These studies are on a variety of themes - schizophrenia, Alzheimer's disease, eating disorders as well as generc analysis of mental illnesses. You also support students to become engaged in research as part of their educational development.

It is pleasing to note the high level of success, (forecasted 86%) you have achieved with the commissioning for quality and innovation schemes (CQUINs). In particular the requirement to work collaboratively with a variety of acute providers as well as the community Emotional Health and Well Being Service (EWMHS) has been challenging. This collaboration has led to the development of processes to improve patient experience and reduce attendances at Accident and Emergency Departments.

You received a number of unannounced visits by the Care Quality Commission which reviewed specific services. Although these reports were not rated, they did identify some concerns relating to safe care and treatment and actions have already been implemented. The first announced inspection of the whole Trust commenced on 30//04/2018.

The Trust narrowly missed the core quality indicator standard required by the regulatory framework for exceeding the 95% hreshold for 7 day follow up of discharged patients with a score of 94.5% for Quarter 4. This may improve once the national data is received. The 95% standard was exceeded however, for gate keeping of patients requiring admission by access and assessment teams.

It is particularly pleasing that actions to strengthen the duty of candour process have continued throughout the year. Governance processes, relating to the recording of requirements have been strengthened and a Family Liaison Officer/Duty of Candour Lead has also been appointed.

The conclusion of he NHS North East Essex CCG is that Essex Partnership Trust's Quality Report 2017-18 provides a clear picture of your performance, improvements and future ambitions for improving quality and safety in your services. The CCG looks forward to working collaboratively with you as an integral partner in providing high quality healthcare services to the population of north Essex.

Lisa Llewelyn
Director of Nursing and Clinical Quality
NHS North East Essex Clinical Commissioning Group.

Statement from West Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group is responsible for the commissioning of community 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 Report has been divided by locality and type of care, this has helped us to identify elements of the account that are specific to west Essex patients.

The Quality Report for this year is a review of EPUTs performance in 2017/18. This is the first Quality Report of the new organisation.

There is a significant section in the account explaining how the Trust is implementing and managing the National Guidance on Learning from Deaths. This section includes all required data on patients' deaths and learning from them, that is part of the new legislative requirement for inclusion in quality reports. This section includes robust actions in relation to any concerns identified.

EPUT fully achieved two priorities from last year, partially achieved four and did not achieve one. We would like to congratulate the Trust on their achievement to ensure all end of life patients have a personalised care plan in place.

For the priorities not fully achieved the Trust has identified discreet elements within them that were successful and those that were not. The reasons why these priorities were not achieved has been explained.

In terms of west Essex, EPUT have taken an active role in the neighbourhood model of care, which has resulted in bringing care for patients closer to home. The community staffs are an integral part of the work to assess patients for long term care needs once they get home rather than assessing them in hospital - the team are on track to achieve the national target of 85%.

The 50 day challenge to facilitate staff at St Margaret's who look after the physical health of patients and the metal health of patients working closely together has been successful. It has improved care for all patients and enhanced relationships between staff.

The development of the perinatal mental health service will be of benefit to women and their families in west Essex as EPUT are providing the service Essex wide.

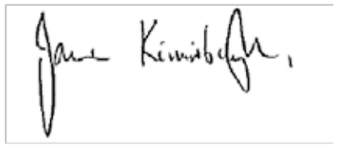
The CCG fully support the new Trust EPUTs quality priorities for 2018/19. It is useful to see how patients and staff have been involved and how the priorities are part of the organisations strategic vision, "working to improve lives".

We are grateful that the Trust has included the governance arrangements for producing the quality report; 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 Report 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 Report; it complies with the prescribed information as set out in legislation, by the Department of Health.

Whilst the element of care that EPUT provide for west Essex is only a proportion of their overall care provision, the report demonstrates clearly how care has been delivered by locality and type of care. The report also shows how community care is a critical element of the care EPUT deliver.

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



Jane Kinniburgh
Director of Nursing and Quality
West Essex Clinical Commissioning Group.
May 2018

ESSEX PARTNERSHIP UNIVERSITY TRUST SOUTH ESSEX MENTAL HEALTH CCG QUALITY REPORT MANDATED SUMMARY STATEMENT

South Essex Clinical Commissioning Group Response

The Clinical Commissioning Groups contracting with Essex Partnership University Trust have reviewed the Trust's Quality Report for 2017/18 and congratulate the Trust on its substantial achievements during the first year as the newly merged Trust. We share the Trust's reported view that there are some key areas of work that require improvement to ensure that service users experience the best possible care and treatment promptly and in the most appropriate seting.

It is the view of the Clinical Commission Groups that the Quality Report reflects the Trusts' on-going commitment to quality improvement and addressing key issues in a focused and innovative way. The Report summarises the achievements against the 2017-18 Trust quality priorities and identifies the 2018-19 priorities. The Quality Report has been prepared in accordance with the requirements of the National Legislation.

Essex Partnership University Trust is required to include in their Quality Reports the Trusts' performance against National quality indicators. The Quality Accoun demonstrates this data has been included.

The Clinical Commissioning groups recognise that EPUT have not achieved all of the Quality priorities during 2017/18 and that the quality improvement journey will be a key goal for the forthcoming year with the foundation of an organisational wide quality improvement approach in union with the EPUT Quality Academy.

National Mandated Indicators of Quality (Mental Health Specific)

The National Mandated Indicators of Quality are reported at a Trust wide level. It was positive to note that the Quality Indicator for

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

2) Admissions to Acute Wards gate kept by Crisis Resolution and Home Treatment Team

Supported by the evidence in the report these are achieved for 01 to Q3 2017/18. The local data set indicates a minor shortfall for 04 of 0.5% for Quality Indicator 1) but this will be updated upon receipt of the National data set and achievement for Quality Indicator 2) is across the year and will also be updated for Q4.

Of the six Quality Priorities set by the Trust for 2017/18 the current reported status is two green, four amber and one red which highlights the continued voyage of Quality Improvement that needs to be progressed in 2018/19. In reviewing the Quality Priority evidence for record keeping standards the stretch target of 90% was not attained in the Q4 re audit - with only two of the five target areas accomplishing this objective. As Clinical Record keeping is integral to professional practice commissioners would encourage the planned continued focus on this Quality Priority during 2018/19.

In the Quality Report, the Quality Priority for unexpected deaths was benchmarked from the 2016/17 data at 53 and the Trust ambition was a 10% reduction. The 2017/18 position records that the Unexpected Death data was 84 vs the baseline of 53. This is a significant increase from the previous year. This warrants substantial immediate review by the Trust to analyse and interpret the contributory factors and actions that may be required across the services to mitigate this rising incidence of Unexpected Deaths. In 2017/18 the Trust reported 146 Serious Incidents and Unexpected Death was the most common type of Serious Incident reported.

The Trust had success in achieving an improvement in the Quality Priority of Ensuring that all patients on an End of Life Pathway have a personalised care plan in place. It was positive to note that this Quality Priority was equally applied to Community Health and Mental Health Services.

CQUIN

All South Essex Mental Health CQUINs are part of the contractual relationship for a minimum of the 2 year National CQUIN programme. The CQUINs are incentivised to provide system wide engagement and transformation. EPUT have begun the challenging work to establish the partnership systems and build coalitions with key partners to deliver the Sustainability and Transformation Plans that are woven through the CQUIN programme. The CQUIN programme in 2017/18 did not attain the totality of the milestones. In order to achieve the full CQUIN programme in 2018/19 the pace of change, implementation and alliance building will need to mature throughout Year 2 of the delivery of the CQUIN schemes.

MORTALITY REVIEW

Following publication of the National Guidance on Learning from Deaths - A Framework for NHS Trusts Identifying, Reporting and Investigating Learning from Deaths in Care (National Quality Board March 2017) the Clinical Commissioning Group has received regular Mortality Review progress reports. We note that the Mortality Review Policy completed EPUT's internal Governance in September 2017. Detailed in the Quality Report there is a planned audit of compliance with the policy due to commence at the end of Q3 2018/19 and commissioners would welcome review of this via the routine contractual management processes. This planned audit evidences the internal scrutiny processes that the Trust are implementing to support this high priority work stream. Whilst the CCG notes the Trust self-rating as amber the Clinical Commissioning Group would like to endorse the significant work undertaken in year to implement the required National Standards and the transparent reporting included within this Quality Report section. Overall, the evidence indicates strong foundations for the delivery of this National Guidance.

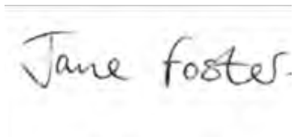
There have been a number of areas of service development in Mental Health services in South Essex. One key initiative was the Street Triage model that was developed with Essex Police. Street Triage has received national and local attention and recognition as instrumental to diversion within the crisis pathway. Other areas of innovation include the advances in the Recovery Academy (providing a range of workshops/learning opportunities across South East Essex), Thurrock First and the enhancement and expansion of the Pan Essex Perinatal Mental Health Service Model.

As reflected in the report the delivery of a percentage of the national targets has been a challenge for Essex Partnership University Trust Mental Health Services. The scrutiny following the transfer of the contract has highlighted some of the aspects that require additional focus and commissioners will be working closely with the Provider to achieve concordance with the National targets within this contractual year. Commissioners support the priorities for improvement identified and would encourage EPUT to ensure that clear and deliverable outcomes are identified for the entire work stream

Essex Partnership University Trust continues to demonstrate a high level of commitment to improving patient and carer experiences of the organisation. It is positive to note a number of reported mechanisms for receiving real time feedback that have been established and it is clear that this feedback is treated seriously. This is further evidence by the achievement of the Quality Priority targets for family and carer engagement following a death which is classified as a Serious Incident (National Guidance) and the development activities that have taken place.

CONCLUSION

The Commissioners support the Trust's chosen quality priorities for the 2018/19. It is evident within the Quality Report that there is a strong focus on quality assurance and quality control. The Clinical Commissioning Groups welcome the opportunity to comment on this report and looks forward to a new year of working with colleagues at EPUT to monitor the continued Quality and Safety of patients care and treatment in South Essex.



Jane Foster-Taylor
Chief Nurse

NHS
Bedfordshire
Clinical Commissioning Group

Statement from Bedfordshire Clinical Commissioning Group to Essex Partnership University NHS Foundation Trust (EPUT). Quality Report 2017 -2018

Bedfordshire Clinical Commissioning Group (BCCG) has received the Quality Reports 2017/18 from Essex Partnership University NHS Foundation Trust (EPUT).

EPUTs Quality Report was shared with BCCGs Non-Executive director (lead for patient safety), Executive Directors, Performance and Quality Teams and systematically reviewed by key members of the CCG's Integrated commissioning and Quality, as part of developing our statement.

BCCG have undertaken their review with a focus on priorities for 2017/18 and service delivery in Bedfordshire over that defined period. It is important to note that whilst EPUT have clearly developed priorities for 18/19 for their organisation, as of the first of April 2018 EPUT will no longer be providing community services in Bedfordshire and therefore this statement will not comment on EPUT's 18/19 quality priorities.

It is recognised that the Trusts has evolved and gone through significant changes over the last two years, notably the merger with North Essex increasing their portfolio over mental health and community services. The Chief Executive statements makes reference to the impact of this and a disappointment in not fully achieving all priorities for 17/18. EPUT's commitment however to a quality improvement methodology was noted over 17/18 with the development of their Quality Academy and training of local champions was apparent in teams in Bedfordshire.

BCCG would like to note some of the specific improvements to services that EPUT have delivered over the course of 2017/18 for the benefits of our registered patient population. Specifically these areas include; Food First, advice for improved nutrition. Recognition of this work has meant the team are shortlisted for a NICE shared learning award. The dietetics teams have also supported work with GP surgeries on increased and improved prescribing of nutritional products. We have also noted improvement for wheelchair services in Bedfordshire, end of life care planning and some improved pathways and processes in our local Child development services. We also recognise the engagement with the patient groups and the significant satisfaction levels reported by patients.

Following a robust procurement process for community services delivery in Bedfordshire over 2017/18, BCCG have now appointed a new provider for community services from April 1st 2018. As commissioners of community services it was apparent the momentum to continue to deliver high quality services was somewhat interrupted in the transitioning from old to new provider. We would like to recognise however the commitment of EPUT's local teams in supporting the smooth service provider changeover. We know many of the staff who deliver these services will have transferred to our new provider and we look forward to working with teams who have developed skills that have been supported through EPUTs leadership.

Finally Bedfordshire Clinical Commissioning Group would like to thank EPUT for their delivery of services over many years to the patients and service users of community and mental health services and wish EPUT every success in reaching their clinical priorities and ambition of improved CQC status.

Yours sincerely

Sarah Thompson
Accountable Officer
Bedfordshire Clinical Commissioning Group

Central Bedfordshire Social Care Health and Housing Overview and Scrutiny Committee

The elements that refer to Central Bedfordshire are, in the main, well intentioned and aspirational statements of intent. There is very little, therefore, to which one could disagree. There needs to be greater action embedded in the report, e.g. the Children's Community Nursing Service has initiated community clinics which provide an efficient and effective way to see more children, page 43 refers. What do the clinics do and how does this reduce the impact of mental and behavioural issues on a child's readiness for school.

Paula Everitt
Scrutiny Policy Adviser
Governance Services
21 May 2018

Suffolk Health Scrutiny Committee

As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Reports for 2018. This should in no way be taken as a negative response. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. The Committee has taken the view that it would be appropriate for Healthwatch Suffolk to consider the content of the Quality Reports for this year, and comment accordingly.

County Councillor Michael Ladd
Chairman of the Suffolk Health Scrutiny Committee
24 April 2018

Southend Borough Council People Scrutiny Committee

The draft Quality Report has been shared with the Chairman and members of the People Scrutiny Committee at Southend-on-Sea Borough Council, which is the health scrutiny committee. No comments were received. This should in no way be taken as a negative response.

The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. In particular the Committee welcomed the member briefing given earlier in the year about the new clinical model for local mental health services and also the Trusts involvement in the scrutiny investigation into connecting communities.

Fiona Abbott
Principal Democratic Services Officer, Health Scrutiny Lead Officer and Statutory Scrutiny Officer
17 May 2018

The letter from Healthwatch Essex was received too late for the Annual Report and Accounts but can be found in this year's Quality Account.

EPUT Council of Governors' Statement on the Quality Report 2017/18

We have been invited to review the draft Quality Report 2017/18.This has been undertaken by the Lead Governor co-ordinating thoughts and ideas from Governors. The review provides Governors with an opportunity to assure Trust members, via the Annual Report to Members, that quality health care for our service users is at the heart of what EPUT does and will not be compromised. We have to ensure that the priorities which were set for 2017/18 have been met and are continuing to be taken forward.

In writing this we quote from the Statement on Quality, issued by the Chief Executive, which relates to the benefits of the merger, namely:

- deliver safer, more sustainable care;
- be a more attractive employer to improve recruitment and retention;
- integrate physical and mental health care;
- reduce the number of people who need to be treated outside Essex;
- provide a more secure and stable financial future for local services.

What evidence is there to support whether this has been achieved during the year?

On safer care

There are many measures for this and in general the Trust has shown there have been significant improvements in most areas. We particularly note that the number of prone restraints is now falling slightly. Practices are in line with national guidance and the 2015 Mental Health Act Code of Practice, but there is some way to go to achieve the zero target set by the Board last year. We note that most prone restraints are due to administration of medication, which raises the question as to whether there is a better way to persuade those who need this medication to take it voluntarily. We note the actual levels of staffing on a shift by shift basis across all inpatient wards have achieved the 90% target with the one exception of Day Qualified Staff during a two month period, with many achieving 100% and over.

On being a more attractive employer

The Annual Staff Survey showed that in general there was a high satisfaction level from staff in terms of their ability to do a good job and their support from line managers. As was to be expected, following a merger, there was some slippage in the figures, e.g. on perceptions of workload, but we have been assured that these areas are being addressed. Levels of staffing and their Staff Survey comments about their contribution to care for service users shows a high level of commitment and dedication by staff which supports the view that EPUT is an attractive employer.

On integrating physical and mental health care

The Trust set out its targets, including in Q1 reviewing the monitoring tools, in Q2 undertaking an audit of early warning systems for deteriorating patients and at the end of Q4 reviewing the performance against agreed outcome measures. This important measure, given the strong correlation between physical and mental health, has not been achieved during the year and the Council will be urging the Board to concentrate on significantly improving this quality of care.

On reducing the number of out of area placements

There has been a significant reduction in out of area placements during the year. This is recognised as being a major factor in a patient's recovery journey as well as allowing the Trust to use these retained funds on local frontline services.

On providing a more secure financial future for local services

In seeking assurance from the Board when scrutinising the due diligence reports prior to the merger, Governors had noted that the potential synergies deriving from a merger would provide good quality services, while stabilising the financial position. Governors identified that the financial position would have been at high risk had the merger not taken place. We are pleased to note that the Trust in this first year of operation, has exceeded its nationally determined control total, and, as a result, has been granted additional funding. As a result there has been increasing confidence in the provision of local services. This is a considerable achievement given the current stringent financial conditions and the Governors wish to congratulate all those who have achieved this success.

Governors hold the view that Board members actively engage in the processes relating to quality in the Trust, and treats quality as a top priority. Governors have attended Trust stakeholder events, alongside service users and carers, members of staff and senior staff from Local Authorities and CCGs, when time was spent considering the priorities for the coming year.

We also note that the CQC will, as is normal practice, undertake a full inspection following the first year of the new Trust's existence. This should provide a helpful independent overview of the quality of Trust services.

We appreciate the good working relationship which exists between the Board (both Executive and Non-Executive Directors) led by our new Chair, Professor Sheila Salmon, and the Council. Governors have noted the regular attendance and input which we have received from Directors, whose standard of report continues to be generally very high. We are also pleased that the Chief Executive, Sally Morris, uses the opportunity at Council meetings to brief Governors on an issue of interest. Her close involvement with the Council is much appreciated.

We have been pleased to continue to undertake Quality, and PLACE 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 concerns have been raised they have been immediately addressed.

A basic tenet for any Foundation 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 Report is an honest commentary on the last year which shows a Trust which continues to be high performing, and the EPUT Board has agreed a set of priorities which will continue to support the essential requirement that safety and quality come first.

John Jones
Lead Governor
May 2018

ANNEXE 2 – Statement of Directors' Responsibilities for the Quality Report / Account

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

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

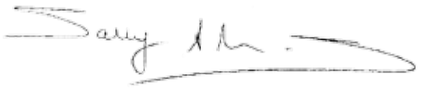
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2017 to May 2018;
  - papers relating to quality reported to the board over the period April 2017 to May 2018;
  - feedback from commissioners received May 2018;
  - feedback from governors received 23 May 2018;
  - feedback from local Healthwatch organisations received May 2018;
  - feedback from Overview and Scrutiny Committees received May 2018;
  - the Trust's complaints report (appertaining to 2017/18) published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated May 2018 and presented to the Board of Directors in May 2018;
  - the 2017 national patient survey published on 15 November 2017;
  - the 2017 national staff survey published on 6 March 2018;
  - the Head of Internal Audit's annual opinion over the trust's control environment dated May 2018;
  - CQC inspection report dated 27 July 17, 11 October 17 and 26 January 18;
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Reports regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

Professor Sheila Salmon
Chair
Essex Partnership University NHS FT
May 2018



Sally Morris
Chief Executive
Essex Partnership University NHS FT
May 2018

ANNEXE 3 – Independent Auditor's Report to the Council of Governors of Essex Partnership University NHS Foundation Trust on the Annual Quality Report

We have been engaged by the council of governors of Essex Partnership University NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Essex Partnership University NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 29 September 2017. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

Early intervention in psychosis (*page 88*)
Out of area placements (*page 86*)

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and Ernst & Young LLP

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' , which is supported by NHS Improvement's Detailed Requirements for quality reports 2017/18;
- the quality report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18' and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18'. These are:

- Board minutes for the period April 2017 to May 2018
- papers relating to quality reported to the Board over the period April 2017 to May 2018
- feedback from commissioners received May 2018
- feedback from governors received 23 May 2018
- feedback from local Healthwatch organisations received May 2018
- feedback from Overview and Scrutiny Committees received May 2018
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated May 2018
- the latest national patient survey published on 15 November 2017
- the latest national staff survey published on 6 March 2018
- Care Quality Commission inspection reports dated 27 July 2017, 11 October 2017 and 26 January 2018
- the Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2018

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Essex Partnership University NHS Foundation Trust as a body, to assist the Council of Governors in reporting Essex Partnership University NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Essex Partnership University NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' to the categories reported in the Quality Report; and
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Essex Partnership University NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement;
- the Quality Report is not consistent in all material respects with the sources specified in the EPUT Quality Report 2017/18; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement.

Ernst & Young LLP
Luton
25 May 2018

Notes:

1. The maintenance and integrity of the Essex Partnership University NHS Foundation Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

GLOSSARY

ADOS	Autism Diagnostic Observation Schedule
CAARMS	Comprehensive Assessment of At-Risk Mental States
CAMHS	Child and Adolescent Mental Health Service
CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
CCQI	(Royal College of Psychiatry) College Centre for Quality Improvement
CHS	Community Health Services
CIPs	Cost Improvement and Income Generation Plan
COPD	Chronic Obstructive Pulmonary Disease
CPA	Care Programme Approach
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRHT	Crisis Resolution Home Treatment
CRN NT	Clinical Research Network – North Thames
DAFNE	Dose Adjustment For Normal Eating
DHSC	Department of Health & Social Care
DTOC	Delayed Transfer of Care
DVT	Deep Vein Thrombosis
EEAST	East of England Ambulance Service NHS Trust
EIP	Early Intervention in Psychosis
EIS	Early Intervention Service
EPUT	Essex Partnership University NHS Foundation Trust
FEP	First Episode of Psychosis
FNP ADAPT	Family Nurse Partnership – Accelerated Design and Programme Testing
FRESH	Future, Recovery, Education, Skills, Hope (Recovery College)
FT	Foundation Trust
GP	General Practitioner
HEF	Home Enteric Feeding
HOSC	Health Overview and Scrutiny Committee
HRA	Health Research Authority
IAPT	Improved Access to Psychological Therapies
IOT	Intensive Outreach Team
IT	Information Technology
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicator
LD	Learning Disabilities
LTC	Long Term Condition
MANTRA	Maudsley Model of Anorexia Nervosa Treatment for Adults
MDT	Multi-Disciplinary Team
MEWS	Modified Early Warning System

MHRA	Medicines and Healthcare Products Regulatory Agency
MHS	Mental Health Services
MHU	Mental Health Unit
MRSA	Methicillin Resistant Streptococcus Aureus – antibiotic resistant bacteria
MSK	Musculoskeletal
NCAPOP	National Clinical Audit Patient Outcome Programme
NCB	National NHS Commissioning Board
NELFT	North East London NHS Foundation Trust
NEP	North Essex Partnership University NHS Foundation Trust
NHS	National Health Service
NHSI	NHS Improvement (previously Monitor), the health sector regulator
NICE	National Institute for Health and Care Excellence.
NIHR	National Institute for Health Research
NIHR CRN	National Institute for Health Research Clinical Research Network
NPSA	National Patient Safety Agency
NRES	National Research Ethics Service
NRLS	National Reporting and Learning System
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PNIMH	Perinatal and Infant Mental Health champions
POMH UK	Prescribing Observatory for Mental Health UK
PRESCQIPP	Prescription Quality, Innovation, Productivity and Prevention
QIPP	Quality Innovation Productivity and Prevention
QNIC	Quality Network for Inpatient CAMHS
RAID	Rapid Assessment Interface and Discharge
RCA	Root Cause Analysis
REC	Research Ethics Committee
SEPT	South Essex Partnership University NHS Foundation Trust
SI	Serious Incident
SMI	Severe Mental Illness
SPoA	Single Point of Access
STaRS	Specialist Treatment and Recovery Service
STOMP	Stopping Over-Medication of People with a learning disability, autism, or both
STORM	Skills-based Training On Risk Management for suicide prevention
STP	Sustainability and Transformation Plan
SUHFT	Southend University Hospital NHS Foundation Trust
SUTS	Sign Up To Safety national campaign
TASI	Therapeutic and Safe Intervention
TVN	Tissue Viability Nurse
UTI	Urinary Tract Infection
VLU	Venous Leg Ulcer
VTE	Venous Thromboembolism – blood clots

EPUT

ANNUAL ACCOUNTS 2017/18

Essex Partnership University NHS Foundation Trust

ANNUAL ACCOUNTS 2017/2018
INDEX

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Essex Partnership University NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Essex Partnership University NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Essex Partnership University NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and

- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed: ..... **Date:** 24/5/18.....

Sally Morris
Chief Executive

ANNUAL GOVERNANCE STATEMENT FOR THE YEAR ENDED 31 MARCH 2018

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Essex Partnership University NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Essex Partnership University NHS Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As part of my role of providing leadership to the risk management process I am Chair of the Executive Operational Sub-Committee, which is a Sub-Committee of the Finance and Performance Committee, a Standing Committee of the Board of Directors. This Committee and the Quality Committee are responsible for developing, maintaining and monitoring the risk management and assurance systems within the Trust.

The Trust trains all staff in various aspects of risk management and ensures that where staff require specialist advice and training; this is provided through attendance on specific courses and attendance at conferences. The Trust has in place an approved mandatory and core training matrix in line with best practice requirements. Training and guidance is provided in various media formats to staff including e-learning, face-to-face, classroom environment, training and learning bulletins and seminars to ensure learning from good practice and experience is disseminated quickly and effectively.

The risk and control framework

Following the merger and establishment of EPUT, the Board identified establishment of effective governance arrangements as a key post-merger priority and identified this as a potential significant risk requiring regular monitoring via the Board Assurance framework. A post-merger governance implementation plan was put in place and effectively progressed, overseen by the Finance & Performance Committee.

A self-assessment of compliance with the NHS foundation trust licence condition 4 was carried out by the Board of Directors in September 2017. At that time the Board was able to certify compliance with 4 out of 6 of the corporate governance statement as post-merger harmonisation plans were progressing well, but not yet fully completed nor fully embedded. The systems in

place were sufficiently robust but until the agreed PTIP was fully completed (by March 2018) and efficacy testing undertaken the Board agreed that it was not appropriate to confirm this statement at that time.

The Trust continued to progress the harmonisation of systems, processes and policies inherited from the former trusts and is now satisfied that the governance processes in place are robust. The Trust is currently preparing for the annual self certification of compliance with the corporate governance statement and is confident that full compliance will be confirmed.

In addition, in our first year as a newly merged organisation we invested heavily in taking action to create the corporate and quality governance infrastructure required to consistently deliver high quality services. A self-assessment against the detailed criteria that supports the characteristics of a "Well Led" organisation was carried out In Quarter 1 2017/18 and a wide range of actions were identified to meet the criteria that were set out in a Governance Development Plan for the Trust. Progress with the plan has been overseen by the Finance & Performance Committee and as at the end of March 2018 the majority of agreed actions were reported as completed and any that were not did not have a material impact on the governance systems in place. Many of the actions taken appear throughout the annual report and the Quality Report identifies many examples of how these have created the infrastructure within which quality services are delivered.

The Risk Management and Assurance Framework details EPUT's risk management arrangements. It confirms accountability arrangements for individuals, including Executive Directors, risk specialists, managers and all staff. Risk Registers are in place at Board, Corporate and Directorate level together with an effective risk identification and assessment process to support these. Potential risks are identified and fed from a wide variety of sources including Incidents, accidents, internal/external reviews, risk assessments, performance information, claims, complaints and staffing trends.

The Framework outlines how risks are prioritised in a consistent manner through the organisation, including the potential consequence should the risk materialise and an assessment of the likelihood that the risk will materialise. The Framework details ways in which controls are identified, and how assurance is provided and evaluated. Risk appetite is defined by the identification of a target risk score, the level at which the risk becomes acceptable to the organisation. A risk appetite statement is included in the framework, which sets out principles that help define levels of acceptable risk. The Board has considered the application of risk appetite into its risk management processes in detail during the year and plans to introduce it in shadow in 2018/19 have been agreed.

EPUT manages its most significant current and future potential risks through the Board Assurance Framework. In 2017/18 this took account of any legacy risks from pre–merger organisations North Essex Partnership NHSFT and South Essex Partnership NHSFT needing to be considered risks of Essex Partnership NHS Foundation Trust from its inception in April 2017. Risks relating to quality have included maintaining compliance with CQC regulations, the reduction of ligature points, cyber security, learning from incidents, clinical leadership, vacancy rates, seclusion, restraints, fire safety, and exceeding funded capacity for in-patient activity. Risks relating to finance have included maintaining good governance, the disaggregation of Bedfordshire Community Services, reduction of agency spend, implementation of a new clinical model, identifying efficiencies through CIPs, and the implications of STPs.

Each potential risk is owned by an Executive Director. Action plans to mitigate risk are developed and approved by EOSC and scrutinised by Standing Committees.

In accordance with Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HoIA) is required to provide an annual opinion on the overall adequacy and effectiveness of Essex Partnership University NHS Foundation Trust's (the Trust's) risk management, control and governance processes, otherwise known as the Trust's system of internal control. The Head of Internal Audit issued the following statement:

"Our overall opinion, based on the work performed to the 31st March 2018, is that satisfactory assurance can be given that there is a generally sound system of internal control, designed to meet the Trust's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls puts the achievement of particular objectives at risk."

Internal Audit completed 11 audits in the year and provided a formal assurance level, one (Assurance Framework and Risk Management) was given a 'Substantial' level of assurance, five were given a 'Satisfactory' level of assurance (Change Management - Bedfordshire Community
Disaggregation; Key Financial Systems; Payroll; Data Quality; and Bank and Agency Staffing), four were given a 'Limited' level of assurance (Medical Records Management; Site Visits; CIP; and Procurement) and one was given a 'Nil' level of assurance (Estates Management Focusing on Fire Safety). During the year, internal audit made eight 'Priority 1' and 38 'Priority 2'
recommendations. 11 recommendations categorised as 'Priority 3' were also made.

In respect of the follow up of recommendations, the Trust has an established process for tracking the implementation of recommendations made by internal audit and enabling management to report on their status at each Audit Committee meeting. Fire safety has been identified as a significant risk on the Board Assurance Framework and a detailed action plan has been taken forward. This includes: all priority sites have had a fire risk assessment. All training has been reviewed and a revised proposal agreed by the Health Safety and Security Committee. Evacuation aides have been purchased and staff training provided.

EPUT developed a Quality Strategy together with an implementation plan that is reviewed regularly. Development of a Quality Academy to support the quality journey has continued at pace with the roll out of Quality Champions across the organisation.

The Board of Directors and I fully support the continued development of a safety culture throughout the Trust. The health and safety of all service users, staff, carers and visitors is paramount. The Trust has provided clear procedures as well as resources for reporting and managing incidents and insists on a philosophy that promotes open and honest reporting. Trust staff have a duty to report all incidents to prevent harm in the future. Incident reporting is monitored via the Health, Safety and Security Committee. A system is in place to ensure weekly monitoring of moderate harm incidents and further investigation is undertaken as required. Issues are escalated to the Board or its Sub-Committees.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust has in place policies, procedures and monitoring arrangements to support its duty to eliminate discrimination. Quality Impact Assessments and Equality Impact Assessment systems are in place to ensure that decisions are made fairly and representatively. Policy authors are asked to undertake an impact assessment where this has identified a potential risk to a protected characteristic group. Cost Improvement Programmes are subject to a Quality Impact Assessment as necessary and on-going monitoring to ensure that efficiencies do not adversely impact on the

quality of service delivery.

Public stakeholders, including Clinical Commissioning Groups and Local Authorities are involved in managing key shared risks through well-established contract management and partnership committee structures that oversee the operational delivery of and potential threats to services delivered in partnership. In addition, the Council of Governors is advised of key risks that may have arisen or are likely to materialise, through regular meetings.

EPUT is fully compliant with the registration requirements of the Care Quality Commission. There are conditions attached to the registration of two nursing homes. Internal inspection systems are in place to monitor compliance with CQC requirements. A system of regular quality visits by Non-Executive, Executive Directors and Governors is in place. During 2017/18 EPUT has actively prepared for an announced comprehensive inspection due to take place 30 April 2018.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employers' contributions and payments into the scheme are in accordance with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

EPUT has a Sustainable Development Management Plan which includes the good corporate citizen and adaptation reporting requirements, in accordance with guidance issued by the Sustainable Development Unit. The SDMP is in the process of being updated following new guidelines issued by the Sustainable Development Unit and expanded following the merger between North and South Essex University NHS Foundation Trusts.

Review of economy, efficiency and effectiveness of the use of resources

The Executive Operational Sub-Committee has responsibility for overseeing the day-to-day operations of the Trust and for ensuring that resources are being used economically, efficiently and effectively. The Finance and Performance Committee scrutinises quality, clinical (including workforce) and financial performance each month and provides the Board with assurance that performance is acceptable or that risks are being managed.

An example of this is HMP; during the year the Trust experienced significant cost pressures associated with delivery of the contract for prison healthcare. The cost pressures were as a result of incurring high agency expenditure to cover vacancies, to meet constant watch observation requirements, and increased pharmacy costs to deliver a safe service which has contributed to an increase in quality of service noted by the prison and NHS England. The Executive Operational Sub-Committee and Finance and Performance Committee agreed that safety should not be compromised but the Trust should not continue to incur unfunded cost pressure and successfully negotiated a non-recurrent contribution to the overspend and has given notice on the contract as continuing it would have a negative impact on the Trust

position. Lessons learned regarding future pricing of contracts are being taken forward by the Investment and Planning Committee.

Information Governance

Risks relating to data security are managed by the Director of IT in accordance with the Risk Management and Assurance Framework, Adverse Incident Policy and Procedure and the Information Governance and Security Policy. A comprehensive action plan is in place to mitigate potential risk relating to cyber security. The Information Governance Steering Committee monitors controls in place to prevent data breaches and provides assurance reports on these to the Quality Committee.

During 2017/18, 4 information governance breaches were notified to the Information Commissioner's Office (ICO) having met the level 2 reporting requirements.

The ICO advised that no further action would be required against 3 of the breaches as no negative consequences were evident. The Trust was able to evidence that appropriate policies and procedure are in place and staff training is robust. Lessons learnt have been reported and circulated to all staff.

No response was received in respect of the 4th incident and it was therefore closed without further action.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

As Chief Executive Officer I have a personal commitment to quality in everything that we do and this is shared by our Chair and all members of our Board of Directors. EPUT has taken steps to assure the Board that the Quality Account/Report presents a balanced view of quality and that there are appropriate controls in place to ensure the accuracy of data that it contains. The Executive Director of Nursing has led the development of the Quality Report/Account and has supported the Board in determining the quality priorities that it contains. Robust systems are in place to monitor performance against the quality indicators, metrics and priorities set out in the Quality Account/Report in year and for ensuring that the Quality Account/Report is consistent with reports received in year.

The Quality Account/Report is circulated to our key stakeholders (commissioners, health overview and scrutiny committees and Healthwatch) and their comments on content are included in the final published version.

EPUT has a wide range of policies and procedures in place to ensure that the quality of care provided meets the standard expected by the Board of Directors and that services are compliant with legal, regulatory, contractual and best practice requirements.

There are plans, strategies and frameworks in place to continually improve the quality of services, for example our Quality Strategy and its implementation plan.

The Trust has systems and processes in place for the collection, recording, analysis and reporting of data. Information systems have built in controls to minimise scope for human error or manipulation. There are corporate security and recovery arrangements in place. Roles and responsibilities in relation to service and data quality are clearly defined and where appropriate incorporated into job descriptions. There is an Information Assurance Framework in place. Internal and external reporting requirements have been assessed and data provision is reviewed to ensure it is aligned to these needs. Data is used for day to day management of the Trust's business. Data is used to support decision making and management action is taken to address service delivery issues identified by it. Data used for external reporting is subject to verification prior to submission. Data returns are prepared and submitted on a timely basis and are supported by an audit trail.

Internal Audit conducted a review of Data Quality in February 2018, associated with 8 KPIs. An opinion of "Satisfactory" was received stating "While there is a basically sound system of internal control, there are weaknesses, which put some of the Trust's objectives at risk; and there is evidence that the level of non-compliance with some of the control processes may put some of the Trust's objectives at risk." EPUT has taken on board the recommendations from the internal audit.

External independent assurance has been sought on the content of the Quality Account/Report and of the quality of data that supported reporting of performance against three of the KPIs reported within it.

Following the national cyber security breach affecting the NHS in 2017 EPUT put in place a comprehensive action plan and added this to the Board Assurance Framework. A cyber security team has been established.
An NHS Digital backed cyber security assessment has been undertaken in line with the Cyber Essentials Plus accreditation. The output of this assessment complements EPUT's own assessments and informs the team's priorities.

The NHS Improvement 10 Indicators submission identified that EPUT is compliant in 8 out of 10 areas. The remaining two areas are partially compliant and are priorities within the Cyber security Plan, this plan has been published to the EPUT board.

The team have implemented automated security patching, forcing updates within 7 days of them being released by Microsoft.

Advanced anti-malware software has been deployed to detect and block ransomeware and other malicious software.

A new password policy is in the process of being implemented to tighten end user access to systems coupled with more robust cyber awareness training as part of all staff mandatory training.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My

review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Investment and Planning Committee, the Quality Committee and Finance and Performance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- The Board of Directors met monthly in public during 2017/18 and received a report relating to finance, performance and quality inviting scrutiny and challenge
- A structure of Standing Committees beneath the Board provides a layered approach to monitoring, scrutiny and challenge of systems of internal control
- A comprehensive quality, assurance and risk structure is in place including a compliance team
- A comprehensive review of governance systems and processes has taken place post-merger and Directorates are structured for optimum reporting and integration
- EPUT has a corporate governance development plan in place to ensure compliance with regulatory requirements
- Internal Audit conducted a review of the Trust's Corporate Governance Statement in March 2018. No recommendations for action were identified.
- There is a comprehensive programme of Internal Audit in place aligned to key areas of potential financial and operational risk
- The Audit Committee has met regularly and carried out its responsibilities effectively in line with its terms of reference and the Audit Committee Handbook
- A Clinical Audit programme is in place to drive up quality standards. An annual report of results is produced and re-audit is undertaken if results require it
- An efficacy review was undertaken and implemented of the Standing Committees of the Board of Directors to ensure that they are meeting their Terms of Reference
- Internal Audit conducted a review of the Trust's Board Assurance Framework and Risk Management in March 2018. The auditors provided a "substantial assurance" opinion and confirmed that "There is a sound system of internal control designed to achieve the Trust's objectives and the control processes tested are being consistently applied." No recommendations for action were identified

Conclusion

No significant internal control issues have been identified.

Signed: ..... **Date:** 24/5/18

Sally Morris
Chief Executive

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Essex Partnership University NHS Foundation Trust for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Change in Taxpayers' Equity and the Statement of Cash Flows, and the related notes 1 to 32, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Essex Partnership University NHS Foundation Trust's affairs as at 31 March 2018 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2017/18 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Use of our report

This report is made solely to the Council of Governors of Essex Partnership University NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

Key audit matters	• Risk of fraud in revenue and expenditure recognition and management override (referred to as misstatements due to fraud or error) • Valuation of land and buildings • Merger accounting
Materiality	• Overall materiality of £6.9 million which represents 2% of operating expenses.

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in our opinion thereon, and we do not provide a separate opinion on these matters.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
Risk of fraud in revenue and expenditure recognition and management override of controls (referred to as misstatements due to fraud or error) Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should	In order to address this risk, we carried out a range of procedures, including: • Reviewing and testing revenue and expenditure recognition policies; • Reviewing significant accounting estimates, including provisions, depreciation and valuation of property plant and equipment and investment properties for evidence of management bias; • Testing a sample of revenue and expenditure transactions based on	Our testing has not identified any material misstatements with respect to revenue and expenditure recognition. Overall our audit work did not identify any material issues or unusual transaction which indicated that there had been any misreporting of the Trust's financial position. We have not identified any

also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. The manipulation of revenue or expenditure would occur through management override of control. In the prior year we reported these as a separate risks, but as the manipulation of revenue or expenditure would occur through management override of control the two risks are inherently linked. We have therefore reported them together this year.	our established testing threshold for reasonableness; • Performing cut-off testing of transations both before and after year-end to ensure thay they were accounted for in the correct year; and • Reviewing Department of Health agreement of balances data and investigating differences in line with our testing threshold. • Testing the appropriateness of journal entries recorded in the general ledger (using our data analytics tool to search on specific phrases in the journal narrative, or other criteria such as days of the week posted); • Gaining an understanding of the oversight given by those charged with governance of management's processes and controls in respect of fraud.	instances of inappropriate judgements being applied.
Valuation of land and buildings (£211 million, PY comparative £216 million) **Notes 8 and 9 of the financial statements** Property, plant and equipment is the most significant balance in the Trust's balance sheet. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the	In order to address this risk, we carried out a range of procedures, including: • Reviewing source data and making inquiries as to the procedures used by the valuer to establish whether the source date is relevant and reliable • Reviewing the output from the Trust's valuer and testing the output against industry standards and local and national indicators; • Challenging the assumptions used by the Trust's valuer by	Our testing has not identified any material misstatements with respect to the valuation of land and buildings. We have concluded that the methodology and assumptions used by the Trust's valuer were reasonable and in line with expectations

financial statements.	reference to external evidence and through the work of our internal valuation specialists to check that they were in line with our expectations; and • Testing the appropriateness of journal entries for the valuation adjustments. This includes re-calculating the entries that have been processed in the financial statements.	
Merger accounting The merger of South Essex Partnership NHS Foundation Trust and North Essex Partnership NHS Foundation Trust into Essex Partnership University NHS Foundation Trust represents a significant challenge in terms of integration of systems, processes and cultures. In addition, merger accounting is complex and must follow the Department of Health Group Accounting Manual requirements.	In order to address this risk, we carried out a range of procedures, including: • Reviewing correspondence between the Trust and the Department of Health to ascertain the requirements that the Trust should follow and checking the accounting transactions against these requirements; • Testing opening balances against the 2016/17 audited accounts of the predecessor bodies and re-calculating intra-company transactions; and • Reading the disclosures in the financial statements related to the merger and checking that they were complete, accurate and in line with our understanding of the Trust.	Our testing has not identified any material misstatements with respect to the accounting transactions and disclosures for the merger within the financial statements.

An overview of the scope of our audit

Tailoring the scope

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an

opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

Materiality

The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Trust to be £6.9 million, which is 2% of operating expenses. We believe that operating expenses to be one of the principal considerations for stakeholders in assessing the financial performance of the Trust.

During the course of our audit, we reassessed initial materiality and there were no changes in the final materiality from the original assessment at planning.

Performance materiality

The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Trust's overall control environment, our judgement was that performance materiality was 75% of our planning materiality, namely £5.2 million. We have set performance materiality at this percentage due to the predecessor Trusts' history of not having any material errors in the financial statements.

Reporting threshold

An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.3 million, which is set at 4.3% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the annual report set out on pages 1 to 79, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Annual Report 2017/18 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2017/18 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on pages ii and iii, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risk that we consider significant within the Code of Audit Practice which defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

Certificate

We certify that we have completed the audit of the financial statements of Essex Partnership University NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Debbie Hanson

Debbie Hanson
for and on behalf of Ernst & Young LLP
Luton
25 May 2018

The maintenance and integrity of the Essex Partnership University NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

FOREWORD TO THE ACCOUNTS

Essex Partnership University NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Essex Partnership University NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

If you require any further information on these accounts please contact:

The Executive Chief Finance Officer
Essex Partnership University NHS Foundation Trust
Trust Head Office
The Lodge
Lodge Approach
Runwell
Wickford
Essex SS11 7XX

Telephone: 01268 366000

Signed: ..... **Date:** 24/5/18

Sally Morris
Chief Executive

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2018

	NOTE	2017/18 £000
INCOME FROM ACTIVITIES		
Operating income from continuing operations	2	324,135
Other operating income from continuing operations	3	28,122
Total operating income from continuing operations		**352,257**
Operating expenses of continuing operations	4	(348,388)
Operating surplus for the year		**3,869**
FINANCE COST		
Finance income	7	560
Finance expense - financial liabilities	7	(3,317)
PDC dividends		(4,617)
Net finance cost		**(7,374)**
Other gains	7	67
Gain from transfer by absorption		203,203
SURPLUS FOR THE YEAR		**199,765**
OTHER COMPREHENSIVE INCOME (LOSSES)		
Impairments		(20,940)
Revaluations		19,647
Remeasurements of net defined benefit pension scheme		1,507
TOTAL COMPREHENSIVE INCOME (EXPENSES) FOR THE YEAR		**199,980**

* Technical net gain of £203,203k recognised at start of new organisation, being the total of assets and liabilities transferred from predecessor organisations, in line with the Transfer by Absorption accounting policy note 1.29.

The notes on pages 6 to 55 form part of these accounts. All income and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2018

	NOTE	2017/18 £000	1 April 2017 post absorption transfer £000
NON CURRENT ASSETS			
Intangible assets	8	8,596	9,712
Property, plant and equipments	9	192,895	200,411
Investment property	10	18,105	15,914
Trade and other receivables	11	0	6,114
Total non-current assets		**219,596**	**232,152**
CURRENT ASSETS			
Inventories	13	636	620
Trade and other receivables	12	27,079	22,380
Assets held for sale	14	968	322
Cash and cash equivalents	15	60,028	52,792
Total current assets		**88,711**	**76,114**
CURRENT LIABILITIES			
Trade and other payables	17	(38,461)	(30,908)
Borrowings	19	(2,951)	(3,672)
Provisions	20	(6,287)	(5,096)
Other current liabilities	18	(1,392)	(1,488)
Total current liabilities		**(49,091)**	**(41,164)**
TOTAL ASSETS LESS CURRENT LIABILITIES		**259,217**	**267,102**
NON CURRENT LIABILITIES			
Trade and other payables	18	(8,039)	(8,039)
Borrowings	19	(41,484)	(44,435)
Provisions	20	(7,964)	(8,393)
Other non current liabilities	18	(1,750)	(3,032)
Total non-current liabilities		**(59,237)**	**(63,899)**
TOTAL ASSETS EMPLOYED		**199,980**	**203,203**
FINANCED BY: TAX PAYERS EQUITY			
Public dividend capital	22	127,245	127,245
Revaluation reserve	23	62,326	63,625
Other reserves	23	(1,750)	(3,032)
Income and expenditure reserve	23	12,158	15,365
TOTAL TAX PAYERS EQUITY		**199,980**	**203,203**

The Financial statements on pages 6 to 55 were approved by the Board on 24 May 2018 and signed on its behalf by,

Signed: ..... **Date:** 24/5/18

Sally Morris
Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY AT 31 MARCH 2018

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000
Opening transfers by absorption (within surplus/deficit for the year)	203,203	0	0	0	203,203
Opening transfers by absorption: transfers between reserves	0	127,245	63,625	(3,032)	(187,838)
Taxpayers' and others' equity at 1 April 2017 after absorption transfers	**203,203**	**127,245**	**63,625**	**(3,032)**	**15,365**
Surplus/(deficit) for the year	(3,438)	0	0	0	(3,438)
Transfers between reserves	0	0	0	(225)	225
Net impairments	(20,940)	0	(20,940)	0	0
Revaluations - property, plant and equipment	19,647	0	19,647	0	0
Transfer to retained earnings on disposal of assets	0	0	(6)	0	6
Remeasurements of defined net benefit pension scheme liability / asset	1,507	0	0	1,507	0
TAXPAYERS EQUITY AT 31 MARCH 2018	**199,980**	**127,245**	**62,326**	**(1,750)**	**12,158**

STATEMENT OF CASH FLOWS AS AT 31 MARCH 2018

	2017/18 £000
CASH FLOWS FROM OPERATING ACTIVITIES	
Operating surplus from continuing operations	3,869
Non-cash income & expenses	
Depreciation and amortisation	6,743
Impairments and reversals	3,993
On SoFP pension liability - employer contributions paid less net charge to the SOCI	225
Decrease in trade and other receivables	2,383
Decrease in other assets	0
(Increase) in inventories	(16)
Increase in trade and other payables	7,010
(Decrease) in other liabilities	(96)
Increase in provisions	753
Other movements in operating cash flows	21
NET CASH GENERATED FROM OPERATIONS	**24,885**
Cash flows from investing activities	
Interest received	54
Purchase of intangible assets	(94)
Proceeds from sales of intangible assets	0
Purchase of property, plant and equipment and investment property	(6,279)
Proceeds from sales of property, plant and equipment and investment property	1
NET CASH (USED IN) INVESTING ACTIVITIES	**(6,318)**
Cash flows from financing activities	
PDC dividend (paid)	(4,851)
Movement in loans from the Department of Health and Social Care	(2,614)
Capital element of PFI, LIFT and other service concession payments	(1,054)
Interest paid	(326)
Interest element of PFI, LIFT and other service concession obligations	(2,486)
NET CASH (USED IN) FINANCING ACTIVITIES	**(11,331)**
INCREASE IN CASH AND CASH EQUIVALENTS	**7,236**
Cash and cash equivalents at 1 April	
Cash and cash equivalents transferred by absorption	52,792
CASH AND CASH EQUIVALENTS AT 31 MARCH	**60,028**

NOTES TO THE ACCOUNTS

1. Summary of Accounting Policies and Other Information

1.1 General Information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in that manual follow IFRS and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.2 Presentation of Financial Statements

When preparing the financial statements the Trust will in normal circumstances follow the standard format. However, where it is determined that the standard format is not representative in reflecting the true performance of the Trust, the presentation of the primary statements may be amended accordingly.

1.2.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Going concern

These accounts have been prepared on a going concern basis. For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5 Expenditure on Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

NEST Pension Scheme

A small number of employees are members of the NEST (National Employment Savings Trust) Scheme. NEST is a defined contribution scheme. This means that the contributions paid in by the employer, the employee and anyone else are invested and used to build up the employee's own pension pot in accordance with the Scheme's policies.

The contributions are managed by a trust, NEST Corporation, representing the employees and the employer shares no gain or loss on those funds. The employer is responsible only for its pension cost contributions and nothing else and does not bear the risks related to the plan rather those risks are borne by employees.

Employer's pension cost contributions are charged to operating expenses as and when they become due. The current year's contributions are in note 5.1 below.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

1.6 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment

1.7 Property, Plant & Equipment

Recognition

Property, plant and equipment is capitalised where:

- It is held for use in delivering services or for administrative services
- It is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- It is expected to be used for more than one financial year; and
- The cost of the item can be measured reliably and
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- They form part of the initial equipping and setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Tenant Improvements

Property, plant and equipment are capitalised where they are tenant improvements made on leased properties, that costs at least £5,000 and add value to the leased property such that it is probable that future economic benefits will flow to the Trust for more than one year over the remaining lease term.

Measurement

Valuation

All property, plant and equipment assets are initially measured at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and

condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at valuation.

Land and buildings used for the Trust's services or for administrative purposes are stated in the balance at their revalued amounts. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the balance sheet date. Values are determined as follows,

Land and non-specialised buildings	-	current value in existing use
Specialised buildings	-	depreciated replacement cost

.

In accordance with HM Treasury requirements, Land and Building assets are valued every 5 years, with an interim valuation at the end of the intervening 3rd year. The District Valuer is a professionally qualified Valuer and works in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual'.

The valuations are carried out primarily on the basis of Depreciated Replacement Cost for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would not meet the location requirements of the service being provided, an alternative site can be valued. Also when revaluing assets arising from a PFI project, this should be based on a value excluding recoverable VAT, reflecting the cost at which the service potential would be replaced by the PFI operator.

Properties in the course of construction for service or administrative purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses, as allowed by IAS23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered materially different from fair value.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where

a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

The Trust applies the following useful lives to property, plant and equipment assets. The lives applied to building assets are based on the latest valuations received from the district valuer.

Main Asset Category	Sub Category	Minimum Useful Life (in years)	Maximum Useful Life (in years)
Buildings - owned	Structure	7	68
	Engineering and installations	1	36
	External works	7	62
Buildings - PFI schemes	Structure	59	62
	Engineering and installations	23	28
	External works	41	44
Plant, machinery and equipment	Medical and surgical equipment	5	15
	Office equipment	5	5
	IT Hardware	5	10
	Other engineering works	5	15
Furniture and fitting	Furniture	10	10
	Soft furnishings	7	7
Motor vehicles		7	7

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease previously recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'

Impairments

In accordance with the DHSC GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition / Assets Held for Sale

Assets intended for disposal, are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.

1. management are committed to a plan to sell the asset;
2. an active programme has begun to find a buyer and complete the sale
3. the asset is being actively marketed at a reasonable price;
4. the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
5. the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the income statement. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Depreciation ceases to be charged and the assets are not re-valued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment, which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets

Donated Assets are capitalised at their fair value on receipt. The donation is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the donation are to be consumed in a manner specified by the donor, in which case, the donation is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

Donated assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI Contract)

PFI transactions which meet the IFRIC12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on Statement of Financial Position' by the Trust. In accordance with IAS17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The finance cost is calculated using the effective interest rate for the scheme.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

1.8 Intangible Assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

Intangible assets are capitalised when they are capable of being used in Trust activities for more than one year; they can be valued; and have a cost of at least £5,000.

Internally generated intangible assets

Internally generated goodwill, mastheads, publishing titles, consumer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

The Trust does not have any internally-generated intangible assets.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the licence and their useful economic lives.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The Trust applies the following useful lives to amortise intangible assets to arrive at the assets residual value'

Main Asset Category	Sub Category	Useful Economic Life minimum (in years)	Useful Economic Life maximum (in years)
Intangible assets	Software	5	15

1.9 Investment Properties

Investment Properties are those assets which are held solely for the purpose of generating rental income or capital appreciation within the meaning of IAS 40. On initial recognition, Investment Properties are measured at fair value and are subsequently re-valued annually, with any gain or loss arising being dealt with in the Statement of Comprehensive Income, in accordance with IAS40.

The Trust currently has properties which are leased to housing associations, other NHS organisations and private tenants, following the decommissioning of the services that were previously rendered from these properties.

1.10 Leases

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.11 Inventories

Inventories are stated at lower of cost and net realisable value.

1.12 Financial Instruments and Financial Liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Regular way purchases or sales are recognised and de-recognised, as applicable, using the settlement date.

All other financial assets and financial liabilities are recognised when the trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as Fair Value through Income and Expenditure and Loans and Receivables.

Financial liabilities are classified as Fair Value through Income and Expenditure and Other Financial Liabilities.

Financial assets and financial liabilities at Fair Value through Income and Expenditure

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest rate method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest rate method and credited to the Statement of Comprehensive Income.

Other Financial liabilities

Financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest rate method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest rate method and charged to finance costs.

Impairment of financial assets

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly, or through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the Statement of Comprehensive Income to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Provision for debtor impairment

A provision will be provided against the recovery of debts, where such a recovery is considered doubtful. Where the recovery of a debt is considered unlikely, the debt will either be written down directly to the Statement of Comprehensive Income, or charged against a provision to the extent that there is a balance available for the debt concerned, and thereafter charged to operating expenses.

1.13 Provisions

The trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the

obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the trust is disclosed at note 20 but is not recognised in the trust's accounts.

Non clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses as and when the liability arises.

1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an income of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.15 Public dividend capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC

dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.16 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and

consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

1.17 Taxation

Essex Partnership University NHS Foundation Trust is a Health Service body within the meaning of s519AICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within the categories covered by this. There is a power for the Treasury to dis-apply the exemption in relation to specified activities of a Foundation Trust (s519 A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000pa. There is no tax liability arising in the current financial year.

1.18 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of the HM Treasury's FReM.

1.20 Capital commitments

For ongoing capital projects at the balance sheet date, the value of capital commitments will be based on the value of contracted work not yet completed at the balance sheet date. The value of the capital commitment is disclosed at note 25.

1.21 Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the Trust's cash book. These balances exclude monies held in the Trust's bank account belonging to patients (see 'third party assets' above). Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, 'interest receivable' and 'interest payable' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.23 Key Sources of Judgment and Estimation Uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Provisions

Provisions have been made in line with management's best estimates and in line with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

The Trusts post-employment benefits are rebased periodically subject to life expectancy assumptions as issued by Government Actuary Department. The real discount rate issued by the HM Treasury annually is also applied to the provision to determine the provision required as at the end of the financial year. The real discount rate applicable on 31 March 2018 was 0.10% (the previous year's rate was 0.24%). The total provisions relating to post-employment benefits as at the end of the financial year was £8,618k.

Apart from the provisions relating to the above-mentioned post-employment benefits, the Trust has no other material provisions, or provisions which may change materially as a result of any underlying uncertainty.

Pensions

The valuations of the NHS Pensions Scheme liability and the Local Government Pension Scheme are carried out by the schemes' actuaries. These involve a degree of actuarial and financial assumptions and estimates.

Assumptions regarding valuation of Investment Properties, Land and Buildings

The Trust's Investment Properties, Land and Buildings are valued by the District Valuer. This involves a significant degree of judgement and estimation techniques and the results reflect the specialist professional assessment of the conditions within the external property market.

Assumptions regarding depreciation of Property, Plant and Equipment and Intangible Assets

The depreciation of Buildings is based on the value and life of the assets as periodically determined by the District Valuer.

The depreciation of other assets is based on the value and life of the assets in line with the accounting standard, IAS 16 *Property, Plant and Equipment*. The Standard requires that the useful life of an asset be reviewed regularly and, if expectations differ from previous estimates, any change is accounted for prospectively as a change in estimate under the Accounting Standard, IAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors*.

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognized in the financial statements:

Consolidation of SEPT and NEP Charity Accounts with the Trust Accounts

The accounting standards require consolidation of a group of entities under the control of a parent where there exists the power to govern the financial and operational policies of an entity so as to obtain benefits from its activities. As the Trust is a corporate trustee of the South Essex Partnership NHS Foundation Trust General Charitable Fund and the North Essex Partnership NHS Foundation Trust General Charitable Fund, hence controls them, and the purpose of the Charities is to assist NHS patients, hence the Trust benefits from its activities, the requirements of the relevant accounting standards is normally applicable in the preparation of the Trust Accounts.

However, In line with IAS 1, *Presentation of Financial Statements*, specific disclosure requirements set out in individual accounting standards or interpretations need not be satisfied if the information is not material. The net assets of the Charities are about 1% of the Trust's total assets employed, and are therefore not considered to be material in the context of the Trusts wider accounts. As such, the Board of Directors have noted and approved that the Charities Accounts will not be consolidated into the main Trust Accounts for 2017/18. This will be subject to an annual materiality review each financial year.

1.24 Change in Accounting Estimate

The Trust reviews the useful lives of its non-current assets, including IT assets to identify assets where the expectations of the length of useful lives of the assets exceed previous estimates. Where this is the case, the carrying amounts of the relevant assets are adjusted as a result of the adjustment of their useful lives, in line with current expectations of the future benefits associated with the assets.

1.25 Operating Segments

Under International Financial Reporting Standards, operating segments are components of an entity that engage in separate revenue earning activities, have discrete financial information available, and whose results are reviewed regularly by the entity's chief operating decision maker. Activities or departments of an organisation that earn no or incidental revenues would not be operating segments.

Operating segments are reported in a manner consistent with the internal reporting to the Chief Operating Decision Maker of the Trust. The Chief Operating Decision Maker of the Trust is the Trust Board.

The Trust's activities constitute a single segment of healthcare activity provided wholly in the UK, are subject to similar risks and rewards and all assets are managed as one central pool. And this is consistent with the Trust's monthly financial report to the Trust Board.

1.27 Limitation of auditor's liability

In line with guidance from the Financial Reporting Council, the Trust's external auditors, Ernst & Young LLP, have limited their liability in respect of their external audit work. The limitation on auditors' liability for external audit work is £2m.

1.28 Accounting standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. The Trust does not expect the adoption of this standard to have a material impact on the 2018/19 accounts.
- IFRS 15 Revenue from Contracts with Customers — Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. The Trust does not expect the adoption of this standard to have a material impact on the 2018/19 accounts.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted. The Trust's classification of some of its operating leases such as the leased vehicles will change to finance leases on adoption of this standard, however, the Trust does not expect the adoption of this standard to have a material impact on the 2019/20 accounts.
- IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted. The Trust does not expect the adoption of this standard to have a material impact on the 2021/22 accounts.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018. The Trust does

not expect the adoption of this standard to have a material impact on the 2018/19 accounts.

- IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019. The Trust does not expect the adoption of this standard to have a material impact on the 2019/20 accounts.

1.29 Transfer by absorption

Where the Trust has been created directly as a new body and has taken over the functions of previous bodies i.e. South Essex Partnership University NHS Foundation Trust and North Essex Partnership University NHS Foundation Trust, related assets and liabilities have transferred to the new Trust, Essex Partnership University NHS Foundation Trust, through transfer by absorption. The Trust has recognised the assets and liabilities received as at the date of transfer, 1st April 2017. The assets and liabilities were not adjusted to fair value prior to recognition. The corresponding net credit / debit reflecting the gain / loss is recognised within income / expenses, but outside of operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation amounts from the predecessor entities' accounts were preserved when the assets were recognised in the Trust's accounts.

Where any assets received had an attributable revaluation reserve balance in the predecessor entities' accounts, these were preserved in the Trust's accounts by transferring the relevant amount from the income and expenditure reserve to the revaluation reserve.

Transfers are recorded based on the book values of assets and liabilities transferring. Adjustments to values as a result of harmonising accounting policies are made immediately after this initial transfer, and are adjusted directly in taxpayers' equity.

2 Operating Income from continuing operations

2.1 Provision of Healthcare Services

	2017/18
	£ 000
Cost and volume contract income	26,668
Mental Health Block contract income	162,086
Clinical partnerships providing mandatory services	9,207
Other clinical income from mandatory services	10,492
Community Income from CCGs and NHS England	99,826
Community Income from other sources	15,844
Private patient income	12
	324,135

2.2 Source of Income from Activities

	2017/18
	£ 000
NHS England	42,604
NHS Foundation Trusts	2,341
NHS Trusts	508
Clinical Commissioning Groups	253,260
Local Authorities	22,783
Non NHS Private patient income	12
Non NHS Other	2,627
	324,135

2.3 Income from Commissioner Requested Services

Under the Trust's Provider Licence, the Trust is required to provide commissioner requested services. The allocation of operating income between commissioner requested services and non-Commissioner Requested Services is detailed below,

	2017/18
	£ 000
Commissioner Requested Services	324,123
Non Commissioner Requested Services	12
	324,135

3 Other Operating Income from continuing operations

3.1 Other Operating Income

	Note	2017/18 £ 000
Research and development		477
Education and training		6,337
Charitable and other contributions to expenditure - received from NHS charities		34
Charitable and other contributions to expenditure - received from other bodies		4
Non-patient care services to other bodies		195
Sustainability and transformation fund (STF)		7,855
Income in respect of employee benefits accounted on a gross basis		864
Rental revenue from operating leases	3.2	4,388
Other	3.3	7,968
		28,122

3.2 Operating leases Income

	2017/18 £000
Minimum lease receipts	4,388
Total	**4,388**

3.2.1 Future minimum lease receipts due land & building

	2017/18 £000
Future minimum lease payments due:	
- not later than one year;	1,673
- later than one year and not later than five years;	1,398
- later than five years.	792
Total	**3,863**

3.2.2 Future minimum lease receipts due other

	2017/18 £000
Future minimum lease payments due:	
- not later than one year;	542
- later than one year and not later than five years;	374
- later than five years.	-
Total	**916**

3.3 Other Income

	2017/18 £ 000
Catering	78
Pharmacy sales	24
Staff accommodation rental	72
Estates recharges (external)	2,226
IT recharges (external)	4,983
Other income not already covered	585
Total	**7,968**

4 Operating expenses of continuing operations

4.1 Operating expenses

	2017/18 £ 000
Purchase of healthcare from NHS and DHSC bodies	4,838
Purchase of healthcare from non-NHS and non-DHSC bodies	4,433
Staff and executive directors costs	243,827
Non-executive directors	157
Supplies and services – clinical (excluding drugs costs)	7,880
Supplies and services - general	8,646
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	4,752
Consultancy	2,086
Establishment	6,158
Premises - business rates collected by local authorities	1,427
Premises - other	15,120
Transport (business travel only)	3,333
Transport - other (including patient travel)	1,504
Depreciation	5,504
Amortisation	1,239
Impairments	3,993
Increase in impairment of receivables	2,199
Provisions arising / released in year	128
Change in provisions discount rate	100
Audit services - statutory audit	66
Internal audit - non-staff	181
Clinical negligence - amounts payable to NHS Resolution (premium)	1,835
Legal fees	1,245
Insurance	481
Research and development - staff costs	519
Research and development - non-staff	17
Education and training - staff costs	1,330
Education and training - non-staff	1,040
Operating lease expenditure (net)	15,313
Redundancy costs - staff costs	3,404
Redundancy costs - non-staff	943
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	1,222
Car parking and security	527
Hospitality	37
Other losses and special payments - non-staff	23
Other services (e.g. external payroll)	1,312
Other	1,569
TOTAL	348,388

4.2 Operating leases

	2017/18 £000
Minimum lease payments	15,313
Total	**15,313**

4.2.1 Arrangements containing an operating lease land & buildings

	2017/18 £000
Future minimum lease payments due:	
- not later than one year;	9,747
- later than one year and not later than five years;	4,313
- later than five years.	50,387
Total	**64,447**

4.2.2 Arrangements containing an operating lease other

	2017/18 £000
Future minimum lease payments due:	
- not later than one year;	1,484
- later than one year and not later than five years;	1,000
- later than five years.	0
Total	**2,484**

Non cancellable operating leases are operating leases with a total committed cost at outset of at least £5,000.

5 Employee Benefits

5.1 Analysis of employee benefits

	2017/18 £ 000
Salaries and wages	187,575
Social security costs	17,368
Apprenticeship levy	910
Pension cost - employer contributions to NHS pension scheme	22,395
Pension cost - other	467
Termination benefits	3,404
Temporary staff - agency/contract staff	17,124
Total	**249,080**

There are no non pay benefits which are not attributable to individual employees.

5.2 Retirement due to Ill Health

During the year ended 31 March 2018, there were 9 retirements from the Trust agreed on the grounds of ill-health. The additional pension liability from these early retirements, to be borne by the NHS Business Services Authority - Pensions Division, is estimated to be £752,095.

5.3 Director Remunerations and Staff Costs

The analysis of directors' remunerations and pension benefits for the year ended 31 March 2018 are in the Remuneration Report section of the Annual Report.

The analysis of staff costs, average staff numbers and staff exit packages for the year ended 31 March 2018 are in the Staff Report section of the Annual Report.

5.4 Employee Retirement Benefit Obligations

5.4.1 Amounts recognised in the Statement of Comprehensive Income

	2017/18 £000
Service cost	301
Net interest on the defined liability (assets)	82
Administration expenditure	5
Total pension cost recognised	**388**

5.4.2 Principal actuarial assumptions at 31 March 2018

	2017/18 %
Discount rate	2.5
Pension increases	2.3
Rate of increase in salaries	3.8

5.4.3 Amounts recognised in the Statement of Financial Position

	2017/18 £000
Present value of the defined benefit obligation	(18,252)
Fair value of fund assets	16,502
Net liability	**(1,750)**

5.4.4 Change in benefit obligation during period to 31 March 2018

	2017/18 £ 000
Transfers by absorption	**18,189**
Current service cost	301
Interest on pension obligations	506
Change in financial assumptions	(521)
Contribution by scheme participants and other employers	56
Estimated benefits paid	(279)
Defined benefit obligation as at 31 March	**18,252**

5.4.5 Change in fair value of plan assets during period to 31 March 2018

	2017/18 £ 000
Transfers by absorption	**15,157**
Interest on assest	424
Return on assets less interest	986
Administration expenses	(5)
Contribution by employer including unfunded	163
Contribution by scheme participants and other employers	56
Estimated benefits paid	(279)
Fair value of plan assets as at 31 March	**16,502**

5.4.6 Re-measurements in other comprehensive income

	2017/18 £000
Return on fund assets in excess of interest	986
Change in financial assumptions	521
Total	**1,507**

5.4.7 Projected pension expenses for the year ended 31 March 2019

	2018/19 £000
Service cost	291
Net interest on defined liability	43
Administration expenses	6
Total	**340**
Employer contribusions	165
Total	**165**

5.4.8 Sensitivity Analysis

Change in assumptions at year ended 31 March 2018	£000	£000	£000
Adjustment to discount rate	**+0.1%**	**0%**	**-0.10%**
Present value of total obligation	17,902	18,252	18,609
Projected service cost	285	291	297
Adjustment to long term salary increase	**+0.1%**	**0%**	**-0.10%**
Present value of total obligation	18,292	18,252	18,212
Projected service cost	291	291	291
Adjustment to pension increases and deferred revaluation	**+0.1%**	**0%**	**-0.10%**
Present value of total obligation	18,569	18,252	17,941
Projected service cost	297	291	285
Adjustment to life expectancy assumptions	**+1 year**	**None**	**-1 year**
Present value of total obligation	18,902	18,252	17,625
Projected service cost	300	291	282

6 The Late Payment of Commercial Debts (interest) Act 1998.

There was a total of £427 interest payment related to the late payment of commercial debts in the year ended 31 March 2018.

7 Finance and Other

7.1 Finance income

	2017/18 £000
Interest on bank accounts	136
Other	424
Total finance income	**560**

7.2 Finance Costs - interest expense

	2017/18 £000
Loans from Department of Health and Social Care	326
Finance cost on PFI obligation	1,828
Contingent finance costs on PFI Obligation	648
Unwinding of discount on provisions	9
Other finance costs	506
Total finance cost	**3,317**

7.3 Other gains and (losses)

	2017/18 £000
Losses on disposal of property, plant and equipment	(444)
Fair value gains/(losses) on investment properties	511
	67

8 Intangible Assets

	2017/18		
	Total	**Software licences purchased**	**Intangible Assets Under Construction**
	£000	**£000**	**£000**
Transfers by absorption	17,349	17,173	176
Additions	137	137	0
Disposals / derecognition	(37)	(37)	0
Reclassifications	0	0	0
Cost at 31 March 2018	**17,448**	**17,272**	**176**
Transfers by absorption	7,637	7,637	0
Provided during the year	1,239	1,239	0
Disposals / derecognition	(24)	(24)	0
Reclassifications	0	0	0
Amortisation at 31 March 2018	**8,852**	**8,852**	**0**
Net book value at 1 April 2017	9,712	9,536	176
Net book value at 31 March 2018	**8,596**	**8,420**	**176**

9 Property, Plant and Equipment

	Total	Land	Buildings excluding dwellings	Dwellings	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Assets under Construction
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2017	0	0	0	0	0	0	0	0	0
Transfers by absorption	228,137	61,239	140,371	1,070	5,180	419	12,052	4,836	2,970
Additions - purchased (including capital lifecycle additions)	6,038	0	1,249	0	179	0	529	0	4,081
Impairments charged to operating expenses	(3,989)	(1,099)	(2,890)	0	0	0	0	0	0
Impairments charged to the revaluation reserve	(20,940)	(16,631)	(4,306)	(3)	0	0	0	0	0
Revaluations	4,527	6,787	(2,333)	73	0	0	0	0	0
Reclassifications	(2,656)	(530)	334	0	0	0	(977)	(1,327)	(156)
Transfers to/from assets held for sale and assets in disposal groups	(650)	(225)	(425)	0	0	0	0	0	0
Disposals/derecognition	(1,232)	0	0	0	(332)	(31)	(13)	(656)	0
Cost or valuation at 31 March 2018	209,235	49,541	132,000	1,140	5,027	388	11,591	2,853	6,895
Accumulated Depreciation at 1 April 2017	0								
Transfers by absorption	27,726	0	10,047	61	3,162	326	10,430	3,700	0
Provided during the year	5,504	0	4,159	38	345	32	649	283	0
Revaluations	(15,120)	0	(15,023)	(97)	0	0	0	0	0
Reclassifications	(976)	0	817	0	0	0	(976)	(817)	0
Disposals/derecognition	(794)	0	0	0	(254)	(23)	(4)	(513)	0
Accumulated depreciation at 31 March 2018	16,340	0	(0)	0	3,253	335	10,099	2,653	0
Net Book Value									
NBV - Purchased at 31 March 2018	192,786	49,541	131,891	1,140	1,774	53	1,492	0	6,895
NBV - Donated at 31 March 2018	109	0	109	0	0	0	0	0	0
NBV Total at 31 March 2018	192,895	49,541	132,000	1,140	1,774	53	1,492	0	6,895

Property, Plant and Equipment financing									
Net book value at 31 March 2018									
Owned - purchased	159,769	49,541	98,874	1,140	1,774	53	1,492	0	6,895
On-SoFP PFI contracts and other service concession arrangements	33,017	0	33,017	0	0	0	0	0	0
Owned - donated	109	0	109	0	0	0	0	0	0
Total at 31 March 2018	192,895	49,541	132,000	1,140	1,774	53	1,492	0	6,895

9.1 The analysis of revaluation of property plant and equipment

	2017/18				
	Total	Revaluation Reserve Surplus	Revaluation Reserve Impairment	Operating Income Reversal of Impairment	Operating Expenses Impairment
	£'000	£'000	£'000	£'000	£'000
Land	(10,943)	6,787	(16,631)	0	(1,099)
Building	5,661	12,860	(4,309)	0	(2,890)
Total	(5,282)	19,647	(20,940)	0	(3,989)

In accordance with HM Treasury requirements, Land and Building assets are valued every 5 years, with an interim valuation at the end of the intervening 3rd year. In order to align the asset valuations of the predecessor organisations, the Trust has performed this 5 yearly revaluation in its first year of operation as at 31 March 2018. As part of the alignment, the Trust has also changed the valuation assumption for relevant land and buildings, where applicable, from Depreciated Replacement Cost valuation method to Alternative Site Valuation method in line with the DHSC GAM and relevant accounting standards.

In addition to the above, the Trust has changed the valuation basis for PFI buildings and based this on value excluding recoverable VAT, reflecting the cost at which the service potential would be replaced by the PFI operator.

The net overall impact of all the revaluations performed in the financial year 2017/18 is analyzed in the above table resulting in a net impairment amount of £5,282k.

9.2 Remaining Economic lives of Property, Plant and Equipment

Main Asset Category	Sub Category	Minimum Useful Life (in years)	Maximum Useful Life (in years)
Buildings - owned	Structure	7	68
	Engineering and installations	1	36
	External works	7	62
Buildings - PFI schemes	Structure	59	62
	Engineering and installations	23	28
	External works	41	44
Plant, machinery and equipment	Medical and surgical equipment	0	10
	Office equipment	0	0
	IT Hardware	0	6
	Other engineering works	2	11
Furniture and fitting	Furniture	0	0
	Soft furnishings	0	0
Motor vehicles		1	3

9.3 Assets under PFI contract

	2017/18 £000
Cost or valuation	
Transfers by absorption	32,350
Additions during the year	0
Impairments	(2,447)
Revaluation	3,114
Cost/Valuation at 31 March 2018	**33,017**
Accumulated depreciation	
Transfers by absorption	1,994
Provided during the year	642
Revaluation	(2,636)
Accumulated depreciation at 31 March 2018	**0**
Net Book Value at 1 April 2017	30,355
Net Book Value at 31 March 2018	**33,017**

EMI Homes – PFI

In 2004, two homes were opened for the provision of care for the Elderly Mentally ill. The construction has been financed by a private finance initiative, between the legacy South Essex Partnership Trust (now Essex Partnership University NHS Foundation Trust) (the grantor) and Ryhurst (the operator), under a public private service concession arrangement.

The term of the arrangement is 30 years, over which the grantor will repay the financing received from the operator, ending in 2033. At the end of the financing period legal ownership will pass from Ryhurst to Essex Partnership University NHS Foundation Trust.

During the period of the arrangement the grantor will have full and sole use of the properties to provide the health care services as described above.

The operator is contracted to provide maintenance services of a capital and revenue nature over the period of the contract. No material capital expenditure is included in the contract arrangement.

Maintenance costs payable to the operator are subject to annual increases based on the Consumer Price Index (CPI).

There are no changes in the arrangement over the contract period.

Forensic Unit - PFI

In November 2009 a new forensic unit was opened to provide low and medium secure services. The construction of the new facility has been financed by a private finance initiative between the legacy South Essex Partnership Trust (now Essex Partnership University NHS Foundation Trust) (the grantor) and Grosvenor House (the operator), under a public private service concession arrangement.

The term of the arrangement, over which the grantor will repay financing received to the operator, is 29 years ending in 2037. At the end of the financing period legal ownership will pass from Grosvenor House to Essex Partnership University NHS Foundation Trust.

During the period of the arrangement the grantor will have full and sole use of the unit to provide health care services as described above.

The operator is contracted to provide maintenance services of a capital and revenue nature over the period of the contract.

Maintenance costs payable to the operator are subject to annual increases based on the Consumer Price Index (CPI).

There are no changes in the arrangement over the contract period.

Finance Leases

There were no assets held under finance leases and hire purchase contracts at the end of the reporting period and therefore there was no depreciation charged in the statement of comprehensive income.

10 Investment Property

	2017/18 £000
Transfers by absorption	15,914
Reclassifications to/from PPE	1,680
Movement in fair value (revaluation or impairment)	511
Carrying value at 31 March	**18,105**

The Trust's policy is to annually revalue its investment properties in accordance with accounting guidance. The revaluation provided by the District Valuer showed an increase of £511,000 during 2017/18.

11 Non-Current Trade and Other Receivables

There were no Non-Current Trade and Other Receivables held by the Trust as at 31 March 2018.

12 Trade and Other Current Receivables

	2017/18 £000
Trade receivables	14,921
Accrued income	13,014
Provision for impaired receivables	(4,470)
Prepayments (revenue) [non-PFI]	1,657
PDC dividend receivable	659
VAT receivable	1,212
Other receivables	86
Total	**27,079**

The Trust's final payment of Public Dividend Capital dividends is dependant on the closing balance sheet position for the Trust, and therefore either a creditor or debtor situation will exist in NHS organisations accounts at year end.
This is subsequently amended via the next payment of dividends to HM Treasury by the Trust in September of each year.

Accrued income includes the final receipt of £6,114k for the sale of Severalls non-operational site made by the legacy North Essex Partnership NHS FT and is due in January 2019.

12.1 Provision for impaired receivables

	2017/18 £000
Transfers by absorption	2,497
Increase in provision	3,470
Amount utilised	(226)
Unused amount reversed	(1,271)
Total	**4,470**

12.2 Analysis of Impaired Receivables

	2017/18 £000
Up to 30 days	1,449
In 30 to 60 days	159
In 60 to 90 days	56
In 90 to 180 days	1,310
Over 180 days	1,496
Total	**4,470**

At 31 March 2018, the Trust had impaired debts totalling £4,470k against which full provision has been made, reflecting the age of the debt and likelihood of recovery. No collateral is held against recovery of debts.

12.3 Analysis of Non impaired receivables past their due dates

	2017/18 £000
Up to 30 days	1,359
In 30 to 60 days	783
In 60 to 90 days	159
In 90 to 180 days	205
Over 180 days	781
Total	**3,287**

Debts are past their due date if payment is not received within the settlement terms. The standard settlement terms of the Trust is 30 days from the date on which the invoice is issued. At the balance sheet date none of these debts were considered doubtful, with full settlement therefore expected.

13 Inventories

	2017/18 £000
Drugs	150
Wheelchairs	486
	636

14 Assets held for sale

	2017/18 £ 000
Land	314
Building	654
	968

As at 31 March 2018, there were two properties classified as asset held for sale. These are No. 32 Thoroughgood Road, Essex and No. 4 The Glade, Bedfordshire.

15 Cash and Cash Equivalents

	2017/18 £ 000
Transfers by absorption	52,792
Net change during the year	7,236
Cash and cash equivalents at 31 March	**60,028**
Represented by:	
Cash at commercial bank and in hand	4,585
Cash at GBS (Government Banking System)	55,443
Other current investments	0
Total	**60,028**

16 Investments

There were no non-current investments held by the Trust as at 31 March 2018.

17 Trade and Other Current Payables

	2017/18 £ 000
Trade payables	7,061
Capital payables (including capital accruals)	961
Accruals (revenue costs only)	22,403
Social security costs	2,832
Other taxes payable	2,056
Accrued interest on DHSC loans	41
Other payables	3,106
Total	**38,460**

18 Other Liabilities

18.1 Other current liabilities

	2017/18 £000
Deferred income	1,392
	1,392

18.2 Other non current liabilities

	2017/18 £000
Net Pension Scheme liability (Local Government Pension Scheme)	1,750
	1,750

18.3 Non current trade and other payables

	2017/18 £000
Non Current Accruals	8,039
	8,039

19 Borrowings

19.1 Current liabilities

	2017/18 £000
Obligation under PFI contract due within one year	830
Loans from Department of Health and Social Care	2,121
Total	**2,951**

19.2 Non current liabilities

	2017/18 £000
Long term Obligation under PFI contract after more than one year	27,623
Loans from Department of Health and Social Care	13,861
Total	**41,484**

The Trust holds five single currency term loans from the Secretary of State for Health as follows:

	Amount Outstanding (Current) £000	Amount Outstanding (Non Current) £000	Interest Rate	Repayment Date
Loan 1	485	0	5.33%	March 2019
Loan 2	736	1,845	2.65%	March 2022
Loan 3	500	1,500	1.42%	March 2022
Loan 4	400	4,402	2.17%	March 2030
Loan 5	0	6,114	0.58%	March 2022
	2,121	**13,861**		

The Trust is responsible for ensuring that it is able to repay its borrowings and any associated interest charges.

19.3 PFI obligations

	2017/18 £ 000
Gross liabilities	48,487
Of which liabilities are due	
- not later than one year;	2,592
- later than one year and not later than five years;	10,871
- later than five years.	35,024
Finance charges allocated to future periods	(20,034)
Net liabilities	**28,453**
- not later than one year;	830
- later than one year and not later than five years;	4,420
- later than five years.	23,203
	28,453

19.4 PFI commitments in respect of the service element

	2017/18		
	Total	EMI Homes	Forensic
	£000	£000	£000
Of which commitments are due			
Within one year	**1,216**	624	592
2nd to 5th years (inclusive)	**5,170**	2,578	2,592
Later than five years	**20,967**	7,815	13,152
Total	**27,353**	11,017	16,336

19.5 Total future payments committed in respect of PFI

	2017/18		
	Total	EMI Homes	Forensic
	£000	£000	£000
Of which commitments are due			
Within one year	**4,931**	1,146	3,785
2nd to 5th years (inclusive)	**22,692**	4,668	18,024
Later than five years	**104,825**	13,147	91,678
Total	**132,448**	18,961	113,487

19.6 Analysis of amounts payable to service concession operator

	2017/18		
	Total	EMI Homes	Forensic
	£000	£000	£000
Interest charge	1,828	317	1,511
Repayment of finance lease liability	1,058	206	852
Service element	1,138	584	554
Capital lifecycle maintenance	-	-	-
Revenue lifecycle maintenance	84	-	84
Contingent rent	648	-	648
	4,756	1,107	3,649

20 Provisions for Liabilities and Charges

	2017/18				
	Pensions-Early departure costs	Other Legal Claim	Redundancy	Other*	Total
	£000	£000	£000	£000	£000
Transfers by absorption	6,300	179	1,110	5,900	13,489
Change in the discount rate	65	0	0	35	100
Arising during the year	0	0	4,910	2,274	7,184
Utilised during the year - accruals	(115)	0	0	(37)	(152)
Utilised during the year - cash	(345)	(66)	(3,893)	(1,444)	(5,748)
Reversed unused	(60)	(8)	(563)	0	(631)
Unwinding of discount	6	0	0	3	9
At 31 March	**5,851**	**105**	**1,564**	**6,731**	**14,251**
Expected timing of cash flows:					
- not later than one year;	494	105	1,564	4,124	6,287
- later than one year and not later than five years;	1,961	0	0	635	2,596
- later than five years.	3,396	0	0	1,972	5,368
Total	**5,851**	**105**	**1,564**	**6,731**	**14,251**

* Other provisions consist mainly of provisions for Injury Benefit claims, dilapidation costs of leased buildings and onerous contracts.

The total value of clinical negligence provisions carried by the NHS Litigation Authority (NHSLA) on the Trust's behalf as at 31 March 2018 was £29,378,727.

21 Movements in Taxpayers Equity

	2017/18 £ 000
Surplus for the year	199,765
Net impairments	(20,940)
Revaluations - property, plant and equipment	19,647
Remeasurements of defined net benefit pension scheme liability / asset	1,507
	199,980

22 Public Dividend Capital

	2017/18 £ 000
Transfers by absorption	127,245
Public dividend capital at 31 March	**127,245**

23 Movements on Reserves

	Total	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000
Opening transfers by absorption (within surplus deficit for the year)	203,203	0	0	203,203
Opening transfers by absorption: transfers between reserves	(127,245)	63,625	(3,032)	(187,838)
Taxpayers' and others' equity at 1 April 2017 after absorption transfers	**75,958**	**63,625**	**(3,032)**	**15,365**
Surplus/(deficit) for the year	(3,438)	0	0	(3,438)
Transfers between reserves	0	0	(225)	225
Net impairments	(20,940)	(20,940)	0	0
Revaluations - property, plant and equipment	19,647	19,647	0	0
Transfer to retained earnings on disposal of assets	0	(6)	0	6
Remeasurements of defined net benefit pension scheme liability / asset	1,507	0	1,507	0
TAXPAYERS EQUITY AT 31 MARCH 2018	**72,734**	**62,326**	**(1,750)**	**12,158**

24 Notes to the Statement of Cash Flows

Reconciliation of net cash flow to movement in net cash

	2017/18 £ 000
Net increase in cash for the period	7,236
Net change in the year	7,236
Transfers by absorption	52,792
Net cash at 31 March	**60,028**

24.1 Analysis of net cash

	Cash Change in the year	At 31 March 2018
Commercial cash at bank and in hand	4,585	4,585
Cash with the Government Banking Service	55,443	55,443
Deposits with the National Loan Fund	0	0
Cash and cash equivalents	**60,028**	**60,028**

25. Capital Commitments

The value of the capital commitments under expenditure contracts at 31 March 2018 was £588,056.

26. Events after the Reporting Period

26.1 Authorising Accounts for Issue

In accordance with IAS 10, the Trusts Annual Accounts were authorised for issue by the Chief Executive / Accounting Officer on 24 May 2018.

26.2 Disaggregation of Bedfordshire Community Health Service

Non-Adjusting Events

During 2017/18, the Bedfordshire CCG undertook a procurement process for the future provision of community services across Bedfordshire which the Trust had previously been providing. The transfer date for the transaction was 1st April 2018.

In late 2017, the CCG appointed the East London NHS Foundation Trust (ELFT) as the new provider for adult services and Cambridgeshire Community Services (CCS) as the new provider

for children, acquired brain injury and neurological rehabilitation services. The Trust has worked with the new provider to ensure a smooth transition of services, and entered into a Business Transfer Agreement with ELFT and CCS.

As a result of this transaction, the Trust's income base will reduce by £41.7 million during 2018/19 and 1,069 staff have TUPE'd to the new providers as of 1st April 2018 which equates to an approximate annual pay cost of £29.4 million. The Trust and ELFT have agreed the transfer of IT network assets with a net book value of £79k.

This transaction will be accounted for in the 2018/19 accounts as a transfer by absorption

27. Contingencies

As at 31 March 2018, the Trust had contingent liabilities in respect of the liabilities to third parties scheme totaling £75,466.

28. Related Party Transactions

Essex Partnership University NHS Foundation Trust is a body corporate established by the Secretary of State. The Independent Regulator of NHS Foundation Trusts ("Monitor") and other Foundation Trusts are considered related parties. The Department of Health and Social Care is regarded as a related party as it exerts influence over a number of transactions and operating policies of the Trust. During the year ended 31 March 2018 the Trust had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department of those entities.

During the year and at the period end, the Trust had material transactions with other NHS bodies namely NHS Bedfordshire CCG, NHS Luton CCG, NHS Mid Essex CCG, NHS North East Essex CCG, NHS Thurrock CCG, NHS West Essex CCG, NHS Waltham Forest CCG, NHS Basildon and Brentwood CCG, NHS Castle Point and Rochford CCG, NHS Southend CCG, Health Education England, NHS England – Core, NHS England - East Local Office, NHS England - East of England Specialised Commissioning Hub.

During the year and at the period end, the Trust had material transactions with other public sector bodies namely Central Bedfordshire Unitary Authority, Essex County Council, Southend-on-Sea Borough Council, Her Majesty's Revenue and Customs and NHS Pensions.

Other than those disclosed under note 28.1, during the year none of the Board Members, Governors or members of the key management staff or parties related to them has undertaken any material transactions with Essex Partnership University NHS Foundation Trust.

The Governors appointed to the Council of Governors may also be members of Boards and Committees of local stakeholder organisations. Local stakeholder organisations can nominate an individual as a Governor on the Council under the following arrangements:

Four Local Authority Governors, one each appointed by:

- Bedford Borough Council and Central Bedfordshire Council (joint appointment)
- Essex County Council
- Southend on Sea Borough Council

- Thurrock Council.

Three Partnership Governors appointed by partnership organisations, one each appointed by:

- Essex University and Anglia Ruskin University (joint appointment)
- CVS Essex
- Service Users & Carers Forum

Essex Partnership University NHS Foundation Trust is the Corporate Trustee of the South Essex Partnership NHS Foundation Trust General Charitable Fund and the North Essex Partnership NHS Foundation Trust General Charitable Fund. During the year ended 31 March 2018, the Trust received income of £27,240 from the Charities for administrative services provided by the Trust on behalf of the Charities. The Trust did not receive any capital payments. All the members of the Corporate Trustee are also members of the Essex Partnership University NHS Foundation Trust Board.

28.1 Director's Interests

Sally Morris is a Director of the Anglia Ruskin Health Partnership (ARHP) through her role as the Chief Executive of the Trust. The Trust is a partner organisation of the ARHP whose Board comprises the Chief Executives or equivalent positions of the partner organisations. The Trust total expenditure made to ARHP in 2017/18 was £50,000 relating to its annual subscription.

Professor Sheila Salmon is the Emeritus Professor of Health Services Development at the Anglia Ruskin University. The Trust total expenditure made to Anglia Ruskin University was £31,223 for tuition fees, trainings, student accommodation, room hire, catering and parking. The trust total income received from Anglia Ruskin University was £11,515 for student placement grant.

29. Financial Instruments

IAS 32, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with the local Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IAS 32 mainly applies. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

As allowed by IAS32, comparatives of carrying amounts with fair values have not been disclosed for short term financial assets and liabilities where the carrying amount is a reasonable approximation of fair value.

Credit risk

Over 90% of the Trusts income is from contracted arrangements with commissioners. As such any material credit risk is limited to administrative and contractual disputes.

Where a dispute arises, provision will be made on the basis of the age of the debt and the likelihood of a resolution being achieved.

Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from cash made available from prior year surpluses; and Public Dividend Capital funding that may be available from the Department of Health and Social Care to fund particular projects. The Trust has also funded two of its buildings through Private Finance Initiative scheme. Essex Partnership University NHS Foundation Trust is not, therefore, exposed to significant liquidity risks.

At 31 March 2018 the Trust had no financial liabilities represented by provisions under contract.

Interest-rate risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Essex Partnership University NHS Foundation Trust is not, therefore, exposed to significant interest rate risk.

Foreign currency risk

The Trust has negligible foreign currency income and expenditure.

30. Financial Assets and Financial Liabilities

30.1 Financial assets

	Loans and Receivables 2017/18 £000
Trade and other receivables (excluding non financial assets) - with NHS and DH bodies	15,539
Trade and other receivables (excluding non financial assets) - with other bodies	8,671
Cash and cash equivalents (at bank and in hand)	60,028
	84,238

30.2 Financial liabilities

	Other Financial Liabilities 2017/18 £000
Borrowings excluding finance lease and PFI liabilities	15,982
Obligations under PFI contract	28,453
Trade and other payables - with NHS and DH bodies	8,294
Trade and other payables - with other bodies	30,211
Provisions under contract	5,633
	88,573

31. Third Party Assets

The Trust held £163,360 cash at bank and in hand at 31 March 2018 which relates to monies held by Essex Partnership University NHS Foundation Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts.

32. Losses and Special Payments

	2017/18	
	Number	£000
Losses		
Losses of cash due to:		
Theft, fraud etc	5	1
Overpayment of salaries etc.	49	42
Bad debts and claims abandoned in relation to:		
Other	15	121
Total Losses	**69**	**163**
Special Payments		
Compensation under legal obligation	1	8
Loss of personal effects	10	2
Personal injury with advice	1	13
Special severance payments	1	10
Total special payments	**13**	**32**
Total losses and special payments	**82**	**195**