



Essex Partnership University
NHS Foundation Trust

**ESSEX
PARTNERSHIP
UNIVERSITY NHS
FOUNDATION
TRUST**

QUALITY ACCOUNT 2022-23

EPNHS

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UNIVERSITY
NHS FOUNDATION
TRUST**

QUALITY ACCOUNT

2022-23



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Who was involved in the development of our Quality Account?

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

- EPUT Council of Governors
- Healthwatch Essex, Southend and Thurrock
- Our commissioners: Herts & West Essex ICB; Mid & South Essex ICB; Suffolk and North East Essex ICB; and Specialist Commissioners
- Essex, Southend and Thurrock Health Overview Policy and Scrutiny Committees
- Essex, Southend and Thurrock Health and Wellbeing Boards

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

How to provide feedback on this Quality Account

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

or write to:

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The Lodge, Lodge Approach, Runwell, Wickford,
Essex SS11 7XX

People who utilise our services will be referred to as service users and patients throughout this account.



PART 1 – STATEMENT ON QUALITY

CHIEF EXECUTIVE'S STATEMENT ON QUALITY

This is our account to you about the quality of services provided by Essex Partnership University NHS Foundation Trust in 2022/23. It looks back at our performance over the last year and gives details of our priorities for improvement in 2023/24.

I am delighted to present our Quality Account for 2022/23 which looks back at our performance over the last year and sets out our priorities for improvement in 2023/24.

Since I arrived at Essex Partnership University NHS Foundation Trust (EPUT) as CEO in 2020, the Trust has been on a continual journey of improvement. We are committed to driving forward change, to learn, to listen and to innovate, so that we deliver the highest quality and safest care possible to each and every one of our patients.

The Trust is subject to considerable external scrutiny. In October, following high profile media coverage, the CQC inspected some of our services and we responded swiftly to identify actions to address issues raised. Many were already in our plans while for others we recognised there was more we could do to improve the care we provide for those who rely on us. We remain committed to supporting the Inquiry, whatever form it takes, now and in the future so that families, carers and service users receive the answers they rightly deserve.

Central to the way we will improve this, is our new Strategic Plan (2023 – 2028) which we launched earlier this year following extensive engagement with patients, carers and their families, and staff and partners. The plan sets out our priorities and commitments and will guide how we develop our services over the coming years to deliver our vision 'to

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

Patient safety

Safety remains our absolute priority. Earlier this year we launched an update to our inpatient Safety Strategy, 'Safety First, Safety Always', which reflects on the improvements we have made and sets out our commitment to drive forward further change.

Central to this is cementing the Trust as a learning organisation. In July 2022 a new Lessons team was formed as part of our Culture of Learning, a commitment to excellence and willingness to learn from experience of others. Learning is an 'Always Event' where all colleagues are responsible for striving for improvement, learning from mistakes and good practice and adopting positive change to provide safe and excellent care.

We are an early adopter of the NHS Patient Safety Incident Response Framework which provides a systematic way of investigating patient safety incidents in a way that allows for a systematic view of any issues and facilitates learning across the organisation and the wider health and care systems.

Recruitment

Having the right staff in place across all areas of the Trust is vital to providing safe and compassionate care and has been a key priority for us.

Like other NHS organisations, we face recruitment challenges but have made notable progress. In 2022/23, more than 1,130 new colleagues joined us including 195 nurses from our international recruitment programme, more than 200 colleagues who made the move from our staff bank to permanent contracts and allied health professionals who we supported to regain their professional

registration as part of our Return to Practice Scheme.

Innovation

Demand for our services is growing, particularly in mental health. Innovation is key to improving the health, wellbeing and safety of our patients and this year we have embraced new ways of working and technology to do just that.

'Oxehealth', a contact free patient vital signs monitoring system, is now up and running on 23 of our inpatient wards, seclusion rooms and health-based places of safety.

In December we launched our new virtual hospital service in west Essex which allows patients to be cared for at home while being remotely monitored by a multi-disciplinary team of consultants, nurses and therapists. Patients and their families tell us what a huge difference this is making to their independence and recovery. Our virtual ward in south east Essex received 620 referrals in 2022/23.

Our pulmonary rehabilitation teams are using virtual reality to guide patients with lung conditions through programmes of structured exercises in the comfort of their homes.

Last year we also launched our Time to Care Programme which looks at how we improve the way we work, making the best use of our time and resources so we can focus on what matters most: caring for our patients. Key objectives include making sure we have the right mix of skilled staff, ensuring our processes are as efficient as they can be and making the best use of data and technology to help free up time to care for patients.

New services

Last year saw the launch of our Essex Neuromodulation service, the first specialist service in the east of England to offer a range of neuromodulation treatments for patients living with long-term depression.

The pioneering new clinic in Brentwood brings all Trust neuromodulation treatments under one umbrella service, transforming the lives of both private and NHS patients for who medication has proven ineffective.

In March we were delighted to open a Mental Health Urgent Care department with our health and social care partners across mid and south Essex. Hospital emergency departments are not always the right environment for people experiencing mental health problems – the new department at Basildon Mental Health unit provides an alternative calm and therapeutic space with access to mental health specialists.

Improvement and progress

2022/23 has been a busy year but one in which we have made great progress in our journey of improvement, innovation and transformation.

We have invested in our wards to make them safe and therapeutic spaces and colleagues across the Trust have put an enormous amount of work in to constantly improve our services, keep patients safe and well and provide the best possible environment for care and recovery. All that we have achieved this year is testament to their hard work and dedication and I would like to take this opportunity to thank everyone at the Trust as well as our system partners for their continued support.

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

#WhatWeDoTogetherMatters



A handwritten signature in black ink, appearing to read 'P. Scott'.

Paul Scott, CEO

TRUST SERVICES

Background

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

Since then, EPUT has grown from strength to strength, providing many community health, mental health and learning disability services to support a population of more than 3.2 million people living across Essex as well as Luton and Bedfordshire, and Suffolk where we provide a small number of specialist services. We are a large employer in the East of England with over 5,500 staff working across more than 200 sites. We also provide services in people's home and community settings.

Our strategic objectives

We have four strategic objectives:

- We will deliver safe, high quality integrated care services.
- We will enable each other to be the best that we can.
- We will work together with our partners to make our services better.
- We will help our communities to thrive.

Our vision, purpose and values

Our Vision

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

Our Purpose

"We care for people every day. What we do together, matters."

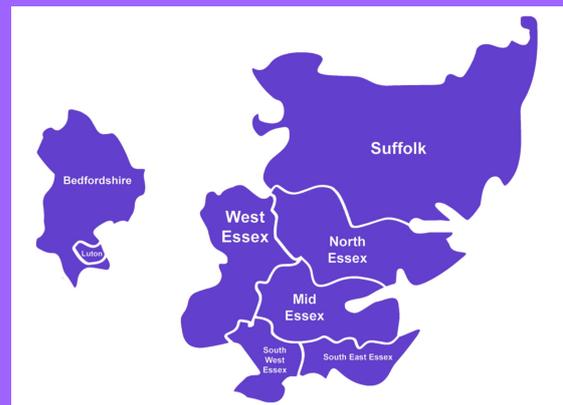
Our Values

- We Care
- We Learn
- We Empower

The services we provide

We provide a range of community health, mental health, learning disability services and social care. Our approach is underpinned by our aim to provide individualised care that supports people to live independently and within their own home for as long as possible.

Where EPUT provides services



Mental health services

We provide a wide range of treatment and support to adults and older people and children and adolescents experiencing illness within primary care, community and in secure and specialised inpatient care settings. We deliver a range of tertiary services including forensic services and specialist health outreach services to marginalised communities. Several of our services have achieved accreditation from the Royal College of Psychiatrists.

Our population can access our mental health services 24/7 via the NHS 111 mental health crisis line.

Community health services

Our diverse range of community health services provide support and treatment to both adults and children. We deliver this care in community hospitals, health services, GP surgeries, and in people's homes.

Learning disability services

We provide both 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 individualised social care to people with a range of needs, including people with learning disabilities or mental illness, supporting people to live independently. Three local authorities have Section 75 Partnership Agreements in place with us which means some statutory social care responsibilities are delegated to EPUT and some functions are delivered in partnership.

OUR VISION

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





Essex Partnership University
NHS Foundation Trust
Working to improve lives
Jared Davis

PART 2 – PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE

2022/23 QUALITY IMPROVEMENT PRIORITIES PROGRESS AGAINST THE PRIORITIES AGREED

Continuous quality improvement is of paramount importance to EPUT and we have strived over the past year to deliver on the Quality Priorities we set out in our Quality Account 2021/22. This section of the report describes the progress we have made in these areas.

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

We committed to improve the physical health of our patients by decreasing the number of falls in our inpatient wards and reducing the amount of pressure ulcers across our inpatient areas and community nursing services.

Why was this a priority?

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

What were our targets?

Falls

- Reduce the number of falls resulting in moderate/severe harm.
- Reduce the number of falls
- Reduce the number of people

who fall more than once.

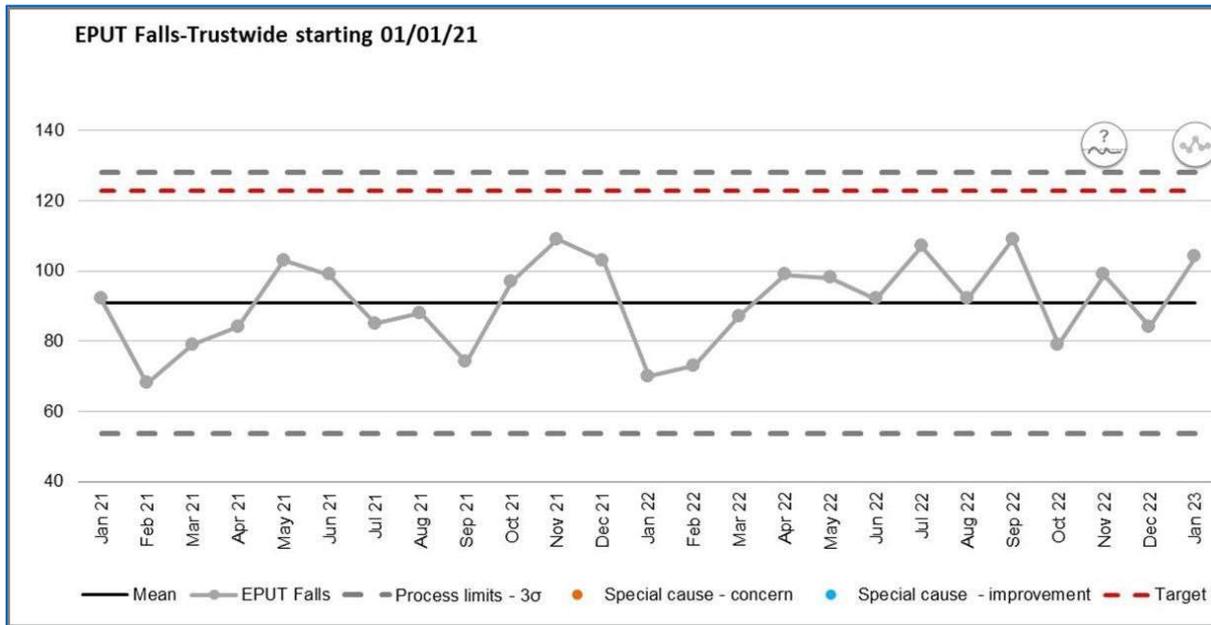
Pressure ulcers

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

How did we do?

- Patient falls across the Trust have remained at a consistent incidence when compared to 2021/22 baseline.
- There was some variation from month to month, but we have contained patient falls at a level that is below target.
- Reduction of in-patient head injury requiring admission to acute hospital - 2020-21= 28 people(2.66%) 2021-22= 3 people=(1.3%) 2022-23=0
- Our urgent care response teams have introduced technology to assist people who fall at home, preventing the need for an ambulance and transfer to hospital.
- 92% of our staff (555) who work in inpatient community hospitals have received training in preventing falls in hospital.
- Every ward has a falls dashboard so they can monitor their data and use it to support improvement.

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| Date | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| EPUT Falls | 79 | 84 | 103 | 99 | 85 | 88 | 74 | 97 | 109 | 103 | 70 | 73 | 87 | 99 | 98 | 92 | 107 | 92 | 109 | 79 | 99 | 87 | 103 | 72 | 89 |

Graph and table 1 – EPUT Falls Trustwide

| Variation | | | Assurance | | |
|--------------------------------------|---|---|--|--|--|
| | | | | | |
| Common Cause – no significant change | Special Cause or Concerning nature or higher pressure due to (H)igher or (L)ower values | Special Cause of improving nature of lower pressure due to (H)igher or (L)ower values | Variation indicates inconsistently hitting and passing and falling short of the target | Variation indicators consistently (P)assing the target | Variation Indicates consistently (F)alling short of the target |

Key

Pressure ulcers performance

There has been a marginal improvement in the reduction of category 1 and 2 pressure ulcers. Whilst we saw a drop in category 3 and 4, 2023/24 will focus on reducing the rate sustainably.

We have piloted a wound care app across five community teams to support a reduction in variation of care through consistent wound imagery and measurement using AI powered wound measurement. This enables proactive care and early intervention and thereafter prevention.

Testimonial - Senior Nurse Lead – Canvey

"The Adult Community Nursing team at Canvey, thrive on providing evidence based care for our service users.

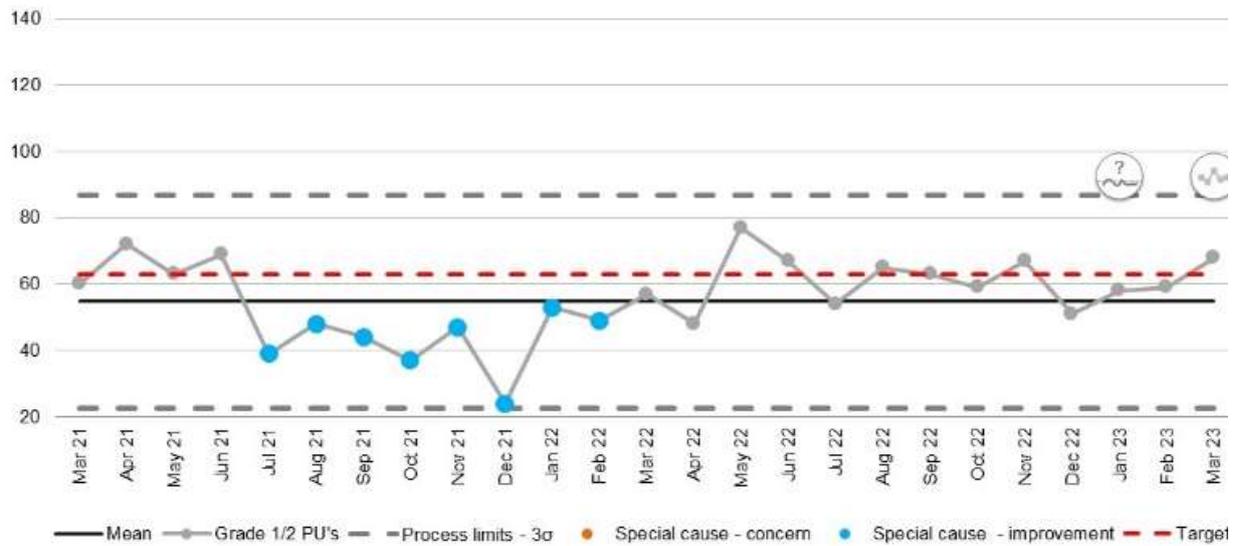
Having the opportunity to pilot Health.io digital wound care app, has enabled our team to incorporate the use of digital images in delivery of a holistic assessment for wound care, as set out within the National Wound Care Strategy Programme.

Community nurses are autonomous practitioners and we rely on having the adequate tools, for the best outcome for our service users. Since using the digital wound care app, this has enabled us to build rapport and work in collaboration with a variety of specialist services.

The digital wound app can also identify any wounds that remain stagnant or that have deteriorated. This feature enables me to review and assess, referring to the correct specialist if any further input is needed."

QUALITY ACCOUNT 2022-23

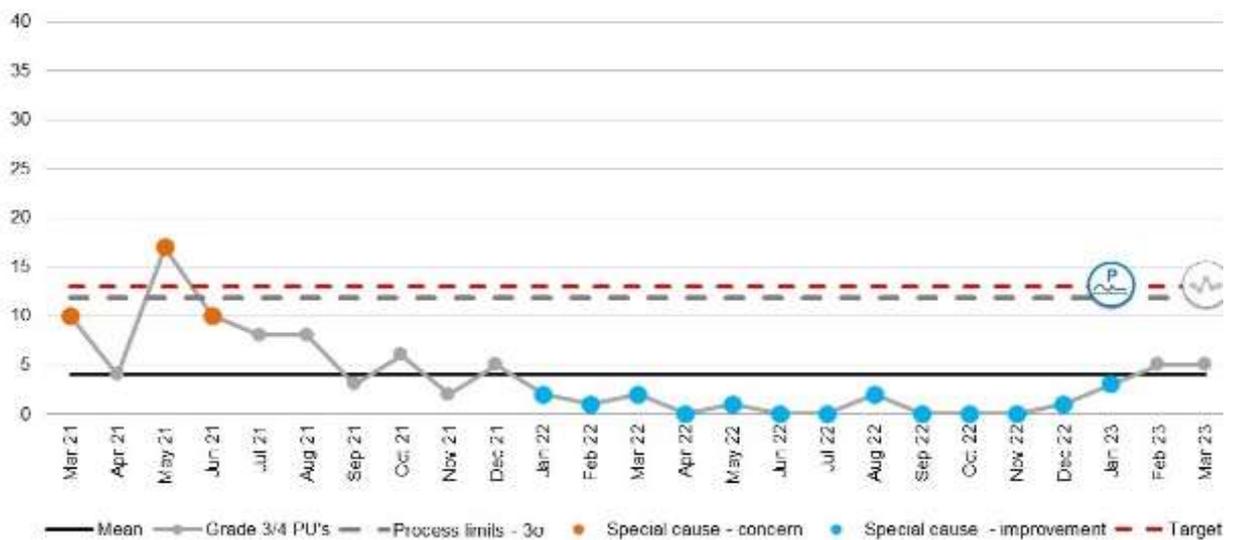
Reduction in Grade 1 & 2 Pressure Ulcers- Trustwide starting 01/03/21



| Date | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 |
|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Grade 1/2 PU's | 60 | 72 | 63 | 69 | 39 | 48 | 44 | 37 | 47 | 24 | 53 | 49 | 57 | 48 | 77 | 67 | 54 | 65 | 63 | 59 | 67 | 51 | 58 | 59 | 68 |

Graph and table 2 – Grade 1 & 2 Pressure Ulcers

Reduction in Grade 3 & 4 Pressure Ulcers- Trustwide starting 01/03/21



| Date | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 |
|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Grade 3/4 PU's | 4 | 17 | 10 | 8 | 8 | 3 | 6 | 2 | 5 | 2 | 1 | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 3 | 5 | 5 | 3 |

Graph and table 3 – Grade 3 & 4 Pressure Ulcers

Patient safety priority 2: To continue the delivery of the patient Safety Strategy (year 2)

Why was this a priority?

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

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

What were our targets?

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

- Reduce restrictive practices such as use of prone restraint, and physical restraint associated with self-harm
- Reduce the number of ligature incidents
- Reduce the number of incidents resulting in harm
- Implement clear, co-produced age-appropriate agreements on sexual safety standards across all wards
- Improve physical health management (see patient safety priority 1).

How did we do?

A full account of our progress in year 2 of our strategy is available on our

website at: epunt.nhs.uk

- After the introduction of our Safety Strategy, 'Safety First, Safety Always' in 2021, we entered into year 2 of the strategy with a specific focus on reducing restrictive practices and reducing the number of ligature incidents.
- At the end of the second year of the strategy we must recognise that while there has been progress there is more to do to build the confidence of patients, families and partners. It is also important that we reflect on the successes we have achieved with our patients, communities and partners.
- Our work has gained national recognition in some areas, including our national-award-winning apprenticeship in clinical psychology, which is helping to address the workforce challenges of the present and future.

Patients and families feel safe in our care

- We have continued to increase the number of lived experience ambassadors since 2021.
- We have commenced roll out of *iWantGreatCare* ensuring that the patient voice is heard, understood and acted upon.

"I think Oxehhealth makes us feel very safe on the ward." Mental health inpatients service user.

"This is the best ward I have been to. The environment is therapeutic. I would be happy to pay for my stay here." Mental health inpatients service user.

"The tide is finally changing. Thank you." Lived experience ambassador.

Stakeholders have confidence we are safe

"Our relationship with EPUT as a strategic partner has enabled us to ensure that patient voice is integral to all the decision-making." Healthwatch Essex.

"This was a very powerful and practical workforce initiative which hits the purpose of this award on the head." HSJ Awards judges' verdict, winner of the HSJ Awards Workforce Initiative of the Year.

- Safety Summits are bringing together partners to take a whole-system approach to safety, quality and improvement.
- The Great British Workplace Wellbeing Services with Wellity – Here For You service nominated for a national award.

No preventable deaths and a reduction in self-harm

- 80% of patients who have self-harmed said their urge to do so reduced as a result of a self-harm reduction pilot project.
- 94% of staff say that Oxehhealth enables them to identify incidents that they may not have known about.

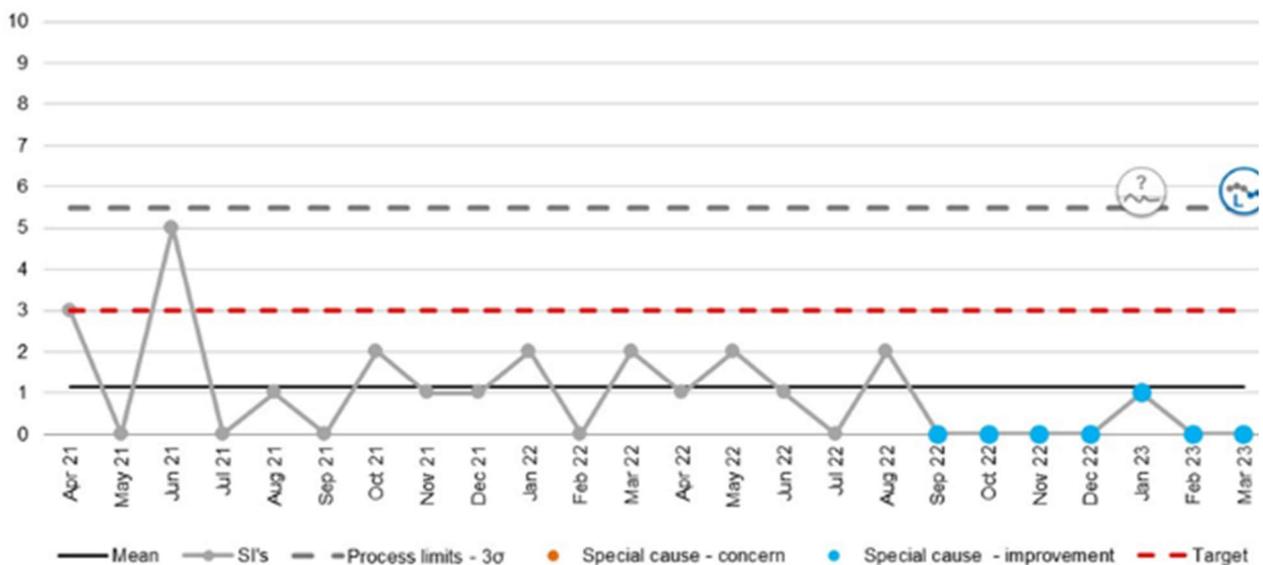
"It's good to know that Oxehhealth calls for help when you need it, but also when you don't think you need help." Mental health inpatients service user.

- Reviewed key themes for learning over a 20 year period. This information has helped to inform our work around preventable deaths and a reduction in self harm.

A reduction in patient safety incidents

- 80% reduction in seclusion incidents since November 2020.
- 95% reduction in use of prone restraints since January 2020.
- As an early adopter of the Patient Safety Incident Response Framework (PSIRF) we are embedding learning from patient safety incidents across the Trust and supporting other trusts with their implementation.
- 90% staff stated that Oxehhealth had enabled them to prevent a potential incident from occurring.

Reduction in Serious Incidents - Mental Health and Specialist starting 01/04/21



Graph 4 – Reduction in Serious Incidents

Introducing patient safety partners

EPUT has recruited five patient safety partners to support the Trust in achieving its Safety Strategy. They are the voice for patients, their families and carers. They gather and raise their concerns and views in the governance and management process to improve patient safety across EPUT.

Patient safety partners recognise the importance of involving patients, their families and carers in all aspects of healthcare. The partners support and challenge the Trust, acting as a critical friend to ensure that the diverse perspectives of patients, families and carers are fully represented. They will influence the future development of services from the point of view of service users.

The patient safety partners will conduct 'safety walk-arounds' to visit teams and talk with patients and carers to gather their views on safety.

Oxehealth

EPUT has collaborated with Oxehealth to implement a safety monitoring system on our wards. The Oxehealth system allows us to take remote measurements of patient vital signs, but is not a substitute for in person observations.

We have also been working together to develop an electronic observations feature with the objective of increasing the frequency and quality of inpatient observations.

Better and more frequent observations improve the safety and outcomes of our patients, including a reduction in falls and self-harm.

The system has been installed on 23 wards, five health-based places of safety and five sites with seclusion rooms.

A recent study at EPUT by Oxehealth showed that patients and staff have responded positively to Oxehealth.

Self-harm reduction pilot study

The aim of the pilot was to diminish

serious incidents (including self-harm and suicide attempts) relating to boredom by increasing recreational activities to provide daily structure for inpatient service users, freeing up clinical staff to increase therapeutic intervention offers, supporting patients in managing their self-harming behaviours and enhancing staff's skills.

Sensory modulation training was conducted, with rooms and resources available for our occupational therapy (OT) staff to carry out interventions.

Psychology have completed dialectical behavioural therapy (DBT) training and provided in-house training for ward staff on managing difficult behaviours associated with trauma.

Activity coordinators have been recruited on virtually all adult inpatient wards in the Trust, including weekends.

Positive patient outcomes:

- 100% of respondents reported they attend activities on the ward
- 40% attend an activity more than once a day and 26.7% attend at least once a day
- 62.5% have found the activities to be very helpful for their mental health. 37.5% found the activities helpful
- 68.8% felt there were enough activities on at the weekend
- 31.3% of respondents reported they currently self-harm or have previously used self-harm as a coping strategy. Of those, 60% found activities on the ward helpful in reducing urges to self-harm and 20% found the activities very helpful
- 40% reported that ward activities help to reduce the severity of self-harming and a further 40% reported the severity of self-harming has partly reduced.

Culture of learning

EPUT participated in the early adoption of the Patient Safety Incident Response Framework (PSIRF). PSIRF intends to reduce the likelihood of similar incidents recurring compared to the outgoing Serious Incident (SI) Framework.

This new approach acknowledges that outcomes are most impacted by processes and systems, the investigations therefore focus primarily on these areas. We have received positive feedback on incident investigations conducted under PSIRF with the coroner describing one report as 'exemplary'.

PSIRF encourages looking at incidents together in Safety Improvement Plans (SIPs) to find common themes rather than looking at incidents in isolation. The Trust also produces Immediate Safety Actions to respond to short term learning from incidents.

The SIPs that EPUT have developed will implement learning from incidents across the Trust, rather than just at the sites where the incidents occurred. We are currently providing other trusts with support for their PSIRF adoption based on our learning as an early adopter.

Learning from deaths

Learning from deaths and ensuring that we use this learning to inform future practice is a key part of strengthening our safety culture. In April 2022, the Trust implemented new processes to facilitate learning from the deaths of people receiving care.

The aim was to:

- Learn from our experiences of the previous policy
- Simplify our processes
- Ensure focus on learning outcomes
- Align with the PSIRF arrangements
- Embed robustly in every day operation of frontline clinical services.

Examples of actions that have been taken by local services in response to the learning identified from their stage 1 reviews include:

- Enhanced internal local team communication processes put in place
- Addition of a flag on the service clinical information system to denote when next of kin details have not been completed in the record to

ensure the clinician continues to seek this information in contacts with the client

- Sharing of learning with partner care providers
- Exploring how different teams involved can work together more effectively to support patients who are receiving community psychology and community mental health services.

Ligature risk reduction

A data-led, thematic investigation of ligature incidents helped us identify and mitigate risks for patients.

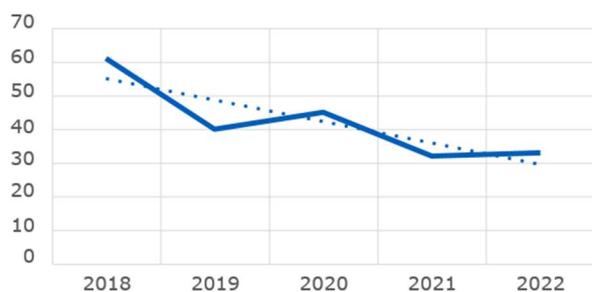
This analysis has been used to make improvements and interventions that have the biggest impact on safety. In particular, we expanded the focus of improvement work to include training and raising awareness of the policy. The evidence-led nature of this work was key, because it demonstrated the case for a shift in focus from the physical environment to policy, training, awareness and compliance.

Work on the estate has already seen a 30% reduction in fixed ligature points in 2022 compared to 2020. Our ambition is to remove all fixed points across all sites.

Work on training and policy is expected to further result in:

- A reduction in the number of overall ligatures
- A reduction in levels of harm associated with ligatures
- Improved staff wellbeing
- Reduction in incidents referring to policy and training issues.

The Trust has completed 32 ligature related estates projects since April 2022.



Graph 5 - Fixed-point ligatures per year

A key component of our Estates Improvement Plan has been a £12.5 million investment to eliminate the remaining dormitory accommodation at Basildon Mental Health unit, as recommended by the CQC.

The refurbishment includes the leading safety improvements available along with decoration that has also been carefully selected to improve mental wellbeing and encourage creativity. Throughout the design process, both service users and staff were instrumental in contributing to improving patient experience and providing a safer environment.

The project won the 'Best Patient Safety Initiative' category in the Building Better Healthcare Awards. It was also shortlisted as the 'Best Interior Design' and 'Best External Environment' categories.

The improvements have also received positive feedback from our service users:

"I feel so much safer already knowing I have my own room. Not having to share with other people will make such a difference to me and my recovery."

"This will make such a difference. Previously I shared with someone who liked the light on, and it meant I couldn't sleep properly."

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

Why was this a priority?

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

Nationally and locally, outcomes are increasingly important with a growing expectation for their introduction. Many

Trusts are embedding outcome measures into standard clinical practice. Outcome measures formed part of the 2022/23 CQUINs and GAS care planning provides a foundation for the future. In setting this priority, our aim was to provide electronic links and associated clinical dashboards for a range of GAS outcome measures over a two-year period, including Clinician Rated Outcome Measures (CROMS) and Patient Rated Outcome Measures (PROMS).

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

What was our target?

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

How did we do?

EPUT along with its local system partners want to have assurance that they are making a positive impact on people's lives and so we want to give treatment, care and support staff objective feedback on their performance. The people we work with also need to have a measure of their progress as part of their recovery.

Outcome measures were part of the 2022/23 CQUIN and will continue to be so for 2023/24, encompassing development and launch of two evidence based outcome measures and a Goal Attainment care plan with an integral outcome measure.

Over the past year we have undertaken the following actions to progress the launch of the new care plan and develop system operability:

- We undertook substantial engagement with staff through field testing the new care plan
- We have been arranging for patient groups from general services, children's services, learning disability services and forensics services to work with service users on their final design options once the platform is built
- We have been progressing the development of the system build on our electronic patient records systems (Paris, Mobius, SystemOne and EMIS)
- We are in the process of employing a senior clinical trainer, to work alongside the clinical trainer already in post, to roll out the required training to support the system. Training support is to be provided for a year, covering pre and post launch.

It was decided to defer the launch of the new care plan from 31/3/23 as originally planned. This is due to the fact that we were unsuccessful in our initial attempts to recruit the trainers required to support the launch of the care plan. The need to train and support staff before and after the launch was deemed critical to its successful implementation. In addition, there were a number of other major digital launches impacting on operational services in Q1 of 2023/24 and, as the timeframe of the launch of the care plan was a locally determined decision, it was agreed to phase in the new digital developments over a period of time. The target now is to launch the new care plan in September 2023.

As outlined when we set the priority last year, this was a two year plan – work to implement this will therefore be continuing into 2023/24, including the following actions:

- Continuation of the systems work required to enable this
- All staff will be re-trained and supported for 1 year covering pre-launch and post launch
- Policy and procedure will be reviewed and mandatory training on care planning and Care Programme Approach (CPA) will be reviewed

- Introduction of Family Group Conferencing, multi-agency forums and open dialogue will ensure patients are empowered, shared decision making is the norm and personalised approaches to care treatment and support are maximised.

A further update on progress will be provided in our Quality Account 2023/24.

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

Why was this a priority?

To improve our services we must listen and learn from the people that use them. We must also be demonstrating that we are listening and learning from the complaints and PALS queries. To do this we must look to use best practices around involvement and co-production, ensuring that we are doing what matters to the population we serve, on a needs basis, and addressing health inequality. Not only is there a national mandate to increase patient/ service user involvement to drive service transformation, co-production is also in legislation under the Care Act 2014. We must move to a model where service users are driving improvement through their lived experience, to ensure we continue to be patient centred and needs based.

What was our target?

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

How did we do?

Complaints handling

Pages 72-74 of this Quality Account outline our performance in terms of handling complaints over the past year. We have focussed on the feedback received from patient/service users of their experiences of the complaints process to redesign our approach. Further details are given in the paragraphs below.

Unfortunately, there was a slight reduction in the timeliness of closure of complaints with 89% of complaints closed within agreed timescale in 2022/23, set against 91% achieved in 2021/22. However it is anticipated that the new process will facilitate increased timeliness of closure.

Co-produced complaints process redesign

We conducted a significant co-production project to completely redesign our complaints process during 2022/23.

This was undertaken in conjunction with staff and service users/ families who had had experience of using the complaints process. The redesign process commenced at the end of 2021, with a survey of complainants and of staff who were complaint investigators.



The co-production process took place over a number of months, with the new policy being approved in the autumn and becoming operational from January 2023.

The aim of the redesign was to reduce delays and improve the outcome of complaints, ensuring that as an organisation we care, we learn, and we empower. The expected benefits of the new processes are:

- Better outcomes for people that use the service
- Improved experience for all those involved
- Capitalising the opportunities to learn as an organisation.

As part of the co-production process, the co-production team walked through the current end-to-end complaints process and listened to each other's lived experience from three different perspectives – a complainant, a complaint investigator and the complaints team. The team then agreed on key priorities and issues to use as the basis for the new processes.

The five key principles of the new process are:

- 1.** We are service user led and outcome focused
- 2.** Our approach is fair and accountable
- 3.** We communicate and respond in a timely manner
- 4.** Our staff feel supported
- 5.** We have a Just and Learning Culture

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To support delivery of the new process, the Trust has employed three complaints liaison officers whose role it is to:

- Make early and frequent contact with the patient/ service user, providing a single point of contact
- Establish issues/ desired outcome/ agree way forward for resolution/ expected timescales
- Oversee the end-to-end resolution process, focussed on outcomes.
- Wherever appropriate, encourage informal resolution of issues, and facilitate and oversee this process
- For formal complaints: conduct an impartial investigation and complete the Complaints Investigation Report, in collaboration with the service and the patient/ service user
- Draft the formal complaints response letter ready for approval (approved by complaints resolution manager and approved and signed by the service director)

- Identify lessons in collaboration with the patient/ service user and share with the Learning team.

We have set the following measures to assess our new process:

- Delays reduced significantly (evidence based)
- Our patients/ service users are happier with the outcome (satisfaction survey)
- We have KPIs to meet and measure against
- We can easily evidence trust wide learning from complaints
- Our staff are happier with the complaints process (satisfaction survey).

We are assuring the quality of our process for managing complaints as follows:

| PATIENT AND CARER ADVOCATES | EXECUTIVE TEAM | NON EXECUTIVE TEAM |
|---|---|---|
| We have a Patient and Carer Advocacy group that will provide quality assurance throughout the year on the process and output by reviewing anonymous case studies. | Regular reports will provide oversight and assurance to the Executive team that the service we provide is meeting the needs of those that use it and the organisation. CEO will continue to review formal complaint responses. | The non-executive directors will continue to audit, assure, and guide improvement through routinely checking the output from the process. |

A satisfaction survey is sent out as part of the new process to all users of the service. Since the launch of the new complaints process we have already seen an improvement in satisfaction and more positive feedback from complainants; together with fewer delays / extensions, with many issues being resolved more quickly due to earlier intervention. However, it is early days in the implementation of the new process and we do not yet have data to robustly quantify the level of improvement. A co-production session to review how the new process is performing is to be held in Q2 2023/24. An update will be included in the Quality Account 2023/24.

Patient led service improvement and involvement of people with lived and living experience

We are delighted that the involvement in all areas of the Trust for people with lived and living experience has increased significantly over the past year, with increasing examples of patient-led improvements and service transformation. In the last year, we have seen our Lived Experience team (made up of individuals who have had experience of

receiving care from EPUT, carers and family members) grow from 10 to 100. To date our Lived Experience team has co-produced, co-designed and led significant change activity across the Trust and were an integral part of the creation of our five year Strategic Plan. We aim to have lived experience at the heart of everything we do going forward. We now have a volunteer management platform for our volunteering and lived experience opportunities – at any one time we have at least 30 live activities and 100 different activity types. An example of one of our key lived experience roles developed over the past year is our patient safety partners who are playing a key role in the delivery of our Safety Strategy. Further information on these roles is detailed under Priority 2 above. Pages 75-76 of this Quality Account provide further details of the work undertaken and continuing to support the growth of lived experience involvement.

Virtual hospital service cares for patients in comfort of their own home

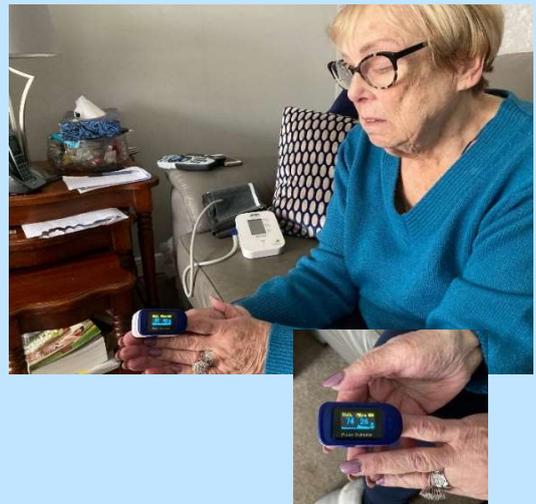
In December we launched a new virtual hospital service in west Essex, giving adults more choice around where they can receive care. The service allows patients with specific conditions to be cared for in the familiar surroundings of their own home, while being closely monitored and receiving tailored support to help their recovery.

Patients receive a mixture of face-to-face care and remote monitoring by a team including consultants, advanced clinical practitioners, nurses, therapists and pharmacists. They are also supported by other specialist teams and social care, depending on their individual needs.

Vanessa Wakefield, Deputy Director of the West Essex Care Coordination Centre, said: *"Our aim is to help people stay well at home so they do not need to go into hospital in the first place, help them stay independent and to recover faster."*

"We know many people prefer to be cared for at home if possible, so this enables them to be in familiar surroundings and with their family, with the reassurance of knowing they will be monitored closely and receive tailored support to help their recovery."

"Patients who have used our service have told us they appreciate the support and care they receive, and being given the choice to recover at home."



QUALITY IMPROVEMENT PRIORITIES FOR 2023/24

Information from a number of sources and consideration of national improvement plans and priorities has helped inform the Trust's priorities for 2023/24.

EPUT has been on a journey of improvement and we remain committed to driving forward quality change, to learn, listen and to innovate, so that we can deliver the

highest quality and safest care possible. As a Trust we are wholly committed to delivering this vision of making EPUT the safest possible organisation.

This is the agenda that drives everything we do and the evidence shows that is having a real, visible and measurable effect in the organisation. During 2023/24 we will develop a clinical quality strategy to support the Trust's five year Strategic Plan.

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

Why is this a priority?

EPUT provides community, mental health and rehabilitation services to a diverse range of patient groups including; older adults, people with mental illness, people with a learning disability and people with substance use disorder. All such populations frequently experience multiple health risks and co-morbidities in addition to their primary presenting conditions. Improving the physical health of our patients remains a priority for us at EPUT. We aim to build on the good work of the last year. Both nationally and within EPUT, Parity of Esteem between physical and mental healthcare is a key priority. It is well known that people with mental illness or substance use disorder have a life expectancy that is 15-20 years shorter than the general population, largely due to risks that can be modified by behaviour change or preventative medication.

What is our target?

Falls

- Reduce the number of falls resulting in moderate/severe harm in our inpatient areas
- Reduce the number of people who fall more than once on our wards.

Pressure ulcers

- Reduce the number of healthcare acquired pressure ulcers on our community inpatient units

In addition, people who use our services as an inpatient may be in danger of 'deconditioning' and losing their independence if their physical health deteriorates whilst in our care. This may lead to pressure ulcers caused by inactivity or they could experience a fall which may further deteriorate their physical health and in turn their mental health. The Board welcomed the results of the pilot study in the use of a digital wound app and has approved the investment for full roll out.

We aim to build on the good work we have already undertaken to reduce the number of falls further that occur in our care, to reduce the number of preventable pressure ulcers that occur in our care and increase the number of our patients with severe mental illness undergoing physical health checks, embedding data at ward level to drive improvement.

Lead Director

Natalie Hammond, Executive Nurse



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

Improve number of patients with SMI undergoing a physical health check

- Increase in the number of community patients with serious mental health conditions receiving their annual physical health check
- Increase the number of inpatients undergoing a physical health check on admission to inpatient mental health wards.

What will we do to improve our performance?

Falls

- Improve compliance with falls training.
- Continue roll out of assistive technology to minimise falling.
- Improve physical activity provision on the inpatient wards.

Pressure ulcers

- Use role-specific wound care training to upskill teams in recognising and treating patients with at risk pressure areas.
- Support the roll out of best practice pathways in wound care with a digital enabler to promote a multidisciplinary approach to wound care and monitoring.

Physical health checks

- Increase the capability of mental health community teams to undertake physical health checks with improved equipment and digital interoperability.
- Evaluate the 'physical health care clinic' pilot currently underway and, if there are positive outcomes, develop a plan to roll this initiative out across the Trust.

How will we measure and monitor our performance?

- Monitor number and severity of falls.
- Monitor number and severity of pressure ulcers.
- Monitor the performance of SMI health checks.

How and where will progress be reported?

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

Patient safety priority 2: 'Safety First, Safety Always' Strategy Implementation (Year 3)

We launched our patient Safety Strategy, 'Safety First, Safety Always', in 2021 with an ambition to provide the safest possible care for our patients. This commitment applies in all settings, whoever and wherever people receive our care. Our first and most vital priority was to set out and deliver improvements in inpatients care, so that patients and their families can feel assured that they will be well looked after and protected from harm whenever they are in our care. At the end of the second year of the strategy we must be humble and recognise that there is more to do to build the confidence of patients, families and partners. But it is also important that we reflect on and, where appropriate, celebrate the successes we have achieved with our staff, patients, communities and partners.

Pages 12-23 of this Quality Account give a summary of some of our key achievements against the Strategy over the past year. Staff across the Trust have shown extraordinary commitment throughout the pandemic and beyond and have given far more than could be asked of them. Against a backdrop of both unprecedented demand and workforce challenges, staff across the Trust have embraced the 'Safety First, Safety Always' message. Our work has gained national recognition in some areas, including our national award-winning apprenticeship in clinical psychology, which is helping to address the workforce challenges of the present and future. As we move into year 3 of the strategy, there is more to do and we look forward to doing this in collaboration with patients, carers, families and partners to make EPUT the safest possible organisation for delivering patient care.

Lead Director

Natalie Hammond, Executive Nurse

What are our targets?

As we enter the final year of the strategy, our focus will be on four priority areas:

1 - Patient voice in safety

Objective

Making sure that the patient voice is listened to, understood and acted on is key to embedding safe, good quality care throughout the organisation in all of our care settings.

Initiatives - we will:

- Grow our use of *IWantGreatCare* to enhance the quality, quantity and application of patient feedback to care practices
- Instil a culture of systematically capturing and embedding patient feedback in everything we do
- Further increase the number of people with lived experience engaged in our improvement work
- Increase the number of our patient safety partners, strengthening their voice and enhancing their role in safety and quality improvement.

2 - Creating a culture of safety

Objective

Embedding the highest professional standards to become a *Patient First* organisation.

Initiatives - we will:

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

3 - Data informed safety

Objective

Making the best use of data to inform decision making, oversight and continuous improvement.

Initiatives - we will:

- Review our business intelligence capability and develop a new future-state model
- Continue to develop the data that is collected and turn our data into insight to improve the quality of prioritisation and decision making
- Embed use of safety dashboard data from ward to board, ensuring staff are aware and use the dashboard to support quality improvement
- Develop a ward-level quality assurance framework that provides oversight and evidence on safety of care.

4 - Partnerships and safety

Objective

Building system partnerships and working ever more closely with colleagues to provide the safest possible care.

Initiatives - we will:

- Build on the work of our patient safety partners to co-design and co-produce services
- Use Quality Together to improve collaboration with ICBs and other system partners
- Deepen our partnership with primary care and the Police, to holistically support the care of patients with mental health issues
- Implement Mental Health Urgent Care department in Basildon
- Increase the presence and visibility of independent mental health advocates.

A narrative update of progress against the above aims will be included in our Quality Account 2023/24.

How and where will progress be reported?

Quality Committee 'Safety First, Safety Always' strategy report.

Clinical effectiveness priority: Reduce length of stay across inpatient mental health wards

Why is this a priority?

Reducing length of hospital stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay; so they can continue their recovery in the community.

Reducing length of stay in our mental health wards will also have a positive impact on system delays and reduce the need for out of area placements, ensuring that patients remain local to their support networks. It will require us to review not only our provision and processes in our inpatient areas but across the whole system, including our community provision.

Reducing length of stay should help reduce bed occupancy too, supporting safer flow and ward risk management.

Lead Director

Alex Green, Chief operating officer



What is our target?

To deliver the 10 high impact interventions aligned to the NHSE discharge challenge.

What will we do to improve our performance?

- Establish board level reporting and executive senior responsible officer

(SRO) level ownership with delegated responsibility of the discharge process at organisational and system level

- Streamline and align the referral process through a transfer of care hub (TOCH) that is aligned across all partners
- Identify people with complex discharge needs at admission and seek the engagement of the person, family, carers and multi-disciplinary team (MDT) (including appropriate health and non-health partners such as housing and DWP) within 24 hours of their admission to ensure a patient centred holistic approach to robust and sustainable discharge planning
- Create a rehabilitation plan within 24 hours of admission for everyone admitted to community rehabilitation bedded care and ensure it is reviewed and acted on
- Identify bedded capacity requirements by using a discharge pathway capacity and demand tool
- Plan workforce to enable people to be admitted and discharged evenly across seven days a week
- Ensure that all providers of NHS community beds are on boarded to the Community Discharge Situation Report (SITREP) and that discharge pathway 2 beds have equitable access to pathway 1 resources for discharge improvement
- Fully implement Community Criteria Led Discharge (CLD) and Criteria to Reside (CtR) processes across all beds in community hospitals
- Move the majority of discharges to earlier in the day – ensuring patients have the wrap around support needed
- Use personal health budgets (PHBs) and discharge grants or voluntary care sector (VCS) support to facilitate early discharge.

How will we measure and monitor our performance?

- Monthly measurement of occupancy levels across all inpatient wards
- Monthly average length of stay of patients by diagnosis

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- Out of area inpatient numbers reported weekly
- Bed occupancy rate reported monthly.

How and where will progress be reported?

- A sub-set of the metrics reported through the Accountability Framework is reviewed by the Board in the bi-monthly Integrated Performance Report.
- Change in system pressure would be monitored daily on operational SITREPS, and reflected in OPEL.
- Weekly consultant flow meetings.
- Monthly care group accountability framework meetings with the Executive directors.
- Three ICB Quality & Performance meetings.

Patient experience priority: Developing our lived experience and people participation capability across all services, from ward to board

Why is this a priority?

To improve our services we must collaborate with the people that use them through meaningful partnership working. We must be able to listen to, learn from, and empower the communities and people we serve to drive forward meaningful change together. To do this we must continue to grow the lived experience team, and increase the opportunities for people to participate in shared decision making in both service improvement and delivery. Furthermore, we must continue to develop the services that rely on the people and communities to contribute their time, effort, and expertise such as our faith services, and volunteer services. In addition to this, peer support has a vital part to play in the five year Strategic Plan, as a pivotal role in embedding lived and living experience across all of our services, and so we must ensure we have the proper

processes, systems, and support in place to empower and enable the development of these services. In partnership with the people and communities, we serve. What we do together matters.

Lead Director

Zephan Trent, Executive Director of Strategy, Transformation and Digital



What is our target?

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

What will we do to improve our performance?

- Develop and deliver the strategic plan for working with people and communities in line with the national guidance.
- Strengthen our partnerships with people (patients, families, and carers) and communities. This will involve close working with voluntary, community and social enterprises, across EPUT and all its services.
- Develop and deliver innovative solutions for peer support across EPUT's services including the pilot of new peer-support roles on our inpatient wards.
- Develop the corporate volunteer function and team. Introduce

volunteers across all services, adding value to everything we do, as an extension of our workforce.

- Develop our multi-faith service, ensuring patients and staff have their spiritual needs met.
- Develop our relationships with minority groups and networks across Essex, to establish a foundation for partnership working (co-production).
- Increase the number of lived experience ambassadors whom identify as a minority, or with a protected characteristics as per the Equality Act 2010.
- Work with the Lived Experience team to implement and develop the national frameworks to identify and address health inequalities, such as the Patient and Carer Race Equality Framework (PCREF), Equality Diversity System 2022 (EDS), The Accessible information Standard (AIS), and Patient Led Assessments of Care Environments (PLACE).
- Recruit a lived experience leader for the PCREF to help drive forward transformational change, addressing health inequality for racialized groups.
- Continue to change the culture of complaints and feedback by embedding our new complaints model which was redesigned with people who have complained about our services. Our new complaints liaison officers bring an increased focus on resolving and reducing experience issues in a meaningful and empathetic way.
- Increase the volume of feedback we receive through *iWantGreatCare* (IWGC), enabling our services to utilise experience data more effectively.

How will we measure and monitor our performance?

- Increase in lived experience ambassadors as part of our lived experience.
- Increase in lived experience roles across both service delivery and improvement.
- Increase in the use of IWGC and the volume of feedback left

across all services.

- Reduction in formal complaints, with improved satisfaction of those that use the complaints service.
- Marked uptake in the use of our multi-faith services.
- Increase in lived experience ambassadors who identify as a minority, or with a protected characteristics as per the Equality Act 2010.
- Demonstrable evidence of stronger relationships with minority groups and networks across Essex.
- Demonstrable evidence of co-produced improvement projects across EPUT services to improve access, experience, and outcomes for patients and carers whom identify as a minority, or with a protected characteristics as per the Equality Act 2010.
- Evidence of setting up at least two service user networks, or aligning with existing networks across partner organisations (i.e. Healthwatch and Essex County Council), to strengthen involvement for people who identify as a minority or with a protected characteristics as per the Equality Act 2010.
- Increase in the use of volunteers across all our services.
- Improvement across our services in the experience of care, improved rating of the trust and services through IWGC, fewer formal complaints, more positive feedback through IWGC, and compliments.

How and where will progress be reported?

- Quarterly report to the Patient and Carer Experience Steering Group
- Bi-annual to the Quality Committee
- Annual report to the Board of Directors.

MONITORING QUALITY

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

Our vision reflects our position as a provider of healthcare for local people and the wider population, and we provide care in many ways and locations. To deliver this ambition, we know that we will always seek to improve the healthcare we provide and we will be flexible and responsive to future demands so that we can make sure patients get great care when and where they need it. The quality (clinical governance) structure supporting the quality agenda (patient safety, experience and clinical effectiveness) is established across EPUT. The structure includes a range of subject matter groups which report through to the Quality Committee, an assurance committee of the Board of Directors.

The Quality Committee receives a bi-monthly assurance report covering the work of all sub-committees. The Quality Committee is then able to provide assurance to the Board of Directors, escalating any specific risks or issues. The Quality Committee received a patient/family story quarterly to provide real-life examples of the impact of the approach to clinical governance and to triangulate with reported metrics. The Trust has in place a Patient Safety Strategy 2020-23 which ensures there is a focus on safety as a key aspect of Clinical Governance and the development of a safety first culture. The strategy has been operational for two years and outcome measures are in place to ensure effective monitoring through an Executive Safety Oversight Group and then to the Board of Directors.

As part of developing a more integrated improvement-led delivery approach across the organisation, we would like to recognise the value and collective

expertise as part of Quality Together group that has been established within the organisation. The development of a joint working agreement between partners has provided a good opportunity to share people's thoughts using the national evidence-based practice from the National Quality Board and the guidance around ICB's, but also the layered approach that will develop in terms of the Quality Assurance Framework and the four elements that will inform the delivery framework. It is hoped that this will inform our ways of working across services at every level, working in partnership through integrated care systems, to embed a quality improvement method aligned with the NHS improvement approach and operational framework.

To support this the Trust has in place:

- Subject matter experts to provide support and guidance to clinical operational care groups
- Clinical audit programme to test clinical standards are being met, and action taken where improvements are identified
- Participation in relevant national audits and confidential enquiries.
- Process to disseminate new and revised NICE and best practice guidance
- Ward heat maps collating intelligence on a range of CQC metrics, and support is provided by the Compliance team should improvements be required.

The Trust has a designated resource in the form of a Performance Management Office tasked with assisting delivery of the patient Safety Strategy.

As a direct response to COVID-19, the Trust has in place an Infection Control Board Assurance Framework which is updated on a bi-monthly basis and reports to the Quality Committee.

STATEMENTS OF ASSURANCE FROM THE BOARD RELATING TO THE QUALITY OF RELEVANT HEALTH SERVICES PROVIDED

PROVIDED AND SUB-CONTRACTED SERVICES

During 2022/23, EPUT provided and/or sub-contracted 175 relevant health services. EPUT has reviewed all the data available to them on the quality of care in 175 of these relevant health services. The income generated by the relevant health services reviewed in 2022/23 represents 98% of the total income generated from the provision of relevant health services by EPUT for 2022/23. The remaining 2% is generated from trading, recharge and rental income activities.

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

PARTICIPATION IN CLINICAL AUDIT

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

During 2022/23, there were 13 national clinical audits and two national confidential enquiries that covered relevant health services that EPUT provides. During that period, EPUT participated in 100% of the national clinical audits and 100% of the national confidential enquiries, which the Trust was eligible to participate in.

The national clinical audits and national confidential enquiries are as follows:

- National Audit of Inpatient Falls (NAIF) - National Falls and Fragility Audit Programme (FFFAP)
- National Adult Diabetes Audit – National Diabetes Footcare Audit (NDFA)
- National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Pulmonary Rehabilitation – Organisational and Clinical Audit (NACAP)
- National Audit of Cardiac Rehabilitation (NACR)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Audit of Care at the End of Life (NACEL)
- National Paediatric Diabetes Audit
- UK Parkinson’s Audit
- National Clinical Audit of Psychosis - Early Intervention in Psychosis
- Prescribing Observatory for Mental Health (POMH-UK)
 - Topic 20b: Valproate prescribing in adult mental health services
 - Topic 21c: Use of Melatonin
 - Topic 7g: Monitoring of patients prescribed Lithium
 - Prescribing of anti-libidinal medication

National confidential enquiries:

- Mental Health Clinical Outcome Review Programme
- Child Health Clinical Outcome Review Programme

The national clinical audits and national confidential enquiries that EPUT participated in, and for which data collection was completed during 2022/23, 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. Where stated data collection is ongoing the submission for the period will be completed at the end of April 2023:

| National clinical audits | No. of cases submitted as a % of the number of registered cases required by the terms of the audit / enquiry |
|--|---|
| National Audit of Inpatient Falls - National Falls and Fragility Audit Programme | 100% of required cases had information provided to national organisers. |
| National Diabetes Foot Care Audit Round 8 2022/23 | Data collection is on-going |
| National Asthma and COPD Audit Programme (NACAP) | Data collection is on-going |
| National Audit of Cardiac Rehabilitation (NACR) 2022/23 | Data collection is on-going |
| National Sentinel Stroke National Audit Programme Round 10 2022/23 | Data collection is on-going |
| UK Parkinson's Audit | 100% of required cases had information provided to national organisers |
| National Paediatric Diabetes Audit | Data collection is on-going |
| National Audit of Care at the End of Life 3 | 100% of required cases had information provided to national organisers |
| National Clinical Audit of Psychosis (NCAP) - Early Intervention in Psychosis 2023 | Data collection is on-going |
| POMH-UK Topic 20b: Valproate prescribing in adult mental health services | 90% of required cases had information provided to national organisers, this was due to clinical pressures to enable full data collection. |
| POMH-UK Topic 21a: The use of Melatonin | 100% of required cases had information provided to national organisers |
| POMH-UK Topic 7g: Monitoring patients prescribed Lithium | Data collection is on-going |
| POMH-UK Topic Prescribing anti-libidinal medication | 100% of required cases had information provided to national organisers |
| Mental Health Clinical Outcome Review Programme | Data collection is on-going and continuous |
| Child Health Clinical Outcome Review Programme | Data collection is on-going and continuous |

The reports of 11 national clinical audits were reviewed by EPUT in 2022/23 and we intend to take the following actions to improve the quality of healthcare provided (examples of which are listed below).

National Audit of Cardiac Rehabilitation 2021-22

National report published: 03/10/2022

- Cardiac Rehab team have returned to face to face delivery of the cardiac rehabilitation programme.
- Local reporting schedule has changed from annually to quarterly to provide clinical leads with the opportunity to investigate issues earlier.
- Staff within the Cardiac team to receive appropriate training to deliver the Cardiac Rehab Programme.
- Assessment two is incorporated in the seven-week programme and completed on the last week of the programme.
- Continual participation in the ongoing national programme to improve service delivery.

National Asthma & COPD Audit Programme 2021-22

National report published: 14/07/2022

- Met all the national key performance indicators, discussion to be held with the ICB regarding growing the size of the team to develop the service further in line with the NHS 10 year plan.

National Clinical Audit on Psychosis Spotlight Audit 2021-22

National report published in two parts:

Employment: 09/12/2021

Physical health: 16/12/2021

- Supported employment programmes, communicated to teams to record in case notes the offer of supported employment programmes for patients with a diagnosis of psychosis or schizophrenia.
- Supported employment programmes, electronic patient record systems to have templates modified to record the information regarding employment or vocational advice.

- Alternative vocational and educational activities, communicated to teams to record the decision by the patient not to pursue mainstream education or training, and record offers of alternative educational or vocational activity within the case notes.
- Alternative vocational and educational activities, electronic patient record systems to have templates modified to record the information regarding employment or vocational advice
- Physical health monitoring: communicated to teams regarding the need to ensure annual general physical examinations are completed and recorded in the patient records.
- Physical health monitoring: communicated to teams to ensure tobacco, alcohol and substance misuse is recorded in the records along with family history of cardiovascular disease, hypertension and dyslipidaemia.
- Physical health monitoring: teams to allocate a physical health lead.
- Physical health monitoring: communicated to teams regarding the need to provide patients with a comprehensive health check annually, with appropriate follow up interventions.
- Physical health monitoring: communicated to teams, when an intervention is indicated, the team offer the appropriate support or complete a referral which is recorded in the records and in clinic letters.
- A review of the physical health monitoring tools available for patients of psychosis / schizophrenia.

National Audit of Dementia Memory Assessment Services Spotlight Audit 2021-22

National report published: 11/08/2022

- Teams to improve the record keeping.
- Teams to ensure the ethnicity of the patients is recorded appropriately.

POMH-UK Topic 19b Prescribing for Depression in Adult Mental Health Services

- *National report published: 31/05/2022*
- Discussion with transformation groups regarding the referral criteria for patients identified with depression for short-term management by primary care nurses and not Community Mental Health Team (CMHT).
- Care plans to document discussions regarding managing symptoms when discontinuing antidepressants, this has been communicated to the teams to ensure care plans are updated with how the information has been shared with the patient.
- For patients to receive an annual review of therapeutic response to medication, medication side effects, medication adherence and use of alcohol, substance misuse is clearly documented in the records. This has been communicated to all the medical teams as learning from the clinical audit.

National Audit of Early Interventions in Psychosis 2021-22

National report on employment published: 04/07/2022

- The team have a plan in place to review newly opened cases to ensure that they are labelled correctly on the system
- The two teams requiring improvement noted this was down to staffing issues. They are addressing this through changes in the service provision from other services to support the therapists, and adjusting work commitments to offer more Family Interventions (FI). The other team are reviewing caseloads and reoffering FI if families have not been offered any initially. The team are also putting in place home visits to reduce anxiety experienced in families.
- The one team not performing well with this standard links in other providers to offer support around employment. Team have started a case note review and adapting supervision templates for staff to ensure people are offered the correct programmes.

- The teams have reminded staff what the correct recording should be on the system. Another team are tackling the low score on physical health interventions with the new support worker for carrying out the physical health interventions. They have also purchased new equipment using money from the commissioners to carry out physical health checks.
- One team is providing additional carer evenings and support initiatives. Another team has received additional funding to recruit to posts and increase the size of the team and currently link in with another team to offer group sessions for carers. One team, recognising the need for a carers education programme, has staff dedicated to deliver this.
- One team is working to improve their performance of recording outcome measures by training new staff to ensure they are aware of the outcome indicator and what they need to do to assess to then record this information. This will be audited to evidence current position and can be used in supervision.

National Audit of Care at End of Life 3

National report published: 02/03/2022

- Face to face end of life training for ward staff.
- Deliver specialist palliative care training for medical and nursing staff.
- Discussion to have competency training in end of life mandatory training.
- Build on the feedback received regarding end of life care from families and carers using *iWantGreat Care*
- Review the evaluation forms.
- Continue to review compliments and complaints.

National Diabetes Footcare Audit (NDFA) round 5 & 6

National report published: 11/05/2022

- Establish better links with hospital services, by attending multi-disciplinary team meeting (face-to-

face/virtually) with Basildon hospital team and attend DFC to observe activity to ensure continuity of treatment.

- Review the NDFA measures via the dashboard when made available by the national team and to discuss within the team and audit department what is going well and what requires an improvement.

Sentinel Stroke National Audit Programme (SSNAP) round 8

National report published: 21/09/2021

- Explore recruitment of nurse in Early Supported Discharge (ESD) to cover various service gaps (medication management, general health and wellbeing, secondary prevention, continence, reduction of risk factors).
- Collate data for number of referrals into nursing services to support review of service provision.
- Offer patients the option of face to face, virtual or telephone clinics allowing the best option for them.

National Audit of Inpatient Falls 2020

National report published: 19/05/2021

- Flojacs and scoop stretchers to be distributed to 11 hospital sites in the Trust.
- Clinical staff are made aware of this equipment and where it is stored at their hospital site in the event that a patient falls and there is a query hip fracture.
- Flat lifting equipment training to be added to Electronic Staff Record (ESR) Workforce cascade manual handling link worker training and new staff induction manual handling training.

POMH UK Topic 14c Alcohol Detoxification

National report published: 03/12/2021

- Advise ward doctors that they should refer to the Formulary and Prescribing Guidelines - Section 10: management of alcohol dependency.
- Communication to all inpatient nursing teams to remind that breath alcohol is measured as part of initial assessment for alcohol detoxification.

(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).

The reports of 20 local clinical audits were reviewed by the provider in 2022/23, and EPUT plan to progress the following actions to improve the quality of healthcare provided (examples only are listed):

Seclusion and long term segregation (LTS)

- Communicate to re-enforce consistent adherence to Seclusion and LTS policy and procedure.
- Conduct limited 'spot check' of Seclusion and LTS episodes to assess improvement ahead of re-audit.

End of life (EOL)

- Obtain feedback from other stakeholders who support partnerships and multi-disciplinary team working by developing a questionnaire and evaluating the responses.
- Build on support for the integrated care systems across each locality setting.
- Work alongside system partners to support partnership approaches to care and co-production.
- Work within the integrated care system to support partnership training and approaches to care.
- Work with system partners to support knowledge of community needs.
- Explore mandatory training opportunity for competencies for all adult community staff in EOL care. This would provide a better understanding and confidence to staff delivering care. Preventing missed opportunities for patients and their loved one.
- Ensure that the training department do not turn staff away from end of life training if their other mandatory training is not updated, as these competencies are fundamental to

their care delivery.

- Consider developing e-learning module to support an update and included as mandatory training for all community and mental health areas caring for end of life care patients.

Do not attempt cardio pulmonary rehabilitation (DNACPR)

- All end of life templates support DNACPR on end of life templates. Ongoing education and training to support teams to use and record this effectively.
- Ongoing training opportunities for all staff to ensure DNACPR is included in end of life training so staff feel confident to have conversations and understanding of Mental Capacity Act (MCA) and best interest decisions as part of the end of life training.
- To work with system partners and hospices to deliver training and facilitate the competency framework.
- To ensure all DNACPR documents are reviewed for all patients admitted to community/mental health beds and services, will be included as part of the admission checklist/care plan.

Use of bedrails audit

- Complete re-audit in two years' time to ensure compliance with standards maintained.
- Review the condition of bed rails for one ward.

Post falls neurological observations

- Communicate the importance of undertaking falls risk assessments in adults of working age.
- Encourage the use of communication tool, SBARD when sharing information with ambulance staff for

timely transfer of unwell or at risk patients.

- Work with workforce development to potentially provide training on the use of neurological observation tools such as Glasgow Coma Scale.
- Work with workforce development regarding offering training on continence assessments.
- Recording of ACVPU Scale at all times highlighted as key learning shared through '5 Key Messages'.
- Recording respiratory rate at all times highlighted as key learning shared through '5 Key Messages'.

Naloxone: An audit on staff understanding and training, as well as the provision of naloxone

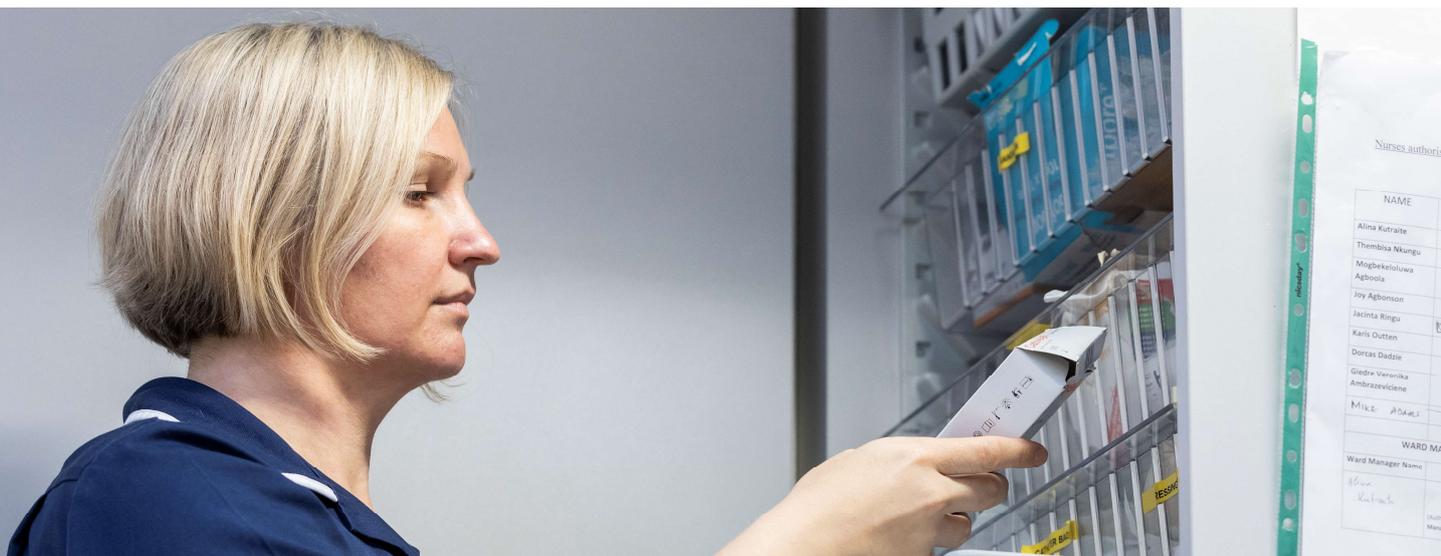
- Improve data capture process for the use of naloxone by staff through training staff on area to record on patient record.
- Refresher training for staff on the electronic patient record system.
- Communicate to the team regarding the mandatory requirement for providing naloxone to heroin injecting patients.
- Put a process in place to monitor staff training.

Handover

- Improvements included as part of the Time to Care programme.

Record keeping

- Share the findings of the record keeping audit within the teams.
- Spot check in areas where there was not full compliance such as consent, care plans and carer information.
- Staff are supported by supervisors to review the records.



PARTICIPATION IN CLINICAL RESEARCH

The number of patients receiving relevant health services provided or sub-contracted by EPUT in 2022/23 that were recruited during that period to participate in research studies approved by the Research Ethics Committee and the Health Research Authority (HRA) was 510.

This number of recruits was from participation in 27 research studies opened to participation at EPUT in 2022/23.

Research is at the heart of improving clinical treatments, care and outcomes for our patients. The last two years have shown just how vital research is to the nation in the fight against COVID-19.

Innovation in patient care is a Trust priority and involvement in clinical research demonstrated EPUT's commitment to improving clinical treatments, care and outcomes for our patients. By supporting research and innovation, our staff are actively working to improve the drugs and treatments offered to their patients and to improve healthcare in the future. Asking important research questions helps us to improve the quality of care we offer and contributes to the evidence base of healthcare both nationally and internationally. We continue to recognise the importance of investing in research and innovation; enabling our staff to learn and grow and our community to participate in healthcare improvement. EPUT remains committed to research and encourages our staff to ask curious questions to improve safety, patient experience and the way we organise our services based on evidence. To do this we undertake many kinds of research from large scale surveys, interventional, observational, commercial and non-commercial studies across Essex.

EPUT's commitment to innovation can be demonstrated through the establishment of the EPUT Lab which invites all employees to bring forward creative and innovative ideas that could enhance care

through digital solutions. The passion in our staff to use technology to improve care has led to the development of our digital strategy; the research team is a crucial part of this, ensuring new solutions draw on evidence and are also evaluated by robust evaluation methods. Innovation does not stop at digital, we are proud to partner with the Health Tech Enterprise (HTE) founded in 2004 by the Royal Papworth Hospital NHS Foundation Trust in Cambridge, UK, of which we are a member organisation. HTE has a unique understanding of the challenges, opportunities and needs of the NHS and other national and international healthcare providers. HTE work closely with our clinicians and clinicians worldwide, as well as the medical technology industry, universities and government organisations to turn innovative ideas into products and services that will benefit our patients.

While the pandemic has inevitably reduced the amount of research we have been able to do, the past year has seen us kick-start this again. We restarted a large percentage research portfolio in 2022/23 as well as opening new studies to ensure our patients have access to the latest research. The National Institute for Health and Care Research (NIHR) funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing, and promotes economic growth. EPUT continues to deliver on national research projects and agendas through its alignment with the NIHR Clinical Research Network (CRN) North Thames (NT).

To complement NIHR research projects, EPUT is working closely with the three regional ICSs of Suffolk and North East Essex (SNEE), Mid and South Essex (MSE) and Hertfordshire and West Essex (HWE) to build upon and develop research plans for future research partnerships and collaborative research strategies to meet the aspirations of evidence based care locally.

COVID-19 research has been at the forefront of studies during the past three years. Whilst the disease is now being managed within our regular healthcare services, research activity is still very much at the forefront of the NIHR research agenda specifically to address the ongoing and long term impacts on individuals and the wider society.

EPUT remains engaged in national COVID-19 research focus and have recruited to two studies in this area:

Sept 2022 – Feb 2023: MINDARISE MINDfulness And Response In Staff Engagers (NHS): A study that focuses on healthcare workers.

Before the COVID-19 pandemic, healthcare staff were already reported to be one of the most stressed workforces in the UK. Reports indicate that at least a quarter of staff are considering leaving their jobs. For those who remain, compassion-fatigue may be a growing problem. Thus, there is an urgent need to support healthcare staff with stress and related issues.

EPUT is delighted to be part of this study; we recognise the value of our workforce, we know that many staff already practice mindfulness or practiced mindfulness previously. What is not clear is how much they currently practice mindfulness (i.e. dose), if more practice is better (i.e. response), what helps/hinders practice, or if social identification with mindfulness groups has any relationship with engagement / outcomes. This study will test relationships between practice-dose and outcomes, and potential influencing factors, over time. 2000 healthcare staff with mindfulness experience will complete three online questionnaires at three-month intervals for six months.

With 70 recruiting sites over the six month recruitment period, EPUT were the highest recruiting site with 153 responses.

In January 2023 we commenced a randomised controlled trial (RCT) entitled LISTEN - Long COVID personalised self-management support evaluation.

Individuals with long COVID experience a wide variety of ongoing problems which can include tiredness and difficulty with everyday tasks and means they can struggle to return to their former lives. This is then made worse by uncertainty and a lack of understanding by some healthcare professionals.

The LISTEN team has worked with individuals living with long COVID to design a personalised support package including one to one support sessions and useful resources, to help others living with long COVID to self-manage their condition. The LISTEN trial will evaluate this new intervention compared to the usual care available in the NHS. We want to know whether this new intervention can help individuals with long COVID cope with the challenges they experience in everyday life. The study will run until November 2023.

Patient experience involvement in clinical research is one way we can deliver excellent patient experiences and outcomes. Many of our clinical specialities are engaged in research because we want to offer patients research opportunities as part of their care and believe that research activity helps to improve the effectiveness of our services. We invite all of our research participants to complete a patient research experience survey that has been developed by the NIHR for all Trusts to use. This helps us to make research better so that our patients have the best experience possible and helps us identify how we can improve our service. 26 of our research participants completed the survey in 2022/23 which is a low response but an increase on previous years.

Here is just some of the feedback received:

“The research team gave me lots of information and were very kind and had patience to explain things.”

“It was positive that I knew that there was someone trying to help me.”

“Taking part in something that might make a difference to early diagnosis and treatment.”

As part of our vision 'to be the leading health and wellbeing service in the provision of mental health and community care' we recognise the crucial role research plays. Therefore we are encouraging and supporting staff to pursue clinical academic career pathways. To date the research department are actively working with and supporting a number of funding applications. Two staff members have already been successful at gaining a research award in 2022. The first was our Musculoskeletal lead physiotherapist and allied health professional research lead who was awarded the HEE/NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship 2022; funding awarded for a two year programme. The second was our specialist personality disorder and complex needs service user network manager and facilitator who was successful in gaining an 18 month NIHR ARC Mental Health Research Fellowship.

13 services users were interviewed about their experiences of being a part of the study. Based on the data, service users experienced three main things, a sense of identity, learning and growth and being part of a community which all had a positive contribution on their quality of life. Participants reported improvement in their confidence, self-esteem and self-management of difficulties such as distress tolerance.

Participant's comments:

"Being part of your group always gives that sense of support, even though I may not always attend it is my sense of having people that understands, and I'm so grateful."

"I don't feel the need to attend anymore as I'm feeling better and more under control. Thank you very much for the help you've brought I appreciate you so much."

"Thank you so much for all the effort and hard work and that of your team put into making our SUN gathering a great success. We are such a unique group, and you were instrumental in drawing us all together. Thank you so much."

"Thank you and thanks so much for the groups so far! I have learnt so much already and have used the skills when in crisis these past few months."

"I think the meeting today went really well. I'm looking forward to being a part of all the positive changes that are being made"

In addition to these individuals, 2022 saw some exciting collaborations with a number of our academic partners not least with the newly formed Medical School at Anglia Ruskin University (ARU). On 8 September 2022 EPUT and ARU hosted a joint conference on Mental Health and Wellbeing: Strengthening Partnerships, held at the ARU (Chelmsford) School of Medicine.

The conference was opened on the day by Professor Sheila Salmon, Chair of EPUT and hosted throughout by Professor Barbara Pierscionek, Deputy Dean, Research & Innovation, Faculty of Health, Medicine, Education and Social Care, ARU. This conference has strengthened established working partnerships with EPUT, providing research methodology to support the Digital Health Innovation Hub and working directly with academics across the ARU campuses to collaborate on developing new studies in the field of mental health.

A key foundation stone for developing research activity is the involvement and engagement of junior staff and trainees in service evaluation, service improvement and case studies. The research department at EPUT have actively engaged and supported staff in the undertaking of 29 service evaluations in 2022/23. Upon completion of these pieces of work often a publication is submitted or a poster presentation accepted at a conference.

HEAT - A healthy eating programme: implementation of traffic light system on food sold at Brockfield House Medium Secure unit to help improve healthy food options.

Summary of project:

Increased Body Mass Index (BMI) and metabolic syndrome are well known contributory factors leading to adverse physical health consequences. In a report by the UK Health Security Agency (formerly Public Health England) published in 2017, obesity amongst patients in Secure Mental Health units was a feature. A key finding of the review was that not only are obesity and an increased BMI more prevalent in patients who were detained within mental health secure units (with rates up to 80% reported) compared to the general population (around 60%), patients appear to be more at risk of weight gain when detained. The report found evidence that there is high risk of weight gain following admission, stemming from the combined effects of incarceration, ease of access to high calorific food, and the potential of lack of access to recommended levels of physical activity.

The above factors have been historically evident in secure inpatient services, not least due to the requirement for containment and physical security measures. The report notes that patients in secure services often have long periods of admission. There is evidence of a high rate of new onset metabolic syndrome and new onset biochemical abnormalities indicating pathologies such as diabetes, hyperlipidaemia, and others.

Following successful submission of the project abstract, a poster was produced and presented by Dr Ngozi Agunwamba and Dr Lorna Almond at three conferences:

- The International Association of Forensic Mental Health Services conference in Berlin
- The European Psychiatry Association



Psychopharmacological treatment of delirium in patients who are COVID-19+.

*By: Ho DK, Fagiolini A et al.
Journal of Clinical Psychiatry and Neuroscience. 2020, vol 3 Issue 2*

Summary of project:

Since the World Health Organization declared COVID-19 as a pandemic in March 2020, there have been more than 558 million confirmed cases and 6.3 million deaths worldwide. A significant proportion of patients who are severely ill are elderly, and a considerable number of patients will require treatment in Intensive Care units. Both these scenarios lead to an increased probability of delirium occurring. Delirium can be extremely distressing for patients, many of whom are already experiencing significant anxiety as a result of respiratory difficulties, and it can also inadvertently place undue burden on healthcare staff. This article provides practical clinical information and experience from Italy, which was the epicentre of COVID-19 in Europe at the start of the pandemic, to manage patients presenting with delirium and/or psychosis. It does not include a review of latest research since that time.

Following successful submission of the publication, a poster was accepted for display at The World Congress of Psychiatry Conference (2022).

Family Group Conferencing (FGC).

In November 2022 EPUT saw the start of an exciting new research collaboration with the University of Birmingham having been awarded an NIHR Health Services and Delivery Research Programme funding.

The project is entitled Family Group Conferencing (FGC) in adult social care and mental health: exploring how it works and what difference it can make in people's lives. EPUT is one of only three sites within the UK where there is an established FGC service for adults and/or mental health (where the model is properly bedded in and been running for some years) and where the referral rate is sufficient in order to facilitate recruitment of the research studies target numbers within a six months recruitment window; hence our involvement in this novel piece of research. The project will run until August 2025.

February 2023 saw the completion of EPUT's participation as the second highest recruiting site out of 13 UK sites to a dementia priority study entitled - 'A parallel multi-centre randomised controlled trial (RCT) to determine the clinical and cost-effectiveness of DREAMS START (Dementia RElATED Manual for Sleep; STRategies for RelaTives) for people living with dementia and their carers'.

Our research portfolio for 2022/23 continues to include the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Since the start of the project in 2017 EPUT has recruited a total of 264 participants into this critically important study.

| | Total participant recruitment and studies | | | | | |
|---------------------------------------|--|---------|---------|---------|---------|---------|
| | 2022/23 | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 |
| Total participants | 510 | 965 | 582 | 660 | 957 | 1030 |
| Patient participants | 350 | 550 | 540 | 649 | 508 | 355 |
| Staff participants | 160 | 415 | 42 | 11 | 449 | 675 |
| Number of recruiting studies per year | 27 | 24 | 12 | 25 | 26 | 26 |

Table 4 – Participant recruitment

Improving mental health support for military veterans

EPUT is leading a collaborative approach to improve mental health support for armed forces personnel and veterans across East Anglia.



Over the last five years, Op Courage has helped more than 22,500 veterans and personnel across England who are approaching discharge from the armed forces. During that time, EPUT provided initial assessments and referred people for therapy or other services, and worked with our partners to deliver the Op Courage service.

Op Courage has now expanded and the Trust is leading a partnership with Norfolk and Suffolk NHS Foundation Trust, St Andrew's Healthcare, Mental Health Matters and military charities The Warrior Programme and Walking with the Wounded to increase support for veterans, those in transition from the armed forces and their loved ones. The expanded team include experts working in psychiatry, psychology, occupational therapy, and employment, as well as support workers and mental health nurses. All either have a military background or experience of working with people in the armed forces and provide treatment and support for problems including complex post-traumatic stress disorder and substance and alcohol misuse.

David Powell, our Armed Forces Champion and Regional Lead for Military and Veterans, said: "We are rightly proud of our commitment to the armed forces community. As a Veteran Aware Trust and also the holder of gold accreditation from the Ministry of Defence Employment Recognition Scheme, our services are highlighted as an exemplar of good practice."

USE OF THE COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) PAYMENT FRAMEWORK

EPUT's income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework. The CQUIN programme has however resumed in 2022/23 following the COVID-19 pandemic, acknowledgement that recovery following the pandemic was required, a focus on quality measurements without financial penalties was agreed.

EPUT's dedication to continually improving the safety and quality of their services endures, with all staff showing commitment to adapt and develop services to meet national quality targets.

This year's CQUIN programme included:

- Staff flu vaccinations
- Cirrhosis and fibrosis tests for alcohol dependent patients
- Routine outcome monitoring in child and young people's mental health services (CYPMH) and perinatal mental health services (PMH)
- Routine outcome monitoring in community mental health services
- Use of anxiety disorder specific measures in Improving Access to Psychological Therapies (IAPT)
- Biopsychosocial assessments by mental health liaison services
- Malnutrition screening in the community
- Assessment, diagnosis and treatment of lower leg wounds
- Assessment and documentation of pressure ulcer risk
- Delivery of formulation within six weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYMPH settings
- Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings
- Outcome measurement in perinatal inpatient services.

Each CQUIN has been regularly reviewed in collaboration with commissioning colleagues to ensure services are delivered at the best quality. With Q4 concluding, the delivery against CQUIN targets will be reviewed and confirmed. However it is felt that services are on track to deliver within the target range and have created a good foundation for next year's programme.

Using digital technology to enhance patient care

Wound care specialists from our district nursing team on Canvey Island have been using digital technology to enhance care for patients with pressure ulcers and other wounds. Community nurses are using Minute4Wound, an app which enables clinicians to measure, assess and monitor wounds and build comprehensive 3D wound scans using a smartphone.

The app helps ensure wounds and measurements are recorded clearly and accurately, which helps colleagues monitor any changes or spot warning signs.

Rosina Worf, Senior Lead Nurse and District Nurse Specialist at EPUT, said: *"We are always keen to explore new innovations to enhance patient care. Using the detailed information the app provides, senior nurses and specialist teams can ensure appropriate treatment and support is in place at the right time to quicken the healing process."*



HOW HEALTHCARE IS REGULATED

Inspections by the Care Quality Commission (CQC)

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 a registered manager for each site
- A stated maximum of 35 beds to be provided by the service at each site.

The Care Quality Commission has taken enforcement action against EPUT during 2022/23.

The Care Quality Commission issued EPUT with a Section 29A Warning Notice on 30 October 2022. The Trust met the CQC timeline for taking action in response to the Warning Notice.

EPUT has not participated in any special reviews or investigations by the CQC during 2022/23.

The Care Quality Commission undertook inspections and a well led review during 2022/2023:

CAMHS April 2022

The CQC undertook an unannounced focused inspection of our Child and Adolescent Mental Health service (CAMHS) on 28 April 2022. This visit was a follow up to the conditions placed on the Trust's registration, after the CQC previous inspection during 2021/22. Following the inspection the CQC reported that improvements had been made and, as result of this, the previously imposed conditions set by the CQC were removed. Following the inspection, the final report was published on 29 July 2022 and the CQC re-rated our CAMHS service from 'Inadequate' to 'Requires Improvement'.

Galleywood ward & Willow ward October 2022

During October 2022, following high profile media coverage, the Care Quality Commission carried out an unannounced responsive inspection at two adult acute mental health wards, Galleywood ward and Willow ward. The Care Quality Commission issued a warning notice under Section 29A of the Health and Social Care Act 2008 on 30 October 2022, setting out six areas for immediate action by 18 November 2022:

- Patient observations
- Sufficient numbers of regular staff
- Consent for Oxehealth
- Access to gardens, bedrooms, bathrooms and toilets
- Incident reporting
- Ligature cutter accessibility.

The Trust took immediate action following receipt of the CQC letter and responded with assurance to the CQC confirming action taken. The final inspection report was published by the CQC on 3 April 2023 and the CQC re-rated the safety domain for acute wards for adults of working age and psychiatric intensive care units from 'Requires improvement' to 'Inadequate'.

Comprehensive Inspection November 2022

The CQC undertook an unannounced core service inspection over a three day period, commencing 22 November 2022, of the following six core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Mental health crisis services and health-based places of safety
- Substance misuses services; and
- Community-based mental health services for adults of working age.

QUALITY ACCOUNT 2022-23

The Trust is awaiting the final report from the CQC, following this inspection.

CQC Well Led Inspection January 2023

The CQC completed a Well Led inspection of the Trust from Monday 16 January, continuing until Friday 27 January 2023. The Trust is awaiting the draft feedback report from the CQC, following this inspection.

Overall Trust quality ratings from the CQC

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



NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

EPUT submitted records during 2022/23 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 (April 22-December 22):

- 99.5% for admitted patient care
- 100% for outpatient care
- N/A for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was (April 2022-December 2022):

- 95.6% for admitted patient care
- 100% for outpatient care
- N/A for accident and emergency care.

INFORMATION GOVERNANCE TOOLKIT ATTAINMENT LEVELS

EPUT's Information Governance Data Security and Protection Toolkit (DSPT) overall score for 2021/22 was graded 'Standards Met'.

The baseline submission is returned to inform NHS Digital that the Trust intends to undertake the DSPT for 2022/23. The final submission (in June) will publish the Trust's compliance with the National Data Guardians Data Security Standards.

CLINICAL CODING

EPUT was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission*.

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

DATA QUALITY

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

- The Trust developed and signed off a new digital strategy identifying key digital schemes and initiatives to drive service engagement, efficiencies and patient safety
- The deployment of the Oxehhealth Oxevision technology on our wards to help clinicians plan, care and intervene proactively has been a huge success and business cases are being presented for deployment across all wards in EPUT
- EPUT is leading on an ICS cyber maturity model. Working with all members of Mid and South Essex (MSE) ICS, this scheme will enable the wider system to reach a common cyber security baseline, support collaboration and drive efficiencies in both cost and resource
- The new electronic observations tool (e-obs) trial for use in mental health inpatient settings has gone well – this tool will enable safer and more efficient patient observations. A business case is being presented to a) roll out to existing wards with Oxevision and b) deploy to all other wards alongside the Oxehhealth expansion programme
- EPUT is driving an initiative to establish a single Wi-Fi network across MSE ICS. This will be a significant step towards enabling closer collaboration and integrated working. Progress is very positive and all partner organisations are on board and working to a common goal
- EPUT's interoperability solution Health Information Exchange (HIE) continues to grow in capability and data richness, on-boarding more patient data from more source systems i.e. health and social care partners to present in a clear unified record in a clinical viewer to support clinical decision making. Data shows over the past four years that this data has almost doubled year on year.

Allied health professionals (AHPs) and learning disabilities

In June 2022 EPUT presented two initiatives at the Chief Allied Health Professions Officer (CAHPO) conference.

Heidi Cox, Senior Student Education Facilitator for Allied Health Professions, presented on our student Buddy Scheme. The scheme allows students in NHS mental health services to have one to one conversations with people with mental health conditions, service users, and carers to learn about their experiences, and ask questions. The volunteers may discuss topics such as how their condition affects their relationships, stigma in the media and society, or their experience of accessing support. Volunteers may also discuss instances where staff have provided good care, and occasions where this could have been improved.

The conference also heard from Glenn Westrop, Chief Allied Health Professional, and Amy Poole, Head of Patient Experience, on how we are working with people with learning disabilities and autism to co-produce our services.

Regular focus groups occur which are open to anyone with a learning disability, autism, or both, as well as carers and people working in the charity or voluntary sector.

At the meetings, participants are asked about how they have found accessing EPUT's services. We listen to their experiences and then take action based on what we have learnt in order to improve our services.

Topics which have been discussed so far include reasonable adjustments, hospital passports, and how we can upskill staff to engage better with people with autism.

CLINICAL EFFECTIVENESS

Learning from deaths

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

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

'National Guidance on Learning from Deaths - A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care' was published by the NHS National Quality Board in March 2017 and set out guidance for trusts in terms of approaches to reviewing mortality, learning from deaths, and reporting information. Its aim was to help initiate a standardised approach that would evolve as national and local learning in respect of mortality review approaches increased. A fundamental review of the processes within the Trust for learning from deaths was undertaken in the latter part of 2021/22 and new processes were put in place from 1 April 2022. These continue to be based on national guidance but build on our experiences of mortality review since the implementation of the original policy in 2017.

The new arrangements simplify previous mortality review processes, strengthen the focus on learning outcomes, move ownership closer to front line services and directly align with the Patient Safety Incident Response Framework arrangements.

Under the new arrangements, an initial review ("Stage 1 review") of every death falling within the scope of the arrangements is undertaken by the local clinical service lead. The aim of this review is to identify any immediate learning and to identify any deaths that should be referred for a more detailed Clinical Case Note Review by a senior clinician not involved in the care of the patient ("Stage 2 review").

By the end of Q3, 250 Stage 1 reviews had been undertaken by clinical services and to date 16 Stage 2 reviews have been completed and approved. These reviews are providing the Trust with valuable learning.

Where deaths meet the criteria for a Patient Safety Incident Response Framework (PSIRF) review, an appropriate review / investigation is undertaken utilising the PSIRF methodology. This is referred to as a Stage 3 review in the Learning from Deaths arrangements.

The following section provides data in relation to the review of deaths as well as some examples of learning and actions we have taken as a result.

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

Please note:

Figures reflect Q1 - Q3 of 2022/23. Information in relation to Q4 is not available to the Board of Directors until June each year; Q4 data from 2021/22 is, therefore, included in this report for completeness (covered by the previous Mortality Review Policy), and Q4 data for 2022/23 will be included in next year's Quality Account. The figures contained in this section of the Quality Account are consistent with the agreed approach for reporting quarterly information to the Board of Directors and data as at 7 February 2023.

Explanatory notes:

The Trust's Learning from Deaths Policy (effective from 1 April 2022) defines deaths 'in scope' as all deaths:

- That have occurred within our inpatient services (this includes mental health, community health and learning disability inpatient facilities)
- In a community setting of patients/service users with recorded learning disabilities or autism
- Meeting the criteria for consideration under the Patient Safety Incident Response Framework, both the nationally and locally determined categories
- Any other deaths of patients in receipt of EPUT services not covered by the above that meet the national guidance criteria for a Stage 2 Clinical Case Note Review. These deaths will be any deaths where:
 - Family, carers or staff have raised concern about the care provided
 - The death was unexpected and the individual:
 - had a diagnosis of psychosis (including schizophrenia, bi-polar, episode of non-organic psychosis, personality disorder, complex and severe depression) or eating disorder during the last episode of care
 - was an inpatient at the time of death or had been discharged from EPUT inpatient care within the last 30 days
 - was under the care of a Crisis Resolution Home Treatment team at the time of death.

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

During the reporting period Q4 2021/22 to Q3 2022/23, 243 EPUT patients in scope of the Learning from Deaths arrangements died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

| Reporting period | Number |
|-------------------|--------|
| Q4 2021/22 | 54 |
| Q1 2022/23 | 60 |
| Q2 2022/23 | 61 |
| Q3 2022/23 | 68 |

Table 6 - Number of patient deaths

Number of deaths 'in scope' for mortality review subjected to case record review/investigation (National Guidance reference 27.2) Q4 data:

By 7 February 2023, two Grade 2 case record reviews and 14 Grade 4 investigations (serious incident/PSIRF) have been carried out in relation to 16 of the deaths included in item 27.1 above.

Q1-Q3 data

By 7 February 2023, 16 Stage 2 case record reviews and 18 Stage 3 PSIRF investigations have been carried out in relation to 34 of the deaths included in item 27.1. In addition to the above, 42 Stage 2 case record reviews and 21 Stage 3 Patient Safety Incident Response Framework investigations are in progress.

In zero cases, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

| Reporting period | Number |
|-------------------|------------------------------|
| Q4 2021/22 | 22 (of which 6 in progress) |
| Q1 2022/23 | 34 (of which 15 in progress) |
| Q2 2022/23 | 39 (of which 24 in progress) |
| Q3 2022/23 | 18 (all in progress) |

Table 7 - Number of case record review or investigations

Explanatory notes: 2021/22 data

For the full year 2021/22 the following reviews had taken place by 7 February 2023: two Grade 2 case record reviews and 50 Grade 4 PSIRF investigations reflecting 52 of the 195 deaths in 2021/22. In addition, six Grade 2 case record reviews are in progress (as part of a thematic review) and five Grade 4 PSIRF investigations are in progress.

- 121 closed reviews at Grade 1 (do not fall within the category of case record reviews / investigations)
- 52 closed reviews at Grade 2-4 (case record review/investigation)
- 11 reviews in progress at Grade 2-4 (case record review/investigation)
- 11 final grade of review still under determination
- Total = 195 deaths.

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

3 deaths, representing 5% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patients/service users.

In relation to each quarter, this consisted of:

| Reporting Period | Number and % of deaths in each quarter given in item 27.1 |
|------------------|---|
| Q4 2021/22 | 0, representing 0% |
| Q1 2022/23 | 3, representing 5% |
| Q2 2022/23 | 0, representing 0% |
| Q3 2022/23 | 0, representing 0% |

Table 8 – Number and % of deaths

Explanatory notes:

For the full year 2021/22, 22 reviews are still in progress or awaiting judgement in terms of problems in care at the date of preparing this information.

For Q1-Q3 2022/23, 150 reviews are still in progress or awaiting judgement in terms of problems in care at the date of preparing this information.

The above judgements use a tool designed locally by the Trust, based on the structured judgement review tool / methodology published by the Royal College of Psychiatrists in November 2018.

It should be noted that the methodology of the national Patient Safety Incident Response Framework (PSIRF) reviews focuses on quality learning outcomes and no “score” or determination in terms of likelihood of problems in care was therefore assigned for these reviews in Q4 2021/22.

However a local methodology has been introduced within EPUT from 1 April 2022 to facilitate this determination. The outcomes for Q1 – Q3 2022/23 are therefore detailed above / below.

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

1. Care plans must be clear and concise and when agreeing the level of contact a patient will receive, it is vital that community teams adhere to the agreed contact and timescales. If this is not possible, or changes are required, this needs to be clearly communicated and recorded appropriately.
2. When patients are difficult to engage there needs to be clear actions detailing the steps taken to encourage engagement. If the

patient has identified a relative who they would like to be involved in the care and care planning, this should be clearly documented in the care plan and case notes.

3. When an appointment has been made by a practitioner to meet with the patient, if the practitioner is then absent from work, another member of the team must make contact with the patient and notify them accordingly.
4. There was a delay in medication arriving from pharmacy when ordered by the Home First team and the potential for medication from the EPUT pharmacy to be delivered more promptly to the Home First team should be explored.
5. Issues relating to record keeping including ensuring appointments and opt-in letters are appropriately documented in the patient's notes; multi-disciplinary team (MDT) meeting outcomes should be documented including RAG rating decision, outcome and action; and MDT meeting outcomes should be sent to patients to update them.
6. Urgent medication reviews with a consultant, when a medication review is required by specialist rather than at GP level, should have a set time frame to avoid prescriptions being delayed.
7. Support from dual diagnosis workers should be sought where mental health and drug and alcohol issues are present.

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

1. The learning was shared with the involved service(s), via the Trust's Learning Collaborative Partnership and care group Quality & Safety meetings. Care planning will form part of the Record Keeping Safety Improvement Plan (see point 5 below) and learning will be reflected in this.
2. The Trust has identified disengagement as one of the areas of focus for the Trust Safety Improvement Plans – learning will

therefore be reflected in the development of the Safety Improvement Plan.

3. The learning was shared with the involved service(s), via the Trust's Learning Collaborative Partnership and care group Quality and Safety meetings.
4. Processes have been agreed and put in place between the EPUT medicines management and Home First team services to facilitate timely delivery of medication.
5. The Trust has identified record keeping as one of the areas of focus for the Trust Safety Improvement Plans – learning will therefore be reflected in the development of the Safety Improvement Plan.
6. The learning was shared with the involved service(s), via the Trust's Learning Collaborative Partnership and care group Quality and Safety meetings. In addition, medication errors will be an area of focus for the Trust under the revised Patient Safety Incident Response Plan which is currently being developed.
7. Significant work is being undertaken across the Trust to strengthen awareness, understanding and collaborative working across mental health and drug and alcohol services to ensure a holistic approach for patients / service users, including the appointment of clinical leads for dual diagnosis.

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

1. The quality of care plans will be improved and, as a result, the quality of care provided to our patients / service users will improve.
2. The arrangements to encourage and achieve engagement of patients/ service users who disengage with services will be strengthened thus improving outcomes for those patients/ service users
3. Patients / service users will be informed if a member of staff is unable to attend an appointment due to absence.

4. The Home First team are able to provide prescribed medications to patients / service users on a timely basis to aid their care.
5. Record keeping standards and outcomes will be enhanced.
6. Medication reviews will be undertaken by the right person at the right time and as a result service users will not experience delays in accessing their prescribed medication.
7. Holistic care will be strengthened for individuals with mental health and drug and alcohol issues.

Mandated information that will be reported in the 2023/24 Quality Account (National Guidance reference 27.7-27.9)

We are unable to report on the following mandated information in the Quality Account 2022/23. We will report on this in the Quality Account 2023/24:

- The number of case note reviews or investigations finished in 2023/24 which related to deaths during 2022/23 but were not included in the Quality Account for that previous reporting period (Q4 information)
- An estimate of the number of deaths included above which EPUT judge as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patients/ service users, with an explanation of the methods used to assess this (Q4 information)
- A revised estimate of the number of deaths during the previous reporting period taking account of the deaths referred to in the point above (Q4 information)

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

Examples of actions taken in response to learning during 2022/23 include the following:

- Local immediate actions by services – e.g. strengthening of internal team communications processes / sharing learning with partner care providers / updating design of local clinical system to provide triggers for clinicians if next of kin records are not complete
- Learning presented to and considered monthly by Trust’s Learning Collaborative Partnership – learning is then included in Trust communications such as the monthly Lessons Learned Bulletin and 5 Key Messages Bulletin
- Learning used to inform topic areas for the “Learning Matters” Microsoft Teams development sessions – e.g. high quality record keeping, identification and management of deteriorating physical health of patients on inpatient wards
- Thematic learning is being used to inform the Trust’s Safety Improvement Plans (detailed separately in this Quality Account)
- Deputy Directors of Quality and Safety (DDQSs) are sharing specific learning with local services in each Care Unit, working with local clinical / service leaders to identify and implement change. The learning is also being used to inform subject matter for quarterly learning events being designed and delivered for each Care Unit by DDQSs.

Specific actions arising from reviews are being pursued including exploration of – e.g.:

- Implementing a central Trust-wide system for storing all local service specific protocols to ensure these are consistently available to access by all staff
- a process within EPUT to enable escalation of queries in relation to prescribing by an external primary care provider
- a process for strengthening communication between EPUT and the acute Trusts when patients spend a period as an inpatient on an acute

QUALITY ACCOUNT 2022-23

- Trust ward / are discharged to the community.

Multi-disciplinary work is being facilitated to address various Trust wide issues - e.g.:

- Physical health – the learning from deaths lead is linking with Trust leads for physical health and the care of the deteriorating patient to ensure learning informs work in these areas
- Time-limited task and finish group is being established with membership from EPUT and the prison healthcare services to consider how processes

to ensure re-engagement with clients following a period in prison could be strengthened

- An on-going Dual Diagnosis Learning Implementation Group is being established to consider specific learning emerging from the review of deaths of clients with dual diagnosis and the practical actions that can be taken within mental health and drug and alcohol services to make improvements in services to address learning.

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

In 2022/23, HM Coroner issued the Trust with seven Prevention of Future Death (PFD) reports, drawing attention to areas where action should be taken to prevent harm to future service users. The Trust provides a response to the Coroner on the actions it will take.

Vaccination programme

January 2023 marked the two year milestone for The Lodge as EPUT's flagship vaccination centre. The venue has been an integral part of the entire campaign and was the first vaccination centre opened (in January 2021) and now remains open as the last static vaccination centre serving the ongoing evergreen and seasonal booster campaigns for the people of mid and south Essex.



The Lodge is one of 21 vaccination centres that EPUT operationalised during its tenure as a lead provider of the COVID vaccination programme which saw EPUT operate 16 centres concurrently at its peak. A total of 176,031 COVID vaccinations have been administered at The Lodge to date of which 41,417 have been first doses and 53,276 2nd doses along with 80,896 combined boosters. EPUT's total for the entire campaign across mid and south Essex and Suffolk and north east Essex is just under 1.6 million and counting.

Nigel Leonard, Executive Director of Major Projects and Programmes said: *"I would like to take this opportunity to thank every one of you for stepping forward and demonstrating your commitment and support in delivering the COVID-19 vaccine to our communities. Your efforts have enabled, to date, almost 1.6 million vaccinations to be delivered to people in Suffolk and north east Essex and mid and south Essex. This achievement is beyond outstanding."*

Although the velocity of the original COVID-19 vaccination programme has abated, EPUT continue to play a vital role in the spring 2023 booster campaign, particularly supporting care home and housebound residents as well as the immunosuppressed members of the community who need an additional booster vaccine.

CORE INDICATORS 2022/23

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

| Indicator: Percentage of patients on Care Programme Approach | | |
|---|-------------------------|----------------------------|
| This indicator measures the percentage of patients/ service users followed up either face to face or by telephone within seven days of their discharge from a psychiatric inpatient unit. | | |
| The national collection of this measure was retired in April 2021. This performance continues to be monitored internally. | Reporting period | EPUT Year End Score |
| The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period. | April 20 - March 21 | 99.3% |
| | April 21 - March 22 | 93.5% |
| | April 22 - March 23 | 99.2% |
| EPUT considers that this data is as described for the following reason: The performance team holds this information but also keeps a record once validated by the Trust Operational Productivity team. Once validation is complete, the compliance figures are generally much higher than initially produced primarily due to system interoperability issues and also specific agreed exclusion reasons. | | |
| EPUT is taking the following actions to improve this score, and so the quality of its services, by: The Performance team is continuously working with operational colleagues to improve this score and ensure accurate reporting. Operational leads maintain regular oversight of this performance and take forward any actions needed to address potential falls in compliance. Data currently undergoes some manual validation to ensure data capture across multiple systems, as well as noting deaths within 72 hours of discharge, the legal removal of a patient from the country, and those patients transferred or discharged to another mental health facility. | | |

| Indicator: Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team acted as a gatekeeper during the reporting period | | |
|---|-------------------------|----------------------------|
| This indicator measures the percentage of adult admissions, which are gate-kept by a crisis resolution and home treatment team. | | |
| The national collection of this measure was retired in April 2021. This performance continues to be monitored internally. | Reporting period | EPUT Year End Score |
| The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team acted as a gatekeeper during the reporting period. | April 20 - March 21 | 100% |
| | April 21 - March 22 | 100% |
| | April 22 - March 23 | 100% |
| EPUT considers that this data is as described for the following reason: Operational services continue to assess all clients requiring admission. 100% of necessary cases were gate-kept in 2022-23. | | |
| EPUT is taking the following actions to improve this score, and so the quality of its services, by: Operational staff are able to routinely monitor their compliance through self-serve published reports and raise any concerns through various escalation opportunity meetings. | | |

| Indicator: Readmission rates | | | | | |
|---|-------------------------|-------------------|-------------------------|----------------------|---------------------|
| This indicator measures the percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period. | | | | | |
| The data made available to the Trust by the HSCIC with regard to: | Reporting period | EPUT score | National average | Highest score | Lowest score |
| % of patients aged 0-15 years readmitted within 28 days <i>Indicator score</i> | 2020/21 | 12.7 | 11.9 | 64.4 | 2.8 |
| | 2021/22 | 43.6 | 12.5 | 109.6 | 2.7 |
| | 2022/23 | | | | |
| % of patients aged 16 years or over readmitted within 28 days <i>Indicator score</i> | 2020/21 | 12.7 | 15.9 | 112.9 | 1.1 |
| | 2021/22 | 10.9 | 14.7 | 147.2 | 1.8 |
| | 2022/23 | | | | |
| EPUT considers that this data is as described for the following reason: 2022/23 data is yet to be published. The national publication of this performance is expected in autumn 2023. | | | | | |
| EPUT is taking the following actions to improve this score, and so the quality of its services, by: 2022/23 data is yet to be published. The national publication of this performance is expected in autumn 2023. | | | | | |

| Indicator: Patient recommendation | | | | | |
|---|-------------------------|-------------------|-------------------------|-----------------------------|-----------------------------|
| The data made available to the Trust by the HSCIC with regard to: | Reporting period | EPUT score | National average | Highest score (best) | Lowest score (worst) |
| The Trust's 'patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period. | 2020/21 | 7.1 | 6.8 | 7.5 | 5.6 |
| | 2021/22 | 6.8 | 6.8 | 7.5 | 5.9 |
| | 2022/23 | 6.6 | 6.9 | TBC | TBC |
| EPUT considers that this data is as described for the following reason: In January 2022 EPUT's contracted provider of the FFT changed from 'formic' to <i>iWantGreatCare</i> . For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. EPUT overall in 2022 scored 6.6, against a national average of 6.9. The overall theme is that EPUT need to improve upon patient involvement in understanding and development of associated care plans. | | | | | |
| EPUT is taking the following actions to improve this score, and so the quality of its services, by: Areas of focus have been identified following question and theme results. EPUT will ensure time is taken for patients to understand their proposed care, ask questions and suggest changes in time away from medical appointments. Community patient experience plans will be developed for each team within the Trust. Standardised care plan templates for each team will be rolled out with patient understanding and agreement repeatedly built in at regular intervals for assurance of all parties. EPUT continues to promote the importance on patient feedback and will endeavour to continuously improve the survey response rates. | | | | | |

| Indicator: Patient safety incident rate | | | | | | | | | |
|---|------------------------|------------------------|------|------------------|------|---------------|-------|--------------|------|
| The data made available to the Trust by the HSCIC with regard to: | Reporting period | EPUT Score | | National average | | Highest score | | Lowest score | |
| | | Number | Rate | Number | Rate | Number | Rate | Number | Rate |
| The number and rate of patient safety incidents reported within the Trust during the reporting period. <i>*data now reported annually rather than 6-monthly</i> | October 19 - March 20 | 8,047 | 60.8 | 3,929 | 62.8 | 9,509 | 145.5 | 4 | 18.1 |
| | April 20-March 21* | 16,624 | 95.4 | 8,500 | 64.1 | 20,749 | 66.4 | 2,008 | 59.7 |
| | April 21-March 22 | 18,256 | 90.9 | 8,999 | 72.9 | 21,097 | 73.3 | 862 | 7.0 |
| | April 22-March 23 | Data not yet published | | | | | | | |
| The number and percentage of such patient safety incidents that resulted in severe harm or death during the reporting period. <i>*data now reported annually rather than 6-monthly</i> | Reporting period | EPUT Score | | National average | | Highest score | | Lowest score | |
| | | Number | % | Number | % | Number | % | Number | % |
| | October 19 - March 20 | 24 | 0.2% | 19.1 | 1.3% | 148 | 6.5% | 0 | 0% |
| | April 20-March 21* | 97 | 0.5% | 44.5 | 0.7% | 438 | 58.8% | 0 | 0% |
| | April 21-March 22 | 132 | 0.7% | 91.1 | 2.0% | 587 | 2.8% | 0 | 0% |
| April 22-March 23 | Data not yet published | | | | | | | | |
| <p>EPUT considers that this data is as described for the following reason: 2022/23 data is yet to be published. The national publication of this performance is expected in Autumn 2023.</p> <p>EPUT is taking the following actions to improve this score, and so the quality of its services, by: 2022/23 data is yet to be published. The national publication of this performance is expected in Autumn 2023.</p> | | | | | | | | | |

Improving quality of life for rough sleepers

Earlier this year we launched a new service with partners to improve quality of life for rough sleepers across Chelmsford and Maldon.

The Changing Futures Rough Sleepers Initiative delivers interventions that support rough sleepers to improve their health and wellbeing, move towards securing accommodation, and provides wraparound health and social care support to help them get back on their feet.

It is a partnership service also involving Chelmsford City Council, Maldon District Council and Essex County Council.

A rough sleeper mental health navigator within the service supports rough sleepers with identified mental health problems and ensures they receive timely and appropriate support, facilitating access to physical health services, liaising with Primary Care Network mental health teams and even accompanying patients to appointments.

Sean Paulin, Service Manager for EPUT, said: "We are delighted to be part of this partnership initiative that helps a group of people who might not otherwise receive the support they need with their mental and physical health and social needs."



PART 3 – OTHER INFORMATION

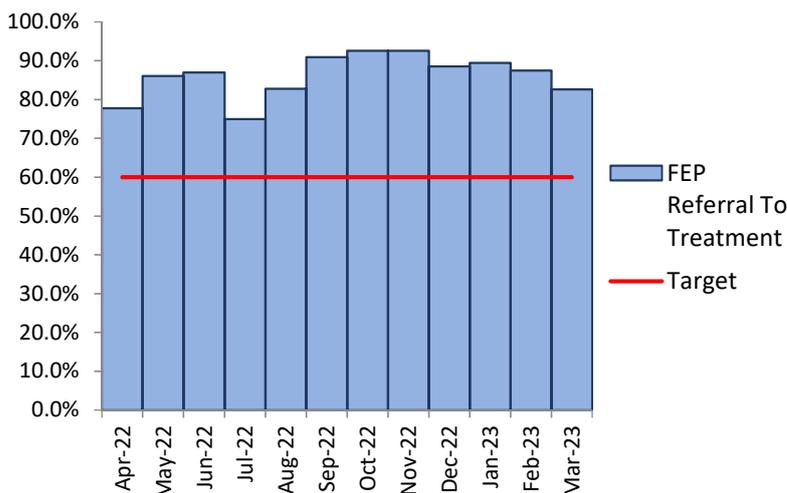
PERFORMANCE AGAINST KEY NATIONAL PRIORITIES 2022/23

In this section we have provided an overview of performance in 2022/23 against key national targets relevant to EPUT’s services contained in the NHS Oversight Framework. The Trust has elected to report against the same indicators outlined in the national guidance issued by NHSI for Quality Reports 2019/20.

Data for one indicator, ‘Patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay’ is contained in the mandatory core quality indicator section of this report (see page 53).

First episode psychosis

This indicator measures the percentage of referrals for people with a first episode of psychosis treated within two weeks. The current target measured against is performance above 60%. Compliance with this target has been achieved consistently in 2022/23.



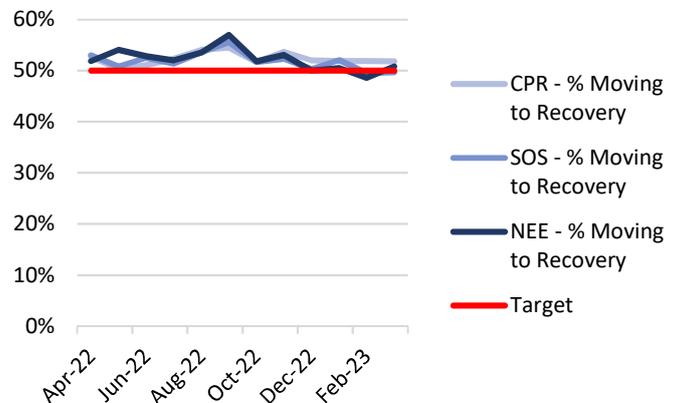
Graph 6 - Our performance 2022-23: First episode psychosis

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

Recovery rates

This indicator measures the percentage of patients discharged from Improving Access to Psychological Therapies (IAPT) services who have moved to recovery. IAPT services are commissioned for EPUT by three Integrated Care Boards (ICB): Castle Point & Rochford CCG, Southend on Sea CCG, and North East Essex CCG.

All of these ICBs continued to witness pressures following the COVID-19 pandemic, however, new technical innovations and developments are currently being deployed to improve performance across IAPT services.



Graph 7 - Our performance 2022-23: Recovery rates

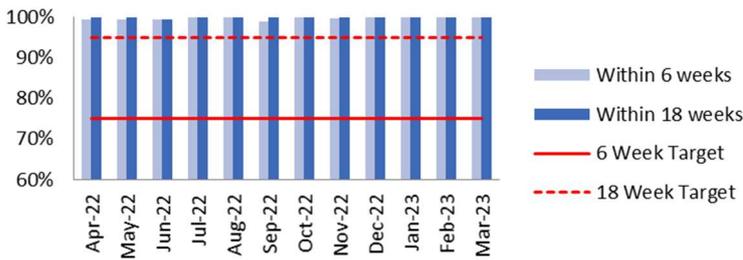
Waiting to begin treatment

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

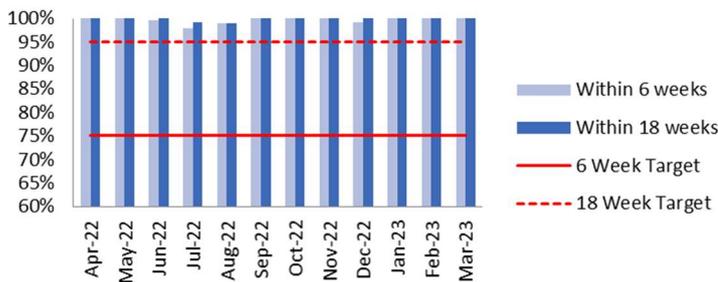
- Six weeks (target 75%)
- 18 weeks (target 95%).

Compliance with both of these targets has been consistently achieved throughout 2022/23, with all clients being seen within the 18 week target in each area.

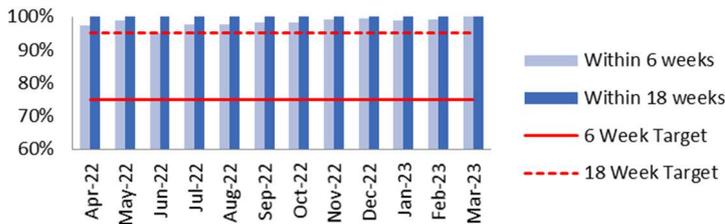
Castle Point & Rochford CCG



Southend CCG



North East Essex CCG



Graphs 8-10 - Our performance 2022-23: Waiting to begin treatment

Under age 16 admissions to adult wards

This indicator measures the number of admissions to adult mental health wards where the client is aged less than 16 years old. In 2022/23 there were no under 16 year olds admitted to adult wards within EPUT. This performance represents a positive reduction from 2021/22, which witnessed two admissions.

Out of area placements

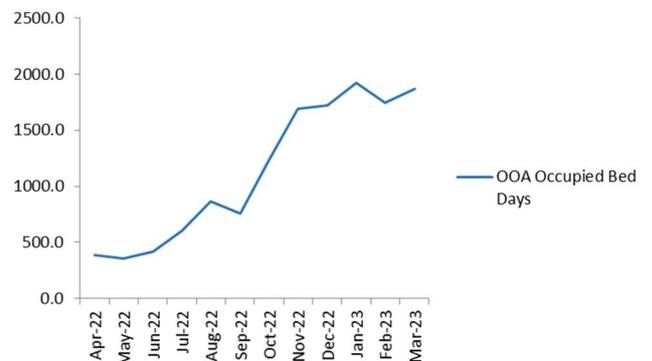
The indicator measures the number of days that patients have spent in inpatient facilities which are out of area and therefore not part of our Trust. This excludes placements out of area which are deemed as appropriate; these placements include those to units the Trust holds a contract with and placements to specialist units the Trust does not provide. The in-year target was a reduction to achieve zero out of area placements by the end of March 2023, however NHS England did not enforce this due to pressures facing all NHS trusts in the country.

The COVID-19 pandemic has continued to have an impact on this indicator due to the requirements for social distancing onwards, some units being closed to admissions as a result of COVID-19 outbreaks, and increases in mental health presentations to emergency departments. CQC inspections have also seen a temporary pause to admissions on some inpatient units which in turn has resulted in more clients being placed out of area to receive care.

The average number of days all EPUT clients placed out of area spent in an out of area bed each month for 2022/23 was 1,062 days.

2022/23 year end = 11,689 bed days

OOA Occupied Bed Days



Graph 11 - Our performance 2022-23: Out of area placements

PERFORMANCE AGAINST LOCAL STRATEGIC PRIORITIES 2022/23

Our performance

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

In this section we have provided a summary of 2022/23 performance against the key operational metrics, quality of care metrics and organisational health metrics that NHS England previously set out in the NHS Oversight Framework.

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

We have also included some examples of quality innovations which have taken place throughout 2022/23. Full details of performance against all KPIs were provided to the Finance and Performance Committee each month during 2022/23 and any areas of significant under-achievement were advised to the Board of Directors as 'inadequate indicators' each month.

| | NHS Oversight Framework target | Year end position (Feb 23) |
|--|--------------------------------|--|
| Quality of care and outcomes | | |
| CQC rating of Good or above | Good or above | Overall 'Good' |
| Written complaint rate per 100 wte | No target set | 6.6 |
| National Quarterly Pulse Survey | No target set | Overall EPUT results found staff answered more favourably than negatively to all three themes of motivation, involvement, and advocacy |
| Never events | 0 | 0 |
| There will be 0 Safety Alerts breaches | 0 | 0 |
| CQC community mental health patient survey | No target set | Achieved 'about the same' in 21 of 30 domains in 2022 survey. Two questions scored "somewhat worse than expected". Seven scored "worse than expected". |
| <i>iWantGreatCare</i> | No target set | 92.2% positive score in March. |
| People on Care Programme Approach (CPA) are followed up within seven days of discharge from hospital | 95% | 99.2% |
| Clients in settled accommodation | No target set | 84.3% (LA target 70%) |
| Clients in employment | No target set | 39.9% (LA target 7%) |
| Potential under-reporting of patient safety incidents | No target set | 50.3 (MH benchmark >44.3) |
| Admissions to adult facilities of patients under 16 years old | No target set | 0 |

| | NHS Oversight Framework target | Year end position |
|--|---------------------------------------|---|
| Operational metrics | | |
| People with a first episode of psychosis (FEP) begin treatment with a NICE-recommended care package within two weeks of referral | 60% | 82.6% |
| Data Quality Maturity Index (DQMI) – MHSDS dataset | 95% | 96.3% |
| Improving Access to Psychological Therapies (IAPT)/Talking therapies – a) 50% of people completing treatment who move to recovery | 50% | Castle Point & Rochford 51.8% Southend on Sea 49.7% North East Essex 50.8% |
| Improving Access to Psychological Therapies (IAPT)/Talking therapies – b) waiting time to begin treatment: 75% within six weeks 95% within 18 weeks | 75% 95% | Castle Point & Rochford and Southend on Sea: six weeks 100% 18 weeks 100% North East Essex: six weeks 100% 18 weeks 100% |
| Continued reduction in inappropriate out of area bed days to 0 | Reduction | 1,871 out of area bed days |
| Leadership and workforce | | |
| Staff sickness rates (reported in arrears) | No target set | 6.1% (Feb 23) (MH benchmark of <6%) |
| Staff turnover | No target set | 10.6% (Local target based on national benchmarking <12%) |
| Proportion of temp staff | No target set | 6% |
| NHS Staff Survey | No target set | Theme scores: Three above average Three average Three below average |

In addition to the performance against the NHS Oversight Framework detailed above, the following bullet points summarise performance innovation against a small number of other targets over 2022/23.

- During and following the COVID-19 pandemic the Trust experienced higher levels of patients in both our community and inpatient services. Within community mental health services this presented challenges to the provision of regular **reviews** for

patients. In 2022 the Trust introduced the Management and Supervision Tool (MaST) which supports community mental health staff with the day-to-day management of caseloads and providing the best possible care for people engaging with the service. This tool has also allowed staff to quickly identify groups of people who may need to be prioritised for follow up because of their health needs. With the introduction of this tool, performance against review

compliance improved. Patients requiring a review are able to be scheduled promptly, and have their continued care planned and monitored based on their own changing needs.

- The number of patients accessing services through the Trust's Improving Access to Psychological Services (IAPT) service has witnessed a decline in 2022/23. Across the service a number of innovations have been deployed to improve performance. The Trust has partnered with Xyla Digital Therapies which is generating additional clinical capacity to assess and treat patients. New referrals are encouraged through online self-referral options via the IAPT website. The Trust is developing processes to reduce dropout rates by encouraging patients to choose and book their own appointment via an online booking appointment facility. The service is exploring provisions for care and support for patients on a waiting list through an artificial intelligence platform (Limbic AI). These innovations are in addition to those being undertaken as part of the standard service approach to promotion and development, all of

which are expected to improve access rates for the service.

- With increased demand for inpatient mental health services the Trust has focused a great deal of attention and development to its **inpatient flow and capacity** processes.
- Occupancy, average length of stay, delayed transfers of care, and out of area placements have all remained an integral part of performance reporting throughout the year. In recent months improvement has been evident across these measures, reflecting the work and innovation which has gone in to better processes for inpatient flow. Multi Agency Discharge Events (MADE) and system escalations allow better oversight and progression of barriers to discharge, therefore ensuring patients remain on an inpatient unit only as long as necessary.
- Consultant-led reviews take place to assess patients' length of stay to ensure continued therapeutic benefit. The Trust holds itself accountable to its overarching flow action plan which strives to develop and maintain flow improvements, and reduce the requirement for out of area placements.

PATIENT SAFETY – LEARNING FROM INCIDENTS

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

The Trust was an early adopter of the national Patient Safety Incident

Response Framework (PSIRF) and worked with the national team and partner organisations to develop our approach which was launched in May 2021.

The PSIRF is aimed at identifying system learning and taking impactful action. The Board also approved a Patient Safety Incident Review Plan (PSIRP) identifying our local priorities which link with our approach to developing and sustaining a safety culture.

In August 2022, the revised PSIRF was

published with the expectation that all NHS trusts transition to the revised framework by autumn 2023. There are a number of changes between the introductory framework (implemented by early adopter organisations) and the revised framework and the head of patient safety incident management has undertaken a review in order to assess the Trust's compliance with the revised standards. Planning for the revised PSIRP and transitioning from the introductory framework to the revised framework is underway.

In addition to this, we are supporting other organisations with their planning and sharing our experiences as an early adopter.

There is a drive towards quality rather than quantity of investigations, and a move away from a 'one size fits all' in the way in which we report and commission. Therefore, each incident is reviewed and a decision made about the type of review/ investigation based on the opportunities for learning, instead of solely being based on degree of harm. There are some national and local priority incidents which require a specific response. However, this is changeable yearly and so the data range will change accordingly. A thematic analysis is undertaken of similar types of incidents which have been reviewed/ investigated and this helps determine the wider learning opportunities for the organisation, instead of reviewing each report in isolation.

We have an established Clinical Review Group with ICB membership that commission Patient Safety Incident Investigation (PSII), After Action Review (ARR), Multidisciplinary Team reviews that arise from patient safety reported incidents. The group then review the findings from this activity for shared learning across the Trust. Each care unit within the Trust hold localised quality and safety meetings chaired by deputy directors for quality and safety who incorporate this learning in the Safety Improvement Plans.

PSIRF is integral to EPUT's Culture of Learning (ECOL) where learning is identified and disseminated through the Lesson team that support clinical teams and services to identify quality improvement opportunities and initiate activity to raise standards of care.

Below are examples of specific actions that the Trust has taken in response to learning out of incidents reviewed under PSIRF.

- In order to facilitate the ability for clinical staff to make contemporaneous notes in clinical records during Clozapine clinics, all community directors established which clinics within their localities did not have a designated laptop or computer for Clozapine clinics. Where there were clinics identified which did not have a designated laptop or computer in the clinic room, arrangements were made for equipment to be ordered and placed within the clinic for use, with support from IT. Clinic rooms across the organisation now have a designated computer or laptop for use during Clozapine clinics.
- Staffing and scheduling changes were made in the service to maximise the time that clinical staff could spend with service users and minimise travelling time between clinics.
- Reviews were undertaken of all incidents when inpatient staff members have had to respond to medical emergencies. Learning identified to improved outcomes, including the introduction across all wards to ensure the use of a standard communication tool SBARD, when providing information to the ambulance service and the use of a mobile phone to make the call instead of a landline to ensure the patient is in line of sight at all times. In addition, CRP stimulation training drills are conducted a minimum of three times a year across all wards and strengthened awareness raising of the RCUK Basic Life Support algorithm has also taken place across the Trust.

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- The Trust worked jointly with Essex Police to develop a missing persons SBARD aide memoir poster for all wards to assist staff in considering and verbalising risk factors to the police when reporting a missing

person. The aim of this is to strengthen risk based decision making in terms of the police response to a missing person alert.

| Area | Measure | Q1 | Q2 | Q3 | Q4 | Total | Compliance % |
|---------------------------|-------------------------|----|----|----|----|-------|--------------|
| North Essex MH | No. of applicable cases | 4 | 3 | 5 | 9 | 21 | |
| | Contact within 10 days | 4 | 3 | 5 | 9 | 21 | 100% |
| South Essex MH | No. of applicable cases | 6 | 6 | 6 | 12 | 30 | |
| | Contact within 10 days | 6 | 6 | 6 | 12 | 30 | 100% |
| West Essex MH | No. of applicable cases | 2 | 2 | 4 | 4 | 12 | |
| | Contact within 10 days | 2 | 2 | 4 | 4 | 12 | 100% |
| Mid Essex MH | No. of applicable cases | 3 | 7 | 2 | 4 | 16 | |
| | Contact within 10 days | 3 | 7 | 2 | 4 | 16 | 100% |
| Specialist Services | No. of applicable cases | 0 | 0 | 0 | 2 | 2 | |
| | Contact within 10 days | 0 | 0 | 0 | 2 | 2 | 100% |
| Community Health Services | No. of applicable cases | 0 | 0 | 0 | 0 | 0 | |
| | Contact within 10 days | 0 | 0 | 0 | 0 | 0 | 100% |

Table 9 – Duty of Candour Compliance

Duty of candour

Open and honest communication continues to be at the forefront following a patient safety incident. Professional duty of candour is led by the team in which the patient was under at the time of the incident; the manager of the service makes contact with the patient or their family to offer an apology for the events which occurred as soon as possible after the incident occurred. If the incident involved the death of a patient (and the cause of death is not yet established), the Patient Safety Incident Management team write to the patient's family to offer an apology and condolences on behalf of the Trust. In addition, the letter also informs the patient's family that an initial review of the patient's records will be undertaken to understand their care in more detail and that EPUT will work closely with the Coroner's office. They are provided with contact details for the head of patient care within scope. They are also offered time to meet with the reviewer/ investigator and an opportunity to contribute to the report by providing

safety incident management. This process has been in place since March 2022. We use this as evidence that duty of candour has been implemented.

Any concerns the patient/ family member raises about an incident are considered and used to support which type of investigation or review method is commissioned under the Patient Safety Incident Response Framework (PSIRF). Once a cause of death has been established, and/or a decision has been made for the patient incident to be reviewed or investigated under PSIRF, the patient or their family are appointed a family liaison officer (FLO). The FLO offers support throughout the investigation/ review process up until after the inquest, where appropriate. The FLO would gather questions that the patient/ family may have for the investigation/ review and these can be answered within the report, where they

personal information about the patient, if they wish, for this to be used within

the report. Usually this is about their character, hobbies, interests etc., beyond them being a patient. In addition, the patient/ family receive a copy of the report once approved and they have an opportunity to ask questions and this will continue to be an option for them after receipt of the report. The Trust has over 100 trained FLOs across the organisation. The Trust has designated FLO leads to provide support to patients/ family members, and to support the commissioned FLOs within the organisation, who undertake the role alongside their usual role. Training and 1:1 coaching is offered to FLOs. The FLO role is recognised within EPUT as being more advanced than in other organisations. Within the last year, we have not breached duty of candour.

Safety Improvement Plans

Safety Improvement Plans (SIPs) bring together findings from various responses to patient safety incidents and issues.

They can take different forms, for example, organisations might consider:

- Creating an organisation-wide safety improvement plan summarising improvement work
- Creating individual safety improvement plans each focusing on a specific service, pathway, or location
- Reviewing output from learning responses undertaken in relation to single incidents collectively, when it is felt that there is sufficient understanding of the underlying, interlinked system issues
- Creating a safety improvement plan to tackle broad areas for improvement (i.e. overarching system issues).

The Patient Safety Incident Management team, working in collaboration with the Lessons team and the leads for Learning from Deaths and Transformation work streams in the Trust, identified recurring themes and trends from patient safety incidents from historic serious incident reports (2000 to 2020) and incidents

that have occurred since the implementation of the PSIRF in May 2021. As well as patient safety incidents, learning will be captured via a range of other sources e.g. learning from deaths, complaints, Datix, and used to inform the SIPs. As a result of this in-depth analysis, a proposal has been made for the themes listed below to be prioritised for the implementation of the SIPs in the Trust:

1. Mental health inpatient ligature
2. Inpatient falls
3. Transition of children and young people to adult services
4. Record keeping
5. Multi-disciplinary team communication
6. Patient and service user disengagement
7. Policy and standard operating procedure application
8. Medication incident
9. Clinical handover

Expected outcomes:

- Allows the Trust to achieve effective learning and maximise improvement
- Enables the Trust to use its incident response resources to identify new learning
- Reduces the number of repeat incidents and investigations
- Provides a clear process for designing, implementing and monitoring safety actions
- Moves to using the term 'areas for improvement' instead of 'recommendations' to reduce the likelihood of solutionising too early in the safety action development process
- Validity of learning and improvements by basing Patient Safety Incidents (PSIs) on a small number of themed incidents.

PSIRF focuses on learning for patient safety improvement only; some patient safety incidents may also require HR investigation, complaints, claims etc. and these must be undertaken separately to the PSIRF response.

EPUT's Culture of Learning

At EPUT we want learning to be an 'Always Event' where we all have a responsibility to seek improvement, learn from mistakes or good practice and adopt positive changes to provide safe and excellent care. The EPUT Culture of Learning (ECOL) represents our commitment to excellence and our willingness to learn from the experience of others. The concept allows us to identify and share learning through safe, effective and constructive pathways; and ensure this learning is embedded and sustained at all levels within the organisation. The framework will enable us to achieve the Safety Strategy 'Safety First, Safety Always' outcomes.

In July 2022 the Lessons team was formed, which consists of a head of shared learning, learning lessons analyst, lessons facilitator and database manager. The Lessons team work with all teams across the organisation and subject matter experts to innovatively consider how learning can be shared and embedded within practice. Some achievements to date include:

- A desktop icon has been launched on all computers across the Trust. The Culture of Learning desktop icon will automatically take colleagues to the Culture of Learning intranet page, to ensure this is visible, easily accessible and user-friendly. This has received very positive feedback.
- The Lessons team have developed a process entitled Safety and Learning Command Call (SALC) whereby new and significant learning events are

discussed with senior managers across the organisation to ensure the knowledge is widely known and aware. An agreement will be made in this meeting as to what actions can be taken to ensure the learning is cascaded, and also where the information needs to be shared.

- Culture of Learning folders have been delivered and socialised to all inpatient units for them to store Five Key Messages, Lessons Identified newsletter and other key sources of learning information in.
- The Learning Collaborative Partnership Group (LCP) has been introduced and has been running since July 2022. This enables subject matter experts to consider learning themes, good practice and significant events within their areas of work and share this across the organisation.
- The Lessons team have successfully held Learning Matters: Your Monthly Insight sessions since January 2023. A survey was set up to help determine when colleagues would like the sessions to be run and what they would like them to be called; and this has been included in the planning of these sessions. They are stored on the intranet page, via the desktop icon.

Examples of methods of sharing learning can include:

- Quick reference Five key messages briefings
- Lessons briefings
- Lessons Identified newsletters
- EPUT Safety Action Alerts.

Never Events

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

The list of Never Events for 2022/23, as defined by NHS England (updated Never Events list, February 2021), are:

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

There are exclusions to each Never Event.

| 2020/21 | 2021/22 | 2022/23 |
|---------|---------|---------|
| 0 | 0 | 0 |

Table 11 – Reported adverse events

Adverse events reported

For the year 2022/23, there have been the following adverse events (categorised as no harm to severe harm) reported on the Datix risk management system. The adverse events recorded below are all adverse events, not only those related to patients.

| Type of adverse event | 2022 | Total |
|---|--------------|--------------|
| Abusive, violent, disruptive or self-harming behaviour | 8805 | 8805 |
| Access, appointment, admission, transfer, discharge | 1386 | 1386 |
| Accident that may result in personal injury | 1437 | 1437 |
| Clinical assessment (investigations, images and lab tests) | 38 | 38 |
| Consent, confidentiality or communication | 551 | 551 |
| Diagnosis, failed or delayed | 10 | 10 |
| Implementation of care or ongoing monitoring/review | 2586 | 2586 |
| Infrastructure or resources (staffing, facilities, environment) | 661 | 661 |
| Medical device/equipment | 81 | 81 |
| Medication | 995 | 995 |
| Other - please specify in description | 776 | 776 |
| Patient information (records, documents, test results, scans) | 213 | 213 |
| Security | 226 | 226 |
| Treatment, procedure | 2661 | 2661 |
| Total | 20426 | 20426 |

Table 10 – Never Events at EPUT

NATIONAL REQUEST TO ASSURE THE QUALITY AND SAFETY OF MENTAL HEALTH, LEARNING DISABILITY AND AUTISM INPATIENT SERVICES

In response to a BBC Panorama programme which showed patients being abused whilst in the care of another NHS Trust, Claire Murdoch (NHS England's National Mental Health Director) wrote to the CEOs of all NHS mental health, learning disability and autism service providers in 30 September 2022 requesting them to take three actions in relation to their inpatient services as follows:

1. To review the safeguarding of care and identify any issues requiring immediate action, with specific emphasis how concerns are raised and listened to.
2. To consider independent peer-led support to people being cared for in the organisations' most restrictive settings and peer-led feedback mechanisms in place in the organisations
3. Review why people in services are in seclusion and long term segregation, for how long and what the plan is to support them out of these restrictive settings.

We undertook a review in line with the request in the national letter detailing the current position and identifying further improvement actions.

From this review, it was identified that the Trust had systems and processes in place and could demonstrate action being taken as part of good governance in areas where improvements were identified. Some of those improvements were newly implemented or had only recently been reinstated (following COVID-19 arrangements) and therefore oversight of newly implemented arrangements would be on-going.

Actions taken included:

- Strengthening our Freedom to Speak Up function through revised policy and procedure; recruitment of a full time principal Freedom to Speak Up Guardian and establishing more local guardians; update training for all staff on speaking up; and commenced an evaluation against the national freedom to speak up reflection and planning tool
- Imbedding the newly designed complaints process and continue to promote the use of *iWantGreatCare* to facilitate regular service user feedback
- Continuing to promote the use of *iWantGreatCare* to facilitate patient feedback
- Working with system partners improve the information available and an access to Independent Mental Health Advocates (IMHAs) on our wards
- Continuing to deliver the Reducing Restrictive Practice Framework with an emphasis on ensuring seclusion and long term segregation are used as last resort.

The letter also referred to the potential to fast track the launch of the national inpatient quality programme which aims to tackle the root causes of unsafe poor quality care. The Trust has registered its interest in being involved in the development of this national programme.

Progress against the Learning Disability Improvement Standards for NHS Trusts

The Learning Disability Improvement Standards (LDIS) for NHS trusts, published in June 2018, set out the expectations on Trusts to ensure that people with learning disabilities, autism or both and their families and carers can expect high quality care across all services provided by the NHS; ensuring that they receive treatment, care and support that is safe and personalised and that they have the same access to services and outcomes as their non-disabled peers.

The Trust has undertaken a variety of work to ensure awareness and knowledge raising and that these standards are implemented. Over the past year this has included:

1. Utilising an 'Ask, Listen, Do' process to explore reasonable adjustments with patients and carers. The main theme identified was to ensure that time was offered. This was fed back to operational services and will continue to be driven forward via ongoing work with flagging need on our electronic patient records as well as via ongoing awareness building.
2. Concluding a reasonable adjustment campaign in which Trust services were asked to share the reasonable adjustments they had made for other services to learn from. The responses received in this campaign were positive and the Trust will be continuing its work over the coming year to ensure that the understanding and implementation of reasonable adjustments continues to further develop.
3. Delivery of a lunchtime learning session on suicide risk and people with autism spectrum disorder.
4. Ensuring preparedness for the delivery of the national training associated with the LDIS, which will be mandatory for all staff to undertake.
5. The design of new staffing models being implemented under the Time to Care programme for inpatient services took into account the requirements needed to deliver the standards.

The Trust reviews progress against the standards regularly within a dedicated steering group; with local action being determined and overseen by Care Unit Quality and Safety Groups as a standing item on the agenda. An assurance report of progress is presented six monthly to the Quality Committee. Good progress is being made against the standards with actions agreed to ensure continuous progress. The Trust also participates in the national benchmarking associated with the standards, with input from the organisation, staff and patients.

PATIENT EXPERIENCE

Listening to our patients and service users

This section of our Quality Account outlines some of the ways in which we are working alongside our patients to understand and improve experiences of EPUT services. The Quality Account also includes some examples of changes we have made and outcomes resulting from patient feedback.

EPUT patient and public forums

EPUT forums continue to go from strength to strength as 'listening events' for the public and for all EPUT patients, and their relatives and carers - those from learning disability services, mental health, physical health and community services.

In early 2023, the forums saw record attendance from the communities EPUT serve and compliment all of the other public engagement activities we do, including the 'Your Voice' events. At the 2023 forum, we had 22 attendees of which 17 (76.4%) were patients, family members or carers. This is compared to the 2021 forum in which only three individuals (18.7%) out of the 16 people who attended identified as a patient, family member or carer.

The new format sees the agenda driven by the attendees, who have an opportunity to submit agenda items ahead of the meeting and ask about topics that matter to them.

Forums take place quarterly, and are open to all, delivered virtually via Microsoft Teams. The link can be found on the EPUT website together with the dates and times for the meetings in 2023 which are available here: eput.nhs.uk/get-involved/patient-experience/patient-experience-forum/

Feedback from the forums continues to be extremely positive.



The poster features the NHS logo and 'Essex Partnership University NHS Foundation Trust' at the top left. The main title is 'PUBLIC & PATIENT FORUMS' in large white letters on a blue background. Below it, a subtitle reads 'An opportunity to provide feedback in an open and honest way'. A large white speech bubble on the right contains the date '28 June', time '3-5pm', and 'Via Microsoft Teams'. At the bottom, the text 'JOIN THE CONVERSATION' is written in large white letters, with the URL 'Join the conversation at eput.nhs.uk/patientexperienceforum' below it. The background is a gradient of blue and pink.

EPUT Patient, Carer, and Family Collaborative (PCFC)

EPUT's answer to the citizens' panel! EPUT's PCFC launched in October 2022 and meets quarterly, with a wide, varied, and diverse membership. The collaborative members' objective is to improve experience, access, and outcomes for those that use our services.

The PCFC has met twice to date, and is evolving and developing in accordance with the agreed terms of reference for the group. The aspiration is for the collaborative to be a key participant in co-creating strategy and transformation across the organisation.

The membership is made up of patients, carers, families, charities and other system partners.



The Lighthouse Child Development Centre

Since the transition of the Lighthouse Child Development service in Southend to EPUT in March 2022, the Patient Experience team has been working extremely closely with the service and its users to improve the experience of care.

The bullet points below summarise the key actions taken by the collaborative team.

- Monthly task and finish group, meeting throughout the transition of the service. Shared decision making on strategy, improvements, and communications. This group is made up of service users and service providers.
- *iWantGreatCare* was made available for all service users of the Lighthouse to give feedback from April 2022. In the early transitional months, this was used to drive tactical improvements. We have seen the star rating of the service improve from average rating of 2.7 in June 2022 to a 4.88 in February 2023 (out of 5).
- From October 2022 onwards, EPUT has been running a parent and carer

network for the Lighthouse on a bi-monthly basis to consult and inform service users on improvements and developments at the lighthouse. This has been a great opportunity to troubleshoot and problem solve for service users and with service users.



GETTING IN TOUCH 
Essex Partnership University NHS Foundation Trust
With The Lighthouse Child Development Centre

Have a question?
To ask a question about your child's care, including appointments, waiting list queries and referrals:
epunft.lighthouse.reception@nhs.net
0344 257 3952
We aim to respond within 5 working days.

For a repeat prescription
Please submit a prescription request within two weeks of it running out. Email:
epunft.lighthouse.prescriptions@nhs.net
Or call: 0344 257 3951

Raise a concern
We may be able to help you more quickly if you get in touch with our Patient Advice and Liaison Service (PALS), who can work with managers at The Lighthouse to resolve any issues.
epunft.pals@nhs.net
0800 0857 935
To make a complaint:
epunft.complaints@nhs.net
01268 407 817

Local support
We work closely with local parent carer forums:
• Essex Family Forum
• Southend SEND Independent Forum
There is also lots of helpful information on local offer pages:
• Southend Local Offer
• Essex Local Offer

Give feedback
Share your views by visiting the [iWantGreatCare website](https://www.iwantgreatcare.com) and searching the service code 5082. You can also contact your local parent carer forum.

Keeping you informed
Read the latest news and get involved in our parent, carer and young person network:
The Lighthouse - Keeping you informed

Measuring and reporting patient experience

***iWantGreatCare* feedback tool**

Since the launch of *iWantGreatCare* (iWGC) in January 2022 we have seen incremental growth of feedback on our services across all areas - from patients, carers and relatives - achieving a record high 309 responses in a single month for February 2023.

At first there was a focus on using digital solutions such as web-based, mobile, and tablets; now paper forms have also been introduced which account for over 30% of all submissions to support wider contribution of feedback. To support our Safety Strategy, 'Safety First, Safety Always', in June 2022 we added two safety specific questions which had been co-selected with our Patient Safety Partner team. Since then we have been

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tracking safety as a patient experience measure across all of our services.

Included as a mandatory requirement within the data collected in survey responses via iWGC, is demographic data. This has strengthened the quality of data as we have a better understanding of the demographic mix of our patient and carer population. This enables us to segment the data by ethnicity, and other key identifiers so that we can better understand the experience of care for minority groups. This segmentation supports us with key initiatives such as the National Patient and Carer Race Equality Framework, for which EPUT is an early adopter.

As an organisation we want to do more. We recognise how valuable feedback is to understanding how it feels to be on the receiving end of the care we provide and want to use that feedback to continue to drive meaningful change. On this basis, for the year ahead, we will be working hard to drive up the response rate to 1,000 responses per calendar month. To support this ambition, we have employed dedicated resource in the team.

Friends and Families Test (FFT)

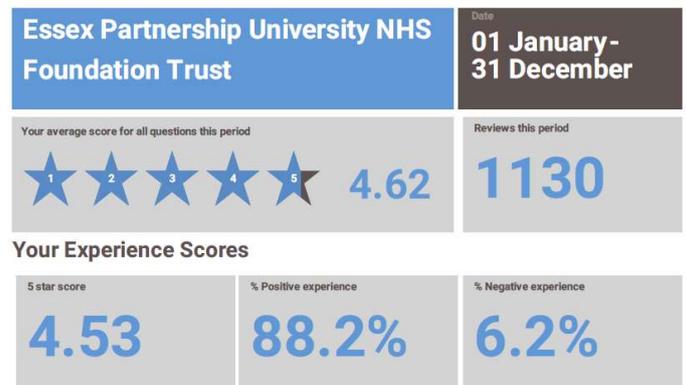
Graph 12 below captures FFT response rates from January 2020 to March 2023. Response rates have continued to increase as data collection has been built into business as usual processes, promotional material for iWGC has continued to be sent and the Patient Experience team have gone into the wards to collect data.



Graph 12 – Friends and Families team response rates

All of this feedback gives our services even more opportunity to improve, and for those receiving our services to see meaningful change.

The following graphic provides a high level summary of the feedback from 1 January - 31 December 2022:



Feedback over the past year has identified the following themes and trends in respect of what the Trust performs well in: involving patients in their care, emotional support and empathy shown by staff, and the communication and support for self-care.

Themes and trends in relation to opportunities for improvement include timeliness and availability of staff and services, joined up care, respecting individuals' needs and involving patients' family members and carers. Along with the integration of SMS service into PKB app to further increase accessibility to iWGC, we hope to launch the 'consultant function' of iWGC later in 2023. This will enable patients to review individual clinicians and the care given by them (sometimes referred to as the 'Trip Advisor' element of iWGC). Clinicians will manage their own profile page, but only iWGC can remove reviews.

Feedback is moderated by iWGC for bad language and suspected repeated reviewers. Clinicians have the option to respond to feedback and will receive email alerts each time a review is left on their page.

You said, we did

The images below detail some examples of the 'You said, we did' feedback gathered by services.

These are actions taken and outcomes achieved because of listening to feedback from our patients/service users and carers throughout the year of 2022 / 2023.

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

NHS
Essex Partnership University
NHS Foundation Trust

You Said **We Did**

Robin Pinto Unit

You Said
You requested to contact family and friends privately using skype

We Did
Patients can schedule to use the Activity Room or ward laptop to contact family and friends over Skype.

NHS
Essex Partnership University
NHS Foundation Trust

You Said **We Did**

Specialist Community Forensic Team (SCFT)

You Said
"I would like to learn some more practical skills in preparation for discharge, such as flat-pack furniture building or putting up curtains. As I have never done this before"

We Did
"The SCFT Occupational Therapists' have been liaising with the in-patient team about implementing some basic DIY skills into therapeutic programs to support service users. This type of group is being considered and is in the planning stage"

Examples of what our patients/ service users say about our services from iWantGreatCare:

"I felt I was being heard and was given a good amount of respect.

I believe there was nothing that could be done differently. I was very happy with it."

March 2023

"The course helped me with my physiological approach to my problem especially when I recognised that the emotional effects I had progressed through was common to most people.

This helped me move on and start to feel good about myself again."

March 2023

"The nurse is amazing. She is in constant touch and I can drop her a text or email if I have any concerns.

She keeps me updated with results from my bowel cancer surveillance tests and organises the next one going forwards."

March 2023

Examples of what our patients/ service users say about our services from iWantGreatCare:

"I wish that there had been some kind of interim of care. I felt that I needed at least the opportunity to have some step down support. I felt that there was a complete drop off of support after the crisis team discharged me, and referral to outside help and support, which takes time before you are re engaged with mental health support and it is here that I have struggled and had episodes where I have felt the signs of a relapse. After being in a mental health crisis it is a time when you are very vulnerable to breaking under stressors and it can create frightening episodes of mental instability. It would help prevent sudden relapses if there was a mediator of support between the crisis team support discharge and the time awaiting outside professional support. I hope that this maybe something that could be implemented for the future."

January 2023

We recognise that continuation of care is an area we need improve as an organisation. We continue to work with our system partners to establish the ways in which we can best work with voluntary and community organisations that can offer mediation support to patients. The new staffing model formed as part of the Time to Care programme also aims to address the potential gaps in care we have identified through patient feedback such as this.

"There is nothing that could have done better. My clinician was very professional, patient, informative and showed great empathy and understanding. A true professional in all aspects. I came away feeling very assured."

August 2022

"Unable to reach the Lighthouse by phone. Numerous messages left by voicemail - no reply. Far too long waiting time and seems to still be no accountability by anyone there about how processes work and when appointments will be made."

August 2022

Following a number of reviews of the same nature we have formed a parent and carer network, designed with staff from the Lighthouse service to better understand how we can make relevant improvements and indeed better communicate waiting times.

National Patient Survey Programme (NPSP)

The NPSP collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community health services.

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

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

The 2022 survey of people who use community mental health services involved 53 providers of NHS community mental health services in England.

13,418 people across England responded to the survey, a response rate of 20.9%. People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between September 2021 and 30 November 2021. The survey results were published in December 2022.

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

See table 12 for detail.

| | | |
|------------------------------------|----------|------------------------------|
| Health and social care workers | 6.6 / 10 | About the same |
| Organising care | 7.8 / 10 | About the same |
| Planning care | 6.4 / 10 | About the same |
| Reviewing care | 6.8 / 10 | About the same |
| Crisis care | 6.3 / 10 | About the same |
| Medicines | 6.9 / 10 | About the same |
| Talking therapies | 7.3 / 10 | About the same |
| Support and wellbeing | 4.0 / 10 | Worse than expected |
| Feedback | 1.2 / 10 | Somewhat worse than expected |
| Overall views of care and services | 6.7 / 10 | About the same |
| Overall experience | 6.4 / 10 | About the same |
| Responsive care | 7.4 / 10 | About the same |

Table 12 - Based on patients' responses to the Community Mental Health Services Survey, this is how EPUT compared with other trusts.

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

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

- Above (better): the Trust is better for that particular question than most

other trusts that took part in the survey

- Average (about the same): the Trust is performing about the same for that particular question as most other trusts that took part in the survey
- Below (worse): the Trust did not perform as well for that particular question as most other trusts that took part in the survey.

The full summary of the report can be found at:

<http://www.cqc.org.uk/provider/R1L/surveys/22>



Actions to address the findings of the survey

Based on the evidence derived from this year's survey response, the Trust has committed to work across five key themes to improve the experience of care:

1. Care coordination:

Working across the region to improve the coordination of care for those that use our services.

2. Care planning:

Seeking to improve the way we plan care in partnership with those that use our services, through co-production and shared decision making.

3. Physical health:

Improving the integration of physical health services and mental health services.

4. Support and wellbeing:

Reviewing the current practices for supporting people beyond healthcare, seeking to improve the experience and strengthen support.

5. Feedback:

Continue to develop our offer through *iWantGreatCare* and increase opportunities for the people and communities who use our services to give feedback.

Involvement, co-production & co-design

Reward and Recognition Policy

Since the launch of the Reward and Recognition Policy in Summer 2022, the trust has seen record numbers of involvement activities and people with lived and living experience of our services participating in both the delivery and improvement of care. This policy allows people with lived experience of accessing EPUT services to utilise their lived experience in the development, evaluation and creation of EPUT services. The Reward and Recognition Policy was an excellent example of co-design at the Trust, and

now includes a sliding scale for remuneration based on the activity type. It was collectively recognised that some activities were more demanding than others. In addition to this, we now offer a range of methods to reward and recognise participation. Further to this we now use a volunteers' management platform for our volunteering and lived experience opportunities and at any one time we have at least 30 live activities with nearly 100 different activity types including things like PLACE assessments, interview panels, and leading involvement activities. The Trust uses the kinetic platform (eput.teamkinetic.co.uk/index-classic) to manage involvement and volunteering opportunities at the trust. People with lived experience can use the platform to join the lived experience ambassador register and apply for roles and opportunities requesting lived experience expertise.

The Lived Experience team

Along with the launch of the new Reward and Recognition Policy in summer 2022, the Trust has been working hard to build our Lived Experience team. In the last year, we have seen this grow from 10 to 100, and we are continuing to increase the numbers for the lived experience team during 2023. We have an aspiration of having 500 people with lived and living experience of our services working with us across all our services, from ward to board, by March 2024.

To date, our Lived Experience team have co-produced, co-designed, and led significant change activity across the Trust, and were an integral part to the creation of the new five year Strategic Plan. That said, we have great aspirations for this team in the future, and the commitments made within the new strategic plan launched in January 2023 provide a clear statement that we have put lived experience at the heart of everything; as a golden thread throughout EPUT.

Patient safety partners

An example of one of our key lived experience roles is the patient safety partner, launched in April 2022. This team is made up of people with lived experience of our services, working in partnership with those responsible for delivering and improving our services. The team’s collective goal is to improve the safety of our services, through meaningful collaboration, co-production, and learning. At present we have five patient safety partners (PSPs) working with the Patient Safety team across all our services and we have an aspiration to grow this team over the next year at least twice over - aligning the PSPs to each of the care units, based on locality and experience.



Learning from complaints

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

EPUT is committed to providing a complaints service that is fair, effective and accessible to all.

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

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

Formal complaints received

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

In 2022/23 (April 2022 – March 2023) EPUT received 397 formal complaints regarding services across the Trust, and 13 were subsequently withdrawn. As at the end of March 2023 the number of active complaints investigations was 187.

Formal complaints upheld/ partially upheld

380 formal complaints were closed in 2022/23 (April 2022 – March 2023), with the following outcomes:

| | | |
|--------------------|------------|-------------|
| Upheld | 61 | 16% |
| Partially Upheld | 160 | 42% |
| Not Upheld | 127 | 33% |
| Withdrawn | 13 | 3% |
| *Not Categorised | 7 | 2% |
| **Not Investigated | 12 | 3% |
| Total | 380 | 100% |

Table 13 – Formal complaints rounded to one decimal place.

**Not categorised:* these are complaints that were initially resolved as formal complaints but subsequently resolved informally, resulting in a different process. This is only done in agreement with the person making the complaint and results in a faster more efficient resolution

***Not investigated:* these are complaints where it has not been possible/ appropriate to investigate for various reasons – examples include where it is established that the

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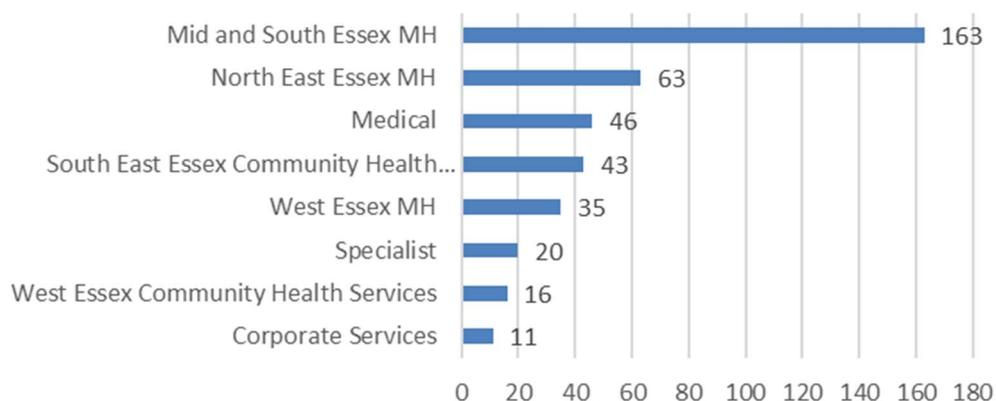
complaint actually relates to care given by another care provider (in which case the complainant is signposted to the correct provider); and where repeated attempts to contact the complainant to obtain further detail of the complaint to pursue investigation are unsuccessful.

Complaints closed within timescales

The percentage of complaints resolved within agreed timescales' indicator is a measure of how well the complaints-handling process is operating. The agreement of a timescale for the resolution of a complaint is identified in the NHS Complaints Regulations; however, these do not stipulate a percentage target to be achieved. The Trust believes that commitments to complainants should be adhered to and

aims for 100% resolution of all complaints within the timescale agreed with the complainant. The NHS Complaint Regulations (2009) state that, if a Trust is not able to provide a response within six months of receipt, then the Trust must notify the complainant in writing, explain the reason why, and provide a full response as soon as possible. This year the Trust has achieved 89% for complaints closed within agreed timescale. For 2023/24, the Trust is changing the way we measure our performance in terms of timeliness of response to complaints – we will be working to an internal target of 60 working days and “achieved within agreed timescale” will be measured against the 60-day target.

Complaints received by locality:



Graph 13 – complaints received during 2022/23 by locality/ service

The graph above details complaints received during 2022/23 by locality / service. The differences between the localities for the mental health (MH) services complaints are a result of the different volumes of service delivered in the different locality areas rather than the quality of services – for all localities for MH services, the number of complaints received constitutes between 0.5 and 0.6 complaints per 1,000 patient contacts during the year for the area.

Complaints received by primary subject:

| | Formal Complaint | MP Letter | Informally Resolved Complaint | Local Resolution | Grand Total | % of total |
|----------------------|------------------|-----------|-------------------------------|------------------|-------------|-------------|
| Clinical Practice | 178 | 45 | 49 | 20 | 292 | 46% |
| Communication | 82 | 9 | 27 | 13 | 131 | 21% |
| Staff Attitude | 75 | | 20 | 8 | 103 | 16% |
| Systems & Procedures | 44 | 16 | 16 | 5 | 81 | 13% |
| Assault / Abuse | 8 | 1 | | 1 | 10 | 1.6% |
| Security | 4 | | 2 | 1 | 7 | 1.1% |
| Discrimination | 3 | | 1 | | 4 | 0.6% |
| Environment | 3 | | | | 3 | 0.5% |
| Grand Total | 397 | 71 | 115 | 48 | 631 | 100% |

Table 14 – complaints received during 2022/23 by subject

Non-executive director reviews

An important part of the complaints process is the independent review of complaint responses by the non-executive directors (NEDs).

A random selection of closed cases are reviewed each quarter. The reviewer rates the quality of the investigation and the response, and considers whether the Trust has done all it can to resolve the complaint and if appropriate lessons were identified and taken forward. A total of 23 reviews have so far been completed for Q1-Q3 2022/23, which represents 6% of the total formal complaints closed in the whole year (376).

A further 15 reviews will be completed, to ensure that a total of 10% are reviewed. Of the 23 reviews that have been completed:

65% were rated good or very good rating for 'how the investigation was handled'.

74% were rated good or very good for the 'quality of the response'.

100% had demonstrated lessons being learned where appropriate.

Complaints to the Parliamentary and Health Service Ombudsman

During 2022/23, seven cases were referred to the Parliamentary and Health Service Ombudsman (PHSO) as the complainant was unhappy with the response received from the Trust.

Of these seven referrals:

- Five were closed without further investigation after an initial assessment by the PHSO
- One case is under investigation, and a Final Report has not yet been issued
- One referral is still awaiting an initial assessment.

Closed PHSO cases

No PHSO investigations were completed during 2022/23.

Patient Advice and Liaison service

The Trust received 2,015 Patient Advice and Liaison Service (PALS) queries.

The majority of contacts to PALS are either resolved by the team or passed to the relevant EPUT service. If the issue requires a formal complaint investigation, it is passed to the Complaints team to action through the Trust's complaints process. A total of 47 enquiries were passed to the Complaints team and 592 (29%) were signposted to other organisations.

Lessons learned from complaints

We are committed to improving safety and the patient experience by learning lessons from complaints.

All complaints received by the Trust are analysed for opportunities to learn and improve, including complaints that are resolved outside of the formal investigation process.

In addition to 397 formal complaints, the Trust also received:

- 115 complaints that were informally resolved through the Rapid Response process
- 71 complaints that were raised via local MPs
- 48 complaints that were raised and responded to locally within our services.

Some examples of lessons learned from complaints:

North East Essex MH - Community Mental Health team (Herrick House):

Following concerns raised by a friend of a patient in relation to their current treatment plan, the patient's care co-ordinator requested additional training on autism for the team to support understanding not just this patient but all people who are on the autistic spectrum as a way to ensure that their needs are understood and appropriate accommodations can be made. Additional autism training was delivered online by the lead autism clinician for

EPUT via MS Teams to facilitate maximum clinical staff accessing this.

West Essex - Community Health services, Musculoskeletal service:

Following a complaint received from a patient who received a steroid injection in their hand to treat carpal tunnel syndrome, the consent form for steroid injections was updated to include the risk of nerve damage.

Local team protocol was produced for (i) the administration of local steroid and (ii) the procedure to follow if there is a suspected nerve injury.

Mid and South Essex MH - Community Mental Health team, Brentwood:

Following a complaint received from a patient who had seen information in their notes of a decision about which they had concern, it was agreed that the rationale for this should have been recorded on the service user's care plan with clear rationale and decision making processes to be shared with the service user to prevent any misunderstanding. This was shared at business meeting with both previous and current multi-disciplinary team.

All of the above lessons from complaints were shared Trust-wide in the monthly Lessons Identified newsletter.

Learning from compliments

There were 2,195 compliments logged for EPUT services between April 2022 and March 2023. Compliments are regularly shared with staff in newsletters and team meetings, and they can provide an opportunity to highlight good practice and share learning.

Some examples of lessons learned from compliments:

North East Essex MH - Home First team, The Lakes:

"..thank you so much for your faith in me to keep my precious daughter safe, and your support to be able to see her through her crisis at home in her own familiar surroundings. It's been a

privilege to be so involved and included in her care...thank you for respecting and listening to me...you are a special bunch."

Mid and South Essex MH - Brentwood Memory service:

"Opportunities were always given for us to feel involved in what was happening. We would like to thank you for getting us to the point where we can move on with our lives and seek appropriate help as and when this appears necessary."

Good practice shared:

Ensuring the family feel supported and involved in the patient's care is important and can make a big difference to the support they can provide to the patient.

Mid and South Essex MH - Dementia Memory service, Harland Day Centre:

"Mother and father both have dementia and were struggling to maintain daily activities at home, even with care this was difficult. Rosie was amazing and listened to us and gave really good advice and support. Also the fact that she acknowledged how difficult this was for me and my wife was comforting and supported us to not feel guilty because we wanted to live our lives."

Good practice shared:

Acknowledging how difficult things are for the families and carers of patients is comforting and can help alleviate the feelings of guilt that can come with struggling to cope with a loved one with mental illness.

Mid and South Essex MH - Brentwood Memory service:

"I would just like to say what a pleasant experience I have had as a patient in your memory clinic. What at first seemed a really worrying time was in fact very positive for me. You were all caring and thoughtful...Being involved and informed is so important."

Good practice shared:

Keeping the patient involved and informed demonstrates that you care and can help reduce anxiety.

Mid and South Essex MH - Community Mental Health team, Brentwood:

"Julia, I see a tiny light at the end of the tunnel now when yesterday I see nothing. So thank you so much. Thank you also for the kindness you show me and the fact that you are a professional but you don't judge me, means so much."

Good practice shared:

Demonstrating kindness and a non-judgmental attitude helps build trust and confidence in our service.

Specialist, Basildon Learning Disability team:

"I wanted to express my sincere gratitude for the help that Dr B has given me over a period of some months. I went through what could only be described as a bleak dark time in my life. Dr B allowed me to have a safe space to express myself. She allowed me time to gather my thoughts without feeling pressured or rushed. Most importantly, she did all this without being judgemental."

Good practice shared:

Allowing patients time to think and express themselves, without pressure or judgement helps make them feel safe and build trust.

WORKFORCE

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

The following section outlines our

recent Staff Survey results as well as some of our key initiatives over the past year to achieve the above aims.

National NHS Staff Survey

The national NHS Staff Survey took place in Quarter 3, with all staff invited to participate, achieving a response rate of 42.1% (2547 responses).

Key Findings

The Trust was measured against nine themes in the 2022 Survey. EPUT scored above average in two themes, in line with average on six themes, and below average against two themes

In comparison to other trusts, EPUT scored:

Above average

We work flexibly

This theme improved by 0.1% since 2021 and saw a 2.4% improvement in the number of staff who feel that the Trust is committed to helping balance work and home life. The Trust continues to focus on supporting staff and teams on achieving a balance between home and work life, so that efforts to provide high quality care are sustainable.

Morale

Morale has maintained from 2021 levels at 6.1 for 2022, and remains above average when compared to our baseline group. All three sub-scores for morale have been maintained from the 2021 results (thinking about leaving, work pressure, stressors).

Average

We are Compassionate and Inclusive

There was no change in overall score for this theme from 2021.

There was an improvement in the number of staff who feel the organisation respects individual differences (improvement of 2.5% to 75%). However, some measures did deteriorate since 2021, for example my organisation acts on concerns raised by patients fell by 3.6% down to 72.6% of staff responding positively to this question.

We are safe and healthy

This theme saw a slight deterioration of 0.1 overall compared to the 2021 results. Results contributing to this lower score included an increased number of staff reporting coming to work in the past three months despite not feeling well enough to work (from 50.4% in 2021 to 56.1% in 2022).

There have been some areas of minor improvement in questions relating to musculoskeletal injuries and physical violence experiences from patients/ service users.

We are always learning

This theme has maintained an average standing, but seen an improvement of 0.1 when compared with 2021 results. The majority of scores improved for this theme, particularly notable is a 3.5% improvement in the number of staff feeling there are opportunities to develop their career in the organisation.

We are a team

This theme has improved from below average in 2021 to average in 2022, and has also seen a 0.1 improvement in score. The majority of responses to the questions in this category have seen small improvements, and the strong process in 2021 relating to the sub-theme line management has been maintained.

Staff engagement

Staff engagement score has worsened

by 0.1, down to 7.0 in 2022. Staff engagement is divided into three sub-scores: motivation, involvement and advocacy.

Whilst involvement scores were maintained at 7.1 from 2021, advocacy saw a decline of 0.1 (down to 6.8) and motivation down 0.1 points from 2021 (down to 7.2).

Below average

We are recognised and rewarded

There was no change in overall score since the 2021 results. 26.8% of staff were satisfied or very satisfied with their levels of pay, which is 2.9% below the national average. This is a decline of 5% from 2021 when 31.8% of staff were satisfied or very satisfied with their levels of pay.

Whilst EPUT performed below average in this measure, the average for other organisations has worsened to a greater extent (7.3% worsening from 2021).

We each have a voice that counts

Again, there was no change in overall score since 2021 results. Notable scores against individual questions include a 3.8% reduction in the number of staff who would feel secure in raising concerns about unsafe clinical practice (2022 = 73.3%).

This decrease in score for this question however is in line with the results of the average and best performing organisations nationally.

| Questions - Key Findings (weighted by occupational group) | Staff recommendation of the organisation as a place to work or receive treatment | Care of patients / service users is my organisation's top priority | Percentage of staff agreeing that their role makes a difference to patients/service users | Staff enthusiasm at work (motivation sub-score) | Recognition and value of staff by managers and the organisation | Percentage of staff able to contribute towards improvements at work |
|---|--|--|---|---|---|---|
| 2022 score | Work: 62.4% Receive treatment: 57.5% | 77.6% | 87.1% | 72.5% | 50.1% | 59.8% |
| Average for MH trusts | Work: 62.8% Receive treatment: 63.6% | 78.3% | 87% | 71.1% | 50.2% | 60.4% |

Table 15 – Key findings from the national NHS Staff Survey

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In response to these most recent NHS Staff Survey results, EPUT is holding focus group sessions with staff from across the organisation to establish what steps will be most impactful in effecting change.

Focus groups will be interactive and provide staff with a way in which they can not only contribute ideas, but take part in a dialogue with key stakeholders from the organisation who are best placed to implement change. Areas of focus will include raising concerns, quality and improvement, burnout and wellbeing, inclusion at work, engagement and recognition, and appraisals. Feedback and ideas from these sessions will inform subsequent action plans.

Equality and diversity

Following extensive work with our staff stakeholders and our EPUT Staff Equality Networks, we have established an Equality, Diversity & Inclusion (EDI) Strategy for 2022-25 in line with our:

1. Workforce Race Equality Standard (WRES)
2. Workforce Disability Equality Standard (WDES)
3. Equality Delivery System (EDS) and the
4. Public Sector Equality Duties.

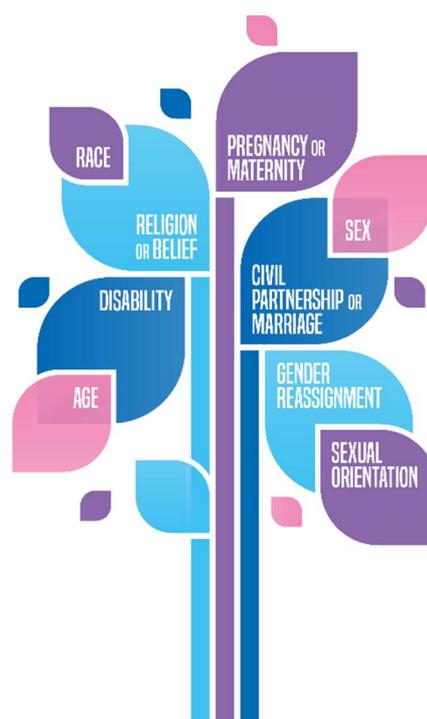
These are publicly available at eput.nhs.uk/about-us/equality-and-inclusion/ and show our progress and focusses for the upcoming year.

We are committed to challenging discrimination, both within our workforce and the care we provide. We are proud of the diversity of our staff and want EPUT to be a great place to work for all staff and feel they belong and are equally valued. The EDI Strategy is aligned with the Trust's new vision, values and objectives, providing a simple message:

- Everyone should take an active role to reduce inequalities
- Respecting one another to build an open and equitable culture that celebrates diversity
- We want everyone to have a voice.

EPUT uses the NHS Jobs (TRAC) online system to ensure that application and shortlisting for a position is done in a way that does not disadvantage marginalised or minority candidates.

We are working alongside Mid and South Essex Integrated Care System to develop and provide training to de-bias the recruitment and interview process in line with guidance from [No More Tick Boxes.](#)



Recommendations include details such as a person's name or protected characteristics being withheld from the shortlisting panel, allowing this decision to be made solely on the potential and merit of the applicant. As a Disability Confident Leader, EPUT guarantees an interview to employees who declare a disability or long-term condition who meet the role's specified requirements.

Gender pay gap reporting

EPUT has a statutory obligation to report annually on the gender pay gap and is required to publish its gender pay gap data. The full report is available on our website here:

<https://eput.nhs.uk/media/15pmx30g/eput-gender-pay-gap-report-23.pdf>

The data published includes mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile. The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

31 March 2022: the gender pay gap mean was calculated at 13.06% - this result means that **men on average are being paid 6.21% higher than women.**

EPUT data indicates a total of **1.82% of males received a bonus compared to 0.38% of females within the reporting period.**

Across the UK, men earned on average 14.9% more than women in 2022, according to the Office of National Statistics, meaning that **EPUT's gender pay gap is below the national average.**

EPUT is performing well in comparison with neighbouring providers and is the top performing NHS provider in Mid and South Essex Integrated Care System.

Equality Delivery System

This will be the last year that EPUT completes an Equality Delivery System Report as a Trust, as in 2023 the plan is to publish these collaboratively alongside our Integrated Care System partners. This report encourages an organisation to perform an internal audit with patient and staff stakeholders; as well as independent judges from our Trade Union representatives and Princess Alexandra Hospital equality, diversity and inclusion leads grading our performance based on compiled evidence from the previous year. This grading takes place over three categories; Commissioned or Provided Services, Workforce Wellbeing and

Inclusive Leadership. The outcomes will inform our EDI Strategy goals in 2023. Further information is published on our website at eput.nhs.uk/about-us/equality-and-inclusion/

NHS Accessible Information Standard (AIS)

Application of the AIS helps to meet needs in relation to a disability, impairment or sensory loss, which affects an individual's ability to communicate. The AIS applies to patients, carers or parents.

EPUT aims to address any information/communication support needs to enable better access to services and care to give a better patient experience. Further to this, we are now working across the care system with our system partners and fellow care providers to improve how our services meet the NHS AIS, in partnership with those who have lived and living experience related to accessibility of services. All staff are trained in the AIS as part of their staff induction, and resources are available on our Trust Intranet to facilitate this with support from our Communications team.

Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES)

The WRES and WDES are yearly reports requested by NHS England, and serve as a comparison of the experiences of staff who are black, Asian or any ethnic minority group (WRES) or staff with disabilities and long term conditions (WDES) against their counterparts. EPUT has worked in collaboration with staff stakeholders to interrogate a snapshot of this data from the previous year and to identify actions for improvement.

These results and action plans are publicly available on the [Trust's website](#) and drive our Equality Strategy in 2023. These will be overseen by the Equality and Inclusion Sub-Committee in EPUT, which will drive WRES and WDES action plans. Board support has also been confirmed in ensuring Trust policy and strategy aligns with these goals.

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

Equality and diversity is inspected by the CQC as part of the ‘well led’ domain of the NHS inspection programme, including an analysis of all reports listed above, as well as how issues arising from equality and inclusion data are addressed.

An inspection of the ‘well led’ domain has recently been completed by the CQC and the report is awaited at the time of writing this Quality Account. Action planning in relation to the findings of the CQC inspection will take place on receipt of the report.

Freedom to Speak Up Guardian (whistleblowing)

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

There is a requirement for every NHS Trust to appoint a Freedom to Speak Up Guardian (FTSUG) to act independently by supporting workers to speak up when they feel that they are unable to in other ways. EPUT appointed their first FTSUG in 2017.

FTSUG helps to:

- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement.

By ensuring that:

- Workers are supported in speaking up
- Barriers to speaking up are addressed
- A positive culture of speaking up is fostered
- Issues raised are used as opportunities for learning and improvement.

In August 2022, EPUT appointed an interim Guardian, whilst a formal process was initiated to recruit a new Guardian. This process has now been completed and the Trust’s new Guardian is due to commence their employment in June 2023.

| | Q1 | Q2 | Q3 | Q4 |
|--|----|----|-----|-----|
| Total number of people speaking up | 44 | 32 | 70 | 86 |
| Total number of concerns raised | 33 | 52 | 129 | 127 |
| Topics of concerns: | | | | |
| Patient safety | 4 | 12 | 30 | 8 |
| Worker safety and wellbeing | 5 | 10 | 37 | 19 |
| Bullying and Harassment | 24 | 18 | 35 | 52 |
| Inappropriate behaviours | 0 | 12 | 27 | 48 |
| Belief of being subjected to detriment | 2 | 2 | 3 | 6 |

Table 16 - EPUT’s FTSUG data for the first three quarters of 2022/23.

There was a significant increase in quarter three of people speaking up, the number of cases raised and the number of cases raised anonymously. This increase has continued into quarter four.

It is believed that the rise in cases is as a direct result of the proactive deployments and visibility of the FTSUG, a service which the Trust has been working actively to promote with a Freedom to Speak Up (FTSU) month being the focus of communications in October 2022. The Trust welcomes the increase in cases raised as it provides the opportunity to address matters of concern for our staff and identify any themes / issues that proactive action could be taken on to address Trustwide.

Data is analysed monthly and themes are reported to the CEO as well as the Learning Collaborative Partnership to be triangulated with other data held within the Trust. Over the reporting period a number of enhancements have been made to the FTSU service, which include:

1. The design of a FTSU notification document

This document standardises the information that is recorded following a disclosure being made to the FTSUG, it includes key areas of concern, whether the person wishes their identity to remain confidential and why, what the person speaking up hopes to achieve and includes a section for the person investigating the concern to record their action and findings.

2. Creation of a revised data tracking sheet

This new document enables FTSU cases to be recorded and their progress monitored. It also contains the themes of the issues being raised together with details regarding the person speaking up, which include the location of their employment, their directorate as well as data such as their banding, sex and ethnicity. It also records the outcome of the investigations and whether there were any lessons identified and how these were shared.

3. Refreshed policy and procedure

A new policy and procedure, which aligns to the national position has been created and awaits sign off by the appropriate board.

4. Developed a 12 month FTSU communication strategy

A communication strategy has been created and assisted in promoting the service during October's "FTSU month". The strategy includes opportunities to align with other celebrations such as Black History month, in order that messaging can be harmonised.

5. Engaged with other trusts to review their models and effectiveness, including those that have been subject of high profile media coverage

Support has been provided via the National Guardian Office to advise on lessons identified by trusts that have been subject to high profile media coverage. Their advice was utilised to create the Trust's FTSU response.

6. Review all training packages delivered by the FTSU service

There are several training packages in existence that are provided by the FTSUG. These focus primarily on what the FTSU service is and why it exists. Over the last six months it is clear that there are different levels of competency and awareness from managers as to how they should manage concerns that have been raised. A refreshed package has therefore been created which covers this issue.

7. Capability to be able to proactively engage with staff and locations in response to intelligence or need

The FTSUG service now deploys proactively to locations to respond to incidents or locations of concern. The FTSUG deployed this approach following high profile media coverage and this led to a number of people making contact with the FTSU service. Other proactive interventions include a response to intelligence provided regarding bullying and harassment, where further information is needed to allow the Trust to be able to fully investigate the concerns and then take robust action.

8. Next Steps

- The most significant change to the FTSU service for 2023 will be the arrival of the new FTSUG. They come with a wealth of experience and will no doubt further enhance the work completed over the last year.
- The National Guardian Office has created a reflection toolkit, for Trusts to use to benchmark their FTSU service. This will assist in identifying areas of strength as well as areas for development and risks. A review against this toolkit will be undertaken in 2023.
- Continue to develop and test the changes being implemented, whilst focusing on contributing to continuing to strengthen a culture where staff feel safe to be able to speak and know that they will be heard.

Guardian of Safe Working Hours

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

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

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

To fulfil this role, the GSWH:

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

Doctors’ rota gaps

Report on Safe Working of Junior Doctors 2022/23 (includes data from three quarterly reports from April 2022 up until December 2022).

Agency Usage

The Trust does not use agency workers within the medical workforce and relies on the medical workforce to cover the out of hours i.e. 5pm to 8.30am. One of the main factors for an increase in shifts requiring cover was due to COVID-19 absence.

| Doctors in training | |
|--|-------------|
| Total number of posts | 144 |
| Numbers of doctors in training (total inclusive of GP and Foundation) | 1 3 2 |
| Numbers of doctors in psychiatry training on 2016 Terms and Conditions (average) | 8 2 |
| Total number of vacancies | 1 2 |
| Total vacancies covered by LAS and MTI | 7 |
| Total gaps | 5 |

Table 17 – Number of doctors in training.

Exception reports

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

From April 2022 to December 2022 there has been a total of nine exception reports raised. All Exception reports are sent to the educational supervisor, and copied into the GSWH, to ensure concerns are addressed within the contractual timeframes.

From 1 April 2022- 31 March 2023, there has been a steady focus on junior doctor capacity and reducing vacancies. Some of the actions include:

1. Recruits from rolling adverts on NHS jobs and international doctors who were appointed have started in post.
2. Emails are sent to former GP and Foundation Year (FY) doctor trainees and as part of the termination process for GPs and FYs to ask if they would like to join the bank to do on-calls. This is now part of the termination process for GPs and FYs so they can express an interest in covering extra shifts when they leave EPUT.
3. 11 Fellows under the EPUT Advanced Fellowship programme were appointed last year.
4. Almost all core trainee / specialist trainee posts will be filled in the August 2023 rotation, except for a few due to Inter Deanery transfers and last minute withdrawals/ deferrals etc.

| Total number of shifts covered Locum bookings (internal bank), by reason | | | | | |
|---|-----------------------------------|--------------------------------|--------------------------------|----------------------------------|-------------------------------|
| Reason | Number of shifts requested | Number of shifts worked | Number of agency shifts | Number of hours requested | Number of hours worked |
| Vacancies/ maternity leave/ sickness/ COVID-19 absence | 112 | 112 | 0 | 1406 | 1406 |
| Total | 112 | 112 | 0 | 1406 | 1406 |

Table 18 – number of shifts covered by bank

Junior doctor industrial action

The BMA announced that after its members had been balloted, that the junior doctors would be taking industrial action from 6:59am on Monday 13 March through to 6:59am on Thursday 16 March 2023. The Trust ensured that patient safety was not compromised and a shadow rota was set up so that there was both day and night cover across all five areas of the Trust. In total 27 out of the 30 shifts were covered by internal locums plus three consultants were stood down on each of the evenings so a total of £29,454 was spent on the shadow rota.

Actions taken to resolve issues:

The Trust has taken the following steps to resolve the gaps in the rota:

1. Rolling adverts on the NHS jobs website in place. International doctors, Medical Training Initiative (MTI) and Locum Appointment for Service (LAS) doctors were who appointed and they have started their posts.
2. 11 Fellows under the EPUT Advanced Fellowship programme have been appointed last year.
3. Emails are sent to former GP and FY

trainees if they would like to join the bank to do on-calls, this is now part of the termination process for GPs and FYs so they can express an interest in covering extra shifts when they leave EPUT.

4. Junior doctors were supported in the recent industrial action, the Trust spent £29.454 to cover the shifts during this period to ensure patient safety and smooth running of the services.

**Annual Data
1 April 22 to 31 March 23 Exception Reports:**

A total of 11 exception reports were raised by trainees via the Allocate reporting system from April 2022 to March 2023.

| Doctors in training data | |
|--|--------|
| Numbers of doctors in training (total inclusive of GP and Foundation) | 126.75 |
| Numbers of doctors in psychiatry training on 2016 Terms and Conditions (average) | 77.75 |
| Total number of vacancies | 14.5 |
| Total vacancies covered by LAS and MTI | 7.25 |

QUALITY ACCOUNT 2022-23

Annual data summary: Trainees within the Trust

| Specialty | Grade | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total gaps (average WTE) |
|------------|-------|-----------|-----------|-----------|-----------|--------------------------|
| Psychiatry | CT1-3 | 40 | 49 | 46 | 48 | 5 |
| Psychiatry | ST4-6 | 29 | 34 | 34 | 34 | 6 |

Trainees outside the Trust overseen by the LET guardian

| Specialty | Grade | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total gaps (average WTE) |
|-------------|-------|-----------|-----------|-----------|-----------|--------------------------|
| GP trainees | ST1 | 14 | 20 | 21 | 20 | 3.5 |
| Foundation | FY1 | 15 | 15 | 11 | 13 | 2 |
| Foundation | FY2 | 14 | 15 | 13 | 15 | 0.5 |

The total number of shifts covered in reporting period:

| Total number of shifts covered Locum bookings (internal bank), by reason | | | | | |
|--|----------------------------|-------------------------|-------------------------|---------------------------|------------------------|
| Reason | Number of shifts requested | Number of shifts worked | Number of agency shifts | Number of hours requested | Number of hours worked |
| Vacancies/ maternity leave/ sickness/ COVID-19 absence | 495 | 495 | 0 | 5870.5 | 5870.5 |
| Total | 495 | 495 | 0 | 5870.5 | 5870.5 |

WORKFORCE - APPRAISAL & REVALIDATION

Medical staff

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

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

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

As of 31 March 2022, there were 165 doctors with a prescribed connection to EPUT. Of the 165 doctors, 142 had an annual appraisal (87.8%). Out of the remaining 23 doctors, eight were authorised delays for valid reasons. A plan is progressing for the completion of the appraisals with a view to achieving the target 90% by the end of next appraisal year. This is being monitored by the Responsible Officer through an action plan.

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

Nursing staff

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

EPUT currently employs 1760 substantive and 241 bank NMC registrants who are required to undergo revalidation. All NMC registrants, hospital and community based, are contacted and offered support and training.

Allied Health Professional staff

Every two years, allied health professionals (AHPs) are required to renew their registration with The Health and Care Professions Council (HCPC) by demonstrating they have met certain requirements showing they are keeping up to date and actively maintaining their ability to practise safely and effectively. They are also required to pay a renewal fee to remain on the register.

EPUT currently employs 409 substantive, 23 bank, 47 Mass Vaccination Programme AHP registrants who are required to undergo renewals.

GROWING OUR WORKFORCE

International recruitment (IR)

In support of our People Strategy, the Trust has successfully internationally recruited a number of nurses who are being supported to enhance the delivery of care across all areas of the Trust.



Following a pilot of 10 IR nurses appointed in 2021, EPUT submitted a

target to NHS England to recruit a further 185 IR nurses to arrive by 31st December 2022. 184 nurses arrived by December 2022 and the 185th nurse arrived in January 2023.

This was supplemented with a second 2022/23 recruitment process in Q4 for an additional 45 nurses to arrive by 31st March 2023. In addition, the Trust is pursuing IR for 24 AHPs to arrive by 31st March 2024.

The supply of mental health registered nurses (RMNs) to NHS organisations was identified as a challenge for all NHS Mental Health Trusts in the UK. At EPUT, to mitigate the challenges seen with recruitment of RMNs, adult registered nurses (RGNs) were used where appropriate. However, for the Q4 programme, the focus has returned to focus on RMNs.

To date, the Trust has secured a total of 206 IR nurses and five AHPs. We celebrate their arrival as they embed within our Trust and country.

Apprenticeships

We offer specialist apprenticeships across the health sector. These include Health and Social Care, Clinical Psychology, Allied Health Professional (AHP) and a Level 4 Assessor Coach Apprenticeship. We offer, through external providers, progression routes for AHPs, business administration, pharmacy and IT to ensure the development of the whole NHS workforce.

Our healthcare apprentices (nursing and AHP) are recruited both internally in the organisation through advertising on the Intranet and through specific adverts sent out Trust wide and externally through both recruitment drives headed by the Human Resources team and the Integrated Care Systems.

All new health care assistants are offered the opportunity to undertake a

healthcare apprenticeship delivered either internally by the Trust or externally by our partner Health Education Institute (HEI) organisations either at Level 3 (Senior Healthcare Support Worker), Level 4/5 (either Assistant Practitioner Foundation Degree or the Trainee Nurse Associate programme).

Our nursing and AHP apprenticeships offer a route for staff to progress from Level 3 to Level 4/5 foundation degree. Following this they can 'top up' to registered / qualified nurse / practitioner at one of our partner universities. Our partner universities also offer the Advanced Clinical Practitioner Apprenticeship at Level 7. For Psychology, we deliver the Level 7 programme for Clinical Associates in Psychology (CAPS) in partnership with Essex University.

For business administration we work with partner organisations to progress staff through the Level 3, 4 and 5 Apprenticeships in Business Administration and a Level 2 Accounts Assistant.

Our Pharmacy department offers the opportunity for technicians to complete Level 2, Level 3 and Level 4 and Pharmaceutical Apprenticeships for pharmacy assistants and technician progression.

A Senior Leadership Programme is available at Level 7 with a partner university. This is available to any staff working at senior leadership level that meet the entry criteria. All of our apprentices are assigned personal tutors and practice supervisors to support them whilst on programme for both their academic learning and support in their practice areas. A recent Ofsted Inspection identified EPUT apprenticeships and our pastoral support as a significant strength and we were awarded a 'Good' rating.

We are very proud of our “grow your own” programme whereby existing staff are either identified through their appraisal and supervision, or approach us directly as wishing to progress and develop through lifelong learning apprenticeship programmes.

OFSTED Inspection Commendations

- Healthcare **apprentices develop good professional behaviours**, which are highly valued in their sector.
- **Apprentices have positive learning experiences** with EPUT that add value to their job roles.
- Apprentices benefit from taking part in activities that help **develop their skills beyond their qualifications**.
- Leaders have developed a **challenging and ambitious curriculum for apprentices**, which **meets the local, regional and national priority** need to recruit and train qualified healthcare professionals.
- Tutors have highly relevant and **up-to-date clinical and vocational expertise**, and encourage feedback from apprentices on the effectiveness of their teaching strategies.
- Apprentices consistently produce high-quality work for assessment. Tutors provide **meaningful and developmental feedback to apprentices**.
- **Apprentices with additional learning needs receive effective support** from their tutors and line managers.

WORKFORCE – LOOKING AFTER OUR STAFF AND VOLUNTEERS

Looking after our staff, volunteers and students

The ‘Here for You’ staff support service has been running for two years, since its launch in early 2021. The service is delivered jointly with Hertfordshire Partnership NHSFT and provides support to health and social care staff across Essex and Hertfordshire.

20,000 staff have been supported by ‘Here for You’ since January 2021 across Essex and Hertfordshire and the service has provided over 1900 rapid clinical assessments. Of this overall provision across the system, on average the service takes approximately 50 calls/emails from EPUT staff seeking help each month. By the start of 2023, ‘Here for You’ had provided clinical assessments to 354 EPUT staff and had delivered a therapy to 147 EPUT staff. The team has transformed psychological support services for NHS, care and voluntary sector staff in our area, and received the 2021 Positive Practice in Mental Health Award for Mental Wellbeing of the Workforce in recognition of their success.

The service has more recently also been recognised as a finalist for the Great British Wellbeing Awards.

During 2022 a team providing specialist support to staff and teams impacted by serious incidents (patient and staff safety incidents) was established within Psychological Services, working in close alignment with the Here for You team.

This provides specific support in the context of serious incidents and inquests.

Broader staff health & wellbeing related activities continue to be provided within EPUT, including resources such as the Health & Wellbeing Toolkit, communications and activities related to events (e.g. a focus on men’s health during November) and access to professional services such as fast track physio. This includes the launch of ‘Sleep School’ in February 2023 which will help colleagues to manage their sleep better. Other recent staff wellbeing events have included specific events and actions to support with cost of living pressures, publicity and support related to domestic violence and to the reporting of racial abuse.

ACT4You is NHS training that aims to improve wellbeing and enhance an

individual's ability to cope with challenges, both in the workplace and at home. Delivered through a series of four online half-day workshops and based on acceptance and commitment therapy techniques, ACT4You helps develop psychological flexibility and resilience.

ACT4You invites participants to reflect on their values and those of the wider organisation, enabling better understanding of what motivates them, and why. Having a clear understanding of values and goals can help individuals when faced with challenges at work or in their personal life. Over 2022-23 ACT4You training has been expanded and is now included as an integral part of the Management Development Programme. Analysis of the evaluation data for the ACT4You programme shows evidence of positive impact on psychological flexibility, the key outcome measure.

Schwartz Rounds

Schwartz Rounds create a structured forum where all staff, clinical and non-clinical, can come together regularly to discuss the emotional and social aspects of working in healthcare.

Schwartz Rounds sessions have been held monthly to encourage staff to share the challenges and rewards that are involved in providing care. Evidence shows that staff who take part feel less stressed and isolated, and feel an increased sense of appreciation for, and insight into, others' roles. Schwartz Rounds help to reduce hierarchies between staff and help us focus on the relational aspects of providing care. They are not a forum to solve specific problems or discuss clinical aspects of care. Recent sessions include 'Why I come to work', 'In at the deep end' and 'Making mistakes'.

Key actions taken over the past year to support staff and volunteer wellbeing:

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

Volunteering opportunities

Volunteering opportunities continue to grow, through the utilisation of “Kinetic”, our volunteer management software. Opportunities have grown by 175% from 44 in 2021/22 to 121 in 2022/23. These now include a wide and varied list of volunteering activities working to improve and deliver care. Included within this are activities like PLACE visits, therapeutic activities, gardening, and transport.

Further to this, volunteering has improved in all areas - registrations are up 44%, volunteer hours are up to 602 logged hours, and we have nearly 35%

of our volunteers team as repeat contributors. Please note that table 22 does not include the mass vaccination centre volunteers.

Over 2000 volunteers supported the delivery of the COVID-19 mass vaccination programme in our vaccination centres over the past year. This included volunteers from Royal Voluntary Service and St John Ambulance.

Table 19 – Number of volunteers between March 2021- March 2023

| | Registrations | Confirmed hours | Opportunities | Sessions | Active | Converted | With logged hours | Repeat |
|------------|---------------|-----------------|---------------|----------|-----------|-----------|-------------------|----------|
| March 2021 | 178 | 2 (0) | 44 | 355 | 104 (58%) | 104 (58%) | 2 (1%) | 8 (1%) |
| March 2023 | 257 | 632 (0) | 121 | 650 | 111 (43%) | 111 (43%) | 30 (12%) | 34 (13%) |

WORKFORCE - STAFFING IN ADULT AND OLDER ADULT COMMUNITY MENTAL HEALTH SERVICES

EPUT is progressing well with its plans to improve staffing in its adult and older peoples community mental health services. EPUT is a major local system provider of mental health services providing leadership and support to develop an integrated infrastructure. Around £33m has been invested into the local services employing over 400 additional people over the last two years, with more investment and new workforce plans being developed for 2023/24. Service improvement and investment is being implemented by a number of project teams to deliver the NHS Long Term Plan and a summary is given below:

Integrated Primary and Community Care (IPCC) Mental Health Transformation

A new Primary Care Network (PCN) facing integrated primary and community mental health care model is being implemented.

This brings together local mental health, social care and Voluntary, Community and Social Enterprise sector (VCSE) staff and the organisations they represent as one, to deliver timely integrated needs led care. Across Essex most PCNs now have a mental health presence, while many have introduced integrated team working with multi-disciplinary teams being set up within each PCN. West Essex has a whole systems Care Co-ordination Centre as a mental health and physical health single point of access within primary care. A Southend PCN will commence piloting this in Q1 2023/24.

In MSE within PCNs, physical health care checks for people with a serious mental illness are consistently in or near the top ten in England.

Personality Disorder service

A personality disorder steering group oversees the development of an integrated personality disorder pathway

across Essex. This reflects three business cases and a more recent major piece of work with inpatient services to improve the transition to community care for people with a personality disorder. New treatments and training and support are being rolled out across Essex. The focus continues to be on upskilling and resourcing all our teams, whilst providing a referral treatment pathway for the most at-risk presentations. We have established dialectical behavioural therapy (DBT) and Systems Training for Emotional Predictability and Problem Solving (STEPPS) interventions in all service localities, and are implementing the rollout of structured clinical management training for service teams.

Approved clinician (AC) and responsible clinician (RC) roles

The EPUT Executive team has approved the establishment of eight new permanent multi-disciplinary approved / responsible clinician roles at EPUT. This is part of the national programme of non-medical clinician development and retention. The multi-disciplinary RC/ AC trainees will complete training in 18 months. Each trainee will be allocated a consultant psychiatrist mentor. They will also be provided with structured clinical management training, and clinical supervision training. They will receive intensive professional supervision in both areas.

Once approved by panel they will then become multidisciplinary AC/ RC consultants, focusing 40% of their job role on work relevant to the Mental Health Act and 60% of their time as senior responsible clinicians within the complex needs pathway. This will include maintaining oversight of our most complex emotionally unstable personality disorder (EUPD) and complex needs patients, with a focus on safe transitioning out of in-patient services into the community. They will be aligned to community and in-patient services in each locality area, and supported within the Personality Disorder and Complex Needs Transitioning team.

A Pioneering MSE Neuromodulation service

This service provides treatment alternatives to people with treatment resistant depression. This service provides treatment alternatives to people with treatment resistant depression. There are large number of patients who struggle with depression despite having tried various medications and or psychological therapies. neuromodulatory treatments are new and innovative treatment modalities targeting the neural circuits in the brain. Our Neuromodulation service is based at Brentwood Resource Centre. It provides rTMS (repetitive transcranial magnetic stimulation), which is a targeted, non-invasive treatment using magnetic field to stimulate the brain. It has shown to have excellent results in large number of studies and is a rapidly growing field. The service also provides VNS (vagal nerve stimulation), which is another innovative treatment targeted to prevent relapse in depression and improve quality of life. For a very select group of patients with case by case approval, the service can also provide Esketamine. All of these treatments are specifically for treatment resistant depression. The service regularly receives excellent patient feedback. They also run regular drop in sessions for patients.

The service has links with a select group of NHS trust providing similar innovative treatments. The Neuromodulation service has generated great interest amongst nursing and medical trainees. The service has also been reached out for joint research projects. The aspiration is to build the service to as a place for innovation, teaching and research opportunity in Essex with links with local teaching universities and other system partners.

Other service development highlights over the past year include:

- Thurrock has completed the Primary Care Network facing mental health integrated team implementation with psychiatrists and a mental health pharmacist joining the team in 2022.

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- Waiting lists for psychological services continue to fall, access to mental health services has significantly improved against the national 28 day target aiming to achieve less than a week, with same day to five day assessments now common place. This model will roll out across Essex. A video link describing the change process and impact is here: <https://f.io/IyIVXgXu>
- North east Essex are developing a new mental health maternity service and commencing a review redesign and implementation phase
- Essex is developing an electronic Patient Rated Outcome Measure (PROM) tool called the Recovering Quality of Life Questionnaire. The EPUT Information Management & Technology team are working with Sheffield University and NHS England to develop what to date has been a paper format that is copied into patient records. This outcome measure can be electronically sent to service user devices, completed and

returned into the patient record creating clinical dashboards and information to inform care planning and measuring improvement. Other outcome measures will be introduced after this technology has been tested including Dialog+, Core 10 and POEM. This will ensure clinical services are able to demonstrate that people using services are improving using objective evidence based tools EPUT are rolling out the introduction of a strengths and needs-based care plan across all our service teams. The care plan is based on Goal Attainment Scaling and the national goal based outcomes agenda ensuring that clinical services can demonstrate clinical improvement. This work will develop alongside system interoperability, the move away from Care Programme Approach (CPA) and whole system integrated working to deliver a one person, one system, one care plan provision for Essex.

New spirometry diagnostic unit at Rochford Hospital

In July we opened a new spirometry diagnostic unit at Rochford Hospital with our partners from the Mid and South Essex Community Collaborative (MSECC).

The purpose built unit provides diagnostic support and clinical assessment for patients living with respiratory conditions.

It offers a safe space for treatment and prevents patients having to deal with the challenges of accessing services in busy shared healthcare premises, where their conditions may make them more at risk from airborne infections.

The MSECC was formed in September 2020 to review how community health services can best meet the needs of the local community. It is a partnership between EPUT, North-East London NHS Foundation Trust (NELFT) and Provide Community Interest Company (Provide CIC).

Beverly Blackwell, Head of Community Nursing, at Rochford Community Hospital, said: *"The process, from initial conception to realisation and delivery, demonstrates the value of partnership working and the benefits of working together in the interests of all providers to deliver the best result for the community."*



New bariatric bedroom is one of the first of its kind in UK

A new bedroom for bariatric patients created at Rainbow Mother and Baby unit at The Linden Centre is one of the first of its kind across England and Wales.

We took action to extend and re-design the original four-bedroom unit to create the additional bedroom after struggling to find appropriate care for a bariatric patient and her child nationally.

The new room for women with a high body mass index has been designed with patient safety and comfort in mind and has a specially adapted bed, chair and private shower and toilet facilities.

Paul Scott, CEO said: *"I am really proud that EPUT is leading the way in providing specialist perinatal mental health care for bariatric patients.*

"Having a baby can be a time of great pressure on a woman's mental health. The new room enables a woman in need to receive the care she needs prior to giving birth or while caring for her baby on the unit with the support of our staff."

STATEMENTS FROM KEY STAKEHOLDERS

EPUT Council of Governors' statement on the Quality Account 2022/23

We have been invited to review the draft Quality Account for 2022/23. This has been undertaken by the lead governor co-ordinating thoughts and ideas from colleagues. This provides Governors with an opportunity to assure members of our Trust, via the Annual Report to members that quality is at the heart of what EPUT does and will not be compromised. We have to ensure that the priorities which were set for 2022/23 have been met and are continuing to be taken forward.

In deciding whether or not this Quality Account properly reflects the quality of service received by our patients/service users we have started by examining the very basic levels of care.

We note that Never Events and Safety Alert breaches are both at zero, that prone restraints (a subject which we have consistently raised with the Board over many years) have reduced by 95% since 2020 and are now into single figures. There is a considerable reduction in inpatient self-harm, partly through the introduction of the remote monitoring system provided by Oxehealth but also through increased recreational activities, including at weekends. We also note that the statutory duty of candour requirement is 100% compliant and that the Lighthouse Child Development Centre feedback rating is up from 2.7 to 4.88 out of 5.

Looking through the report we are concerned that again the end of year figure for out of area placements, despite the target being postponed on a number of occasions, is still not at zero. We have questioned Board members on this missed target and note that because of the pandemic and the need for some isolation the target could not be met. Other trusts in the region are also experiencing this difficulty. A contributory factor has been the increased acuity of those who are admitted into our care. We accept this explanation but will be keeping a close eye on progress. It is not in the best interests of our inpatients to be away from their families. We will be monitoring how this zero target can be achieved during the coming year.

We have also noted that the average length of stay remains persistently higher than the target or national average. We have been provided with an explanation that this is also due to the increased acuity of the condition of those in our care.

We are pleased to note that progress towards eliminating dormitory accommodation is now well advanced and this must be helpful in improving the inpatient experience. We have noted the emphasis on reducing ligature points in inpatient wards while continuing to assess and mitigate risks through structured observations.

We have for some time been concerned at some of the low scores achieved in the annual NHS Staff Survey. The staff we have are the lifeblood of the Trust.

The exemplary motivation and dedication of our staff has been recognised in the Quality Account report. While many of the results have been excellent there are still a number of statements which are regularly at unacceptable levels. We note that the Board has established staff working groups to try to address these issues and look

forward to monitoring the effectiveness of any resultant actions.

The governors hold the view that the Trust Board members actively engage in the processes relating to quality in the Trust, and treat quality as a top priority.

We appreciate the good working relationship which exists between the Board (both executive and non-executive directors) and the Council of Governors. For Council meetings, there has been regular attendance and input from directors, whose standard of report continues to be generally very high. We are also pleased that the chief executive officer, Paul Scott, has continued the practice of using the occasion of each of the Council meetings to address the governors informally on an issue of interest. His close involvement with the Council is much appreciated.

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

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

John Jones
Lead Governor
May 2023

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of The Essex Partnership University NHS Trust 2022/2023.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on The Essex Partnership University NHS Trust (EPUT) Quality Account for 2022/23. The ICB would like to thank the Trust for preparing this Quality Account, developing future quality assurance priorities, and acknowledging the continuing importance of, and increased focus on quality whilst continuing to deliver services. We recognise the challenging circumstances which have faced the team over the past year and into the next, and acknowledge the dedication, commitment and resilience of staff and we would like to thank them for this.

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

We are pleased to note that there has been further strengthening of the collaborative working between Herts & West, Suffolk & North-East and Mid & South-Essex ICBs, Specialist Commissioners and EPUT, leading to much more open and pragmatic conversations, and which is reflected in areas of progress outlined within this account. HWE ICB would also like to commend EPUT on their efforts to manage and support patients and staff through the ongoing challenges of the COVID-19 response and Care Quality Commission (CQC) inspections over 2022/23. We recognise the significant increase in demand on both the Community and Mental Health services which includes recovery and restoration of services alongside the joint work from EPUT with other local providers to reduce system pressure. We are appreciative of the continued efforts undertaken to remodel wider services to meet patient demand, endeavouring to provide a positive patient experience.

HWE ICB fully support the 'Priorities for Improvement' outlined within the Quality Account;

EPUT Priorities

- Patient safety priority 1: To improve the physical health of our patients/ service users
- Patient safety priority 2: To continue the delivery of the patient Safety Strategy (year 2)
- Clinical effectiveness priority: To implement Goal Attainment Scaling Care Planning (GAS)
- Patient experience priority: To increase use of patient/ service user feedback and experience data, to include the complaints process.
- Patient safety priority 2: 'Safety First, Safety Always' Strategy Implementation (year 3)
- Clinical effectiveness priority: Reduce length of stay across inpatient mental health wards
- Patient experience priority: Developing our lived experience and people participation capability across all services, from ward to board

As part of developing a more integrated improvement led approach to delivery across the organisation, the ICB recognise the value and collective expertise of the Quality Together group that has been established within the Trust. The development of a joint working agreement between partners has provided a positive opportunity to share intelligence using national evidence-based practice via the National Quality Board and the guidance around ICBs, but also the layered approach that will develop in terms of the Quality Assurance Framework and the four elements that will inform the delivery framework. It is hoped that this will support future ways of working across services at every level, as well as working in partnership through integrated care systems.

The Trust has been transparent about the outcomes from CQC visits in year including a Section 31 notice. They have explained the steps taken to address the concerns raised and the governance around implementation of the required action plans. We also support the new strategy plan (2023 – 2028) - 'to be the leading health and wellbeing service in provision of mental health and community care'.

The Trust's learning from its experience of being an early adopter of the Patient Safety Incident Response Framework (PSIRF) has been significant. Pro-active improvement strategies have challenged professionalisms in approaches to care and standards of service delivery, and it is refreshing to see the involvement of service users through co-production of the complaints process, and which further highlights wider involvement in the improvement process.

The ICB acknowledge the challenges for EPUT regarding increased numbers of out of area placements, despite having clear targets in place. The Trust has been transparent with regards to this and strives to develop and maintain improvements around patient and family satisfaction given the ambition to deliver services as close to home as possible.

The account sets out the benefits for service users from greater of collaborative working, through neighbourhood multi-disciplinary teams including clinicians, social workers and the voluntary sector working to ensure patients receive the support they need to prevent their conditions from deteriorating. The growth described within the Trust Lived Experience team, is really positive, recognising the potential and ambition to reach 500 people by March 2024.

It is also encouraging that the Trust's transformed community mental health services offer aims to focus strongly on prevention and improving mental health and wellbeing in partnership with communities, local government, and other partners.

From a workforce perspective it is helpful to note the focus on staff health and wellbeing, and the importance this continues to be given, including through the role of the Freedom to Speak Up Guardian. We are mindful the workforce across Trust services has been increasingly challenging during 2022/23, and we note EPUT's ambitious plans to continue to pursue international recruitment to help respond to this. We would also like to congratulate EPUT for successfully meeting the target of 185 international nurses recruited by January 2023.

The ICB recognises the challenges experienced by the Trust in 2022/23 and we look forward to a continued collaborative working relationship as well as building on existing successes and collectively taking forward needed improvements to deliver high quality services for this year and thereafter.

Toni Coles
Place Director, West Essex
Hertfordshire and West Essex ICB



Response to Essex Partnership University NHS Foundation Trust (EPUT) Quality Account 2022-23 from Mid and South Essex Integrated Care Board

Thank you for the invitation to comment on the EPUT Quality Account for 2022-23, received 28 April 2023. Mid and South Essex Integrated Care Board (MSE ICB) acknowledge that 2022-23 has been significantly challenging for all parts of the local health and social care system which includes Essex Partnership University NHS Foundation Trust (EPUT).

This response statement is reflective of adult community health services in south-east Essex and mental health services across the wider MSE ICB provided by EPUT.

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

Workforce issues remain challenging across our local health and care system, and beyond, so it is positive to see an additional 1,130 new staff commencing work within EPUT during 2022-23, including 195 nurses from the international recruitment programme and the steady progress of bank staff taking up permanent contracts. It is also positive to note EPUT's national-award-winning apprenticeship in clinical psychology.

MSE ICB fully support the 'Priorities for Improvement' outlined within the Quality Account.

EPUT's priorities.

- Patient safety priority 1: To improve the physical health of our patients/ service users
- Patient safety priority 2: To continue the delivery of the patient Safety Strategy (year 2)
- Clinical effectiveness priority: To implement Goal Attainment Scaling Care Planning (GAS)
- Patient experience priority: To increase use of patient/ service user feedback and experience data, to include the complaints process.
- Patient safety priority 2: 'Safety First, Safety Always' Strategy Implementation (year 3)
- Clinical effectiveness priority: Reduce length of stay across inpatient mental health wards
- Patient experience priority: Developing our lived experience and people participation capability across all services, from ward to board.

MSE ICB is pleased to note patient safety is the cornerstone of all patient-facing service delivery. MSE ICB fully supports EPUT's initiatives to reduce incidences of harm across service provision and the introduction of systems and processes to ensure any incidents are reviewed and learning is shared.

One of the key foundations of the national Patient Safety Strategy is the creation of a safety culture, which includes continuous learning and improvement of safety risks, the need to be supportive, ensure there is psychologically safe teamwork, and enabling and empowering 'speaking up' by all.

These key areas are reflected within the EPUT Quality Account for both physical and mental health provision, whilst it is also acknowledged that there is still more to do to build

confidence with patients, their families and with NHS commissioners, there is clear evidence of progress; significant (80%) reduction in the incidents of seclusion, 95% reduction in the use of prone restraints and the introduction of Oxevision; an infrared monitoring system, to enable staff to remotely monitor patient safety. This has been received well by staff.

It is also noted that as an NHS 'early adopter' of the Patient Safety Incident Response Framework (PSIRF), EPUT is now engaged with local community and acute providers to support the universal introduction of PSIRF, taking forward and sharing any direct learning EPUT have experienced. MSE ICB is keen to support the wider system learning as it evolves across the system and see's EPUT taking a lead role with other providers.

MSE ICB can see there is evidence of how EPUT triangulate themes and trends to support transformation. An example of this can be seen with increased patient involvement to support transformation and learning from complaints and incidents, which the ICB wholly supports. Going forward MSE ICB feel it would be helpful to expand this agenda to assist focussing the organisation as to where there may be issues around service provision worth wider investigation.

It is good to see that EPUT has invested significant time focusing on the development of a new care plan approach which captures patient outcomes, although unfortunate that the formal roll-out has been delayed. It is also good to see the raised profile of patient/ service user experience and the improved engagement of patient-led improvements and transformation, including the redesign of the complaints processes during 2022-23. MSE ICB is pleased to see service user input in agreeing the five key principles for this new process.

MSE ICB wishes to highlight and acknowledge EPUT's ongoing good work regarding the continuation of restraint reduction strategies. This is evidenced through reducing levels of restraint and violence and aggression within inpatient wards.

It is reassuring to see the impact of implementation of the 'Schwartz Rounds'; enabling clinical and non-clinical staff to reflect and discuss on emotional and social aspects of working in healthcare.

Community health services – South-east Essex

The ICB acknowledge the continued extraordinary circumstances of return and reset, following the pandemic. Increasing acknowledgement that community services and support have a direct impact on patient flow both into and out from acute settings, places them front and centre of future service development. The Community Collaborative continues to progress closer working relationships between the three organisations and will also support the development of an integrated service that combines the strengths of all three organisations, whilst truly embedding learning across our community services.

MSE ICB fully support the publication of EPUT's Quality Accounts and the opportunity to formally response as part of their publication.

F Bolger.

Frances Bolger
Executive Director Nursing and Quality
Mid and South Essex Integrated Care Board

May 2023



Response to Essex Partnership University NHS Foundation Trust (EPUT) Quality Account 2022-23 from Suffolk and North East Essex Integrated Care Board

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) confirm that EPUT have consulted and invited comment regarding the Annual Quality Account for 2022/2023. This has been submitted within the agreed timeframe and the ICB are satisfied that the Quality Account provides appropriate assurance of the service.

The ICB have reviewed the Quality Account (and enclose some feedback for your consideration). The information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12 month period.

SNEE ICB look forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of EPUT to provide a high quality service.

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

Lisa Nobes
Chief Nursing Officer

Suffolk & North East Essex Integrated Care Board
Date: 25 May 2023

Response to Essex Partnership University NHS Foundation Trust (EPUT) Quality Account 2022-23 from Healthwatch Essex

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it. We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by Essex Partnership University NHS Foundation Trust. We offer the following comments on the EPUT Quality Account.

- We recognise that the Trust has been subject to high profile media coverage about the quality of the services it has provided, with a number of negative accounts of lived experience shared on a national platform. Whilst this has been concerning to see, we are pleased to see that the Trust is supporting the Essex Mental Health Independent Inquiry and is committed to giving patients, families and carers the answers they deserve.
- It is positive to see a focus on recruitment to ensure that the Trust has adequate resources and good quality staffing to work through the challenges it currently faces.
- We appreciate that nationally there is an increased demand for mental health services which is unlikely to be met by simply doing things the way that they have always been done. It is good to see that the Trust has a focus on innovation as a way of delivering services differently to meet the new demands being placed on them. Some of the practical changes that have already been delivered, including 'Oxevision', the virtual hospital service in west Essex and the use of virtual reality within the Trust are encouraging.
- With what we already know about the challenges people face accessing mental health support in Essex, we are particularly pleased to see the opening of a Mental Health Urgent Care department. We hear regularly that emergency departments can be challenging places for people to seek mental health support and the new services EPUT is developing, including the new department at Basildon Mental Health unit, offer positive alternatives.
- It is good to see progress against all of the broader quality priorities which were set out in last year's Quality Account. In particular, it is excellent to hear that the number of patient falls across the Trust has been better than planned, that the Trust has continued to increase the number of lived experience ambassadors that it has and that there has been significant focus on reducing patient safety incidents, including the appointment of five patient safety partners. We do, however, agree that there needs to be a continued focus on building the confidence of patients, families and partners in the Trust's patient safety record.
- We are pleased to see patient experience and service user feedback at the core of service improvement, with a specific priority based upon using data effectively to identify areas which are appropriate for potential service transformation. It is reassuring to see that the Trust is prioritizing developing their lived experience and people participation capability across all services this year.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and by working hard to evidence that lived experience we hope we can continue to support the work of Essex Partnership University NHS Foundation Trust.

Samantha Glover
 Chief Executive Officer, Healthwatch Essex
 May 2023

Response to stakeholder comments

Essex Partnership University NHS Foundation Trust thanks its stakeholders for their comments on the 2022/23 Quality Account.

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

Essex Partnership University NHS Foundation Trust

STATEMENT OF DIRECTORS' RESPONSIBILITIES

The Board of Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amended Regulations 2011).

In preparing the Quality Account, the Board of Directors are required to take steps to satisfy themselves that:

- The Quality Account presents an open and balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review, and;
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Board of Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By Order of the Board of Directors:



Paul Scott
Chief Executive Officer



Professor Sheila Salmon
Chair

Date: 27/06/2023

GLOSSARY

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

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