

COUNCIL OF GOVERNORS PART 1

Meeting to be held on 21 May 2025, 14:30

Via MICROSOFT TEAMS

AGENDA

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

1	Apologies for Absence	HLD	Verbal	Noting	14:30
2	Declarations of Interest	HLD	Verbal	Noting	14:32
3	Minutes of previous meeting, held on 19 March 2025	HLD	Attached	Approval	14:33
4	Action Log and Matters Arising	HLD	Attached	Noting	14:38
Presentation: Discrimination and Violence Pilot Evaluation Elliott Judge, Employee Programme Safety Lead					14:40
5. STANDING REPORTS					
(a)	Report from the Chair	HLD	Attached	Noting	14:55
(b)	Chief Executive Officer (CEO) Report	PS	Attached	Noting	15:05
(c)	Annual Report from the Chairs of the Standing Committees: • Charitable Funds Committee	MJ	Attached	Noting	15:15
6. ITEMS FOR DECISION					
(a)	Code of Governance for NHS Providers	CJ	Attached	Decision	15:20
(b)	NHS England Self-Certification: Governor Training	PG	Attached	Decision	15:30
7.	ITEMS FOR DISCUSSION				
(a)	PLACE Results	AS	Attached	Discussion	15:35
8. ITEMS FOR INFORMATION					
(a)	Membership Update	JG	Attached	Noting	15:40

(b)	CQC Update (if required)	AS	Attached	Noting	15:43
(c)	Changes to the Council of Governors and Membership of its Committees	CJ	Attached	Discussion	15:46
(d)	Lead Governor Reflection	JJ	Verbal	Noting	15:49
9.	ANY OTHER BUSINESS				16:00
10.	QUESTIONS AND ANSWERS SESSION FROM MEMBERS OF THE PUBLIC				16:05
11.	DATE AND TIME OF NEXT MEETING 10 September 2025 (13:45 – 13:00 CEO Briefing)				16:15
12.	DATE AND TIME OF FUTURE MEETINGS 10 September 2025 (13:45) 19 November 2025 (13:45)				

Hattie Llewelyn-Davies
Chair

MINUTES OF THE COUNCIL OF GOVERNORS PART 1

Held on 19 March 2025

Via MS Teams

MEMBERS PRESENT:

Professor Sheila Salmon	SSa	Chair
Zisan Abedin	ZA	Staff Governor, Non-Clinical
Dianne Collins	DC	Public Governor, Essex Mid & South
Gwyn Davies	GD	Public Governor, Essex Mid & South
Nat Ehigie-Obano	NE	Public Governor, West Essex and Hertfordshire
David Finn	DF	Public Governor, Essex Mid & South
Paula Grayson	PG	Public Governor, Milton Keynes, Bedfordshire, Luton & Rest of England
Jason Gunn	JG	Public Governor, West Essex & Hertfordshire
John Jones	JJ	Public Governor, Milton Keynes, Bedfordshire, Luton & Rest of England
Pam Madison	PM	Public Governor, Essex Mid & South
Oladipo Ogedengbe	OO	Staff Governor, Clinical
Stuart Scrivener	SSc	Public Governor, Essex Mid & South
Neil Speight	NS	Appointed Governor, Thurrock Council
Cort Williamson	CW	Public Governor, North East Essex & Suffolk
Holly Whitbread	HW	Appointed Governor, Essex County Council

IN ATTENDANCE:

Diane Leacock	DL	Non-Executive Director
Dr Ruth Jackson	RJ	Non-Executive Director
Paul Scott	PS	Chief Executive Officer
Denver Greenhalgh	DG	Senior Director of Governance
Mateen Jiwani	MJ	Non-Executive Director
Loy Lobo	LL	Non-Executive Director / Deputy Chair
Ann Sheridan	AS	Executive Nurse
Trevor Smith	TS	Executive Chief Finance and Resources Officer
Teresa Bradford	TB	Council of Governors and Membership Administrator (minutes)
Chris Jennings	CJ	Assistant Trust Secretary
Kayleigh Reardon	KR	Advanced Mental Health Occupational Therapist
Ashish Pathak	AP	Psychiatrist Lead for Southend Rough Sleepers

There was twenty three members of the public present.

01/25 WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from:
Megan Leach, Public Governor
Nicky Milner, Appointed Governor, Anglia Ruskin University
Cllr Maxine Sadza, Appointed Governor, Southend-on-Sea City C
Helen Semoh, Staff Governor, Non-Clinical
Elena Lokteva, Non-Executive Director

SSa welcomed everyone to the meeting including all the members of the public.

02/25 DECLARATIONS OF INTEREST

There were no new declarations of interest.

03/25 MINUTES OF THE PREVIOUS MEETING HELD ON 5 DECEMBER 2024

The Council reviewed the minutes of the meeting held on the 5 December 2024 and agreed these as an accurate record.

04/25 ACTION LOG / MATTERS ARISING

The Council reviewed the action log following the meeting held on 4 September 2024 and noted one action was open relating to the hydrotherapy pool in West Essex. An update was provided confirming the Trust was commissioned to utilise the pool for 2.5 days per week and is not funded for a further use of the pool before this. This would need to be taken forward with NHS Property Services (the landlord for the pool) for them to source partner organisations to utilise the pool for the remainder of the week. The Council of Governors agreed to revisit this action in six-months to receive an update on any progress.

All other actions were closed.

05/25 PRESENTATION: SOUTHEND ROUGH SLEEPERS

Following an introduction from SSa, KR delivered a presentation regarding the Southend Rough Sleepers Programme. The presentation covered the following:

- The background of the programme, including the team members involved and the remit of the programme.
- The demographical profile of rough sleepers, which helped to focus the service in the right areas.
- The coverage of the programme and the referral criteria for individuals.
- The therapeutic interventions provided to individuals as part of the programme.
- The positive impact that the programme had on individual lives.

Questions and Discussions

- OO asked how many individuals had interacted with the programme. RK advised this was not monitored as part of the programme, as it was often difficult to establish given the transient nature of those accessing the programme.
- A member of the public asked if the A&E department could be provided with a list of services / programmes to advise patients where they can go for support. KR advised this would be followed-up with Southend A&E as this was where the programme was provided.

SSa thanked RK and AP for the presentation.

06/25 REPORT FROM THE CHAIR

SSa presented a report providing an update on key items to support the Council and details of the activities of the Non-Executive Directors.

SSa noted this would be her last Council of Governors meeting and thanked the Governors for their support and congratulated Hattie Llewelyn-Davies on taking on the Chair of EPUT position.

Questions and Discussions

- PG thanked SSa for the report and for her time at EPUT.
- PG asked if a paper could be presented to the Council of Governors regarding the outcome and benefits realisation of Time to Care. SSa agreed for this to be included in the Council of Governors schedule of business, to coincide with the paper being presented to the Board of Directors.

The Council of Governors received and noted the report.

Actions:

- **Ensure Time to Care benefits realisation report is included in the Council of Governors schedule of business, to coincide with the report to the Board of Directors. (TB)**

07/25

CHIEF EXECUTIVE OFFICER (CEO) REPORT

PS presented a report providing a summary of key activities and information to be shared with Governors, highlighting the following:

- Hattie Llewelyn-Davies had been appointed as the new Chair of EPUT and would commence in post from 1 April 2025. PS thanked SSa for her support during his time as CEO.
- An update on the Lampard Inquiry, including upcoming hearings.
- The recent announcements relating to changes at NHS England, advising the plans for EPUT have not changed.

Questions and Discussions

- In relation to the Health and Social Care Select Committee Inquiry into Community Health Services, PG shared a visit she had undertaken to a community mental health team, where she had observed a multi-disciplinary team meeting. The meeting had highlighted the complexity of services and the challenge of mental health services being involved in the community. PG felt this should be included in any submission to the inquiry. PS advised EPUT had submitted written evidence alongside other partners.

The Council of Governors received and noted the report.

08/25

ANNUAL REPORT OF AUDIT AND FINANCE & PERFORMANCE COMMITTEE

LL presented a report providing a summary of the work undertaken by the Finance and Performance Committee and Audit Committee over the last 12-months. SSa advised Elena Lokteva, Chair of the Audit Committee had given apologies, and any questions would be followed-up with her after the meeting.

Questions and Discussions

- PG commented positively on the assurance provided by the report and thanked the authors for including lessons learnt by the Committee and Chairs of the Committee.
- PG noted that Clinical Audit was now within the remit of the Audit Committee and felt this was a good change.

The Council of Governors received and noted the report.

09/25 TRUST CONSTITUTION REVIEW

CJ presented a report providing the proposed changes to the trust constitution. CJ advised the Constitution was last reviewed in May 2024, but the annual review had been brought forward to allow for changes to the constituencies to be made prior to the next Governor elections in June. CJ advised the revised Constitution had been discussed at a Task and Finish Group on the 12 February 2025 and the Council of Governors Governance Committee on the 26 February 2025, with the following amendments proposed:

- **Annex 1: The Public Constituencies / Annex 4 The Composition of the Council of Governors:** The removal of the Milton Keynes, Bedfordshire, Luton and Rest of England Constituency. The addition of the Rest of England to the West Essex & Hertfordshire constituency, with the increase of Governors from 5 to 7. The addition of Lived Experience Ambassador to the Third Sector / Voluntary Sector constituency.
- **Annex 9, Section 2: Termination of Membership:** The addition of a clause to allow the termination of membership where no response has been received to communications for a period of time.

The Council of Governors received, noted the report and approved the proposed changes to the Constitution for onward presentation to the Board of Directors.

10/25 ELECTIONS TO THE COUNCIL OF GOVERNORS

CJ presented the report and timetable for the Governor elections 2025, highlighting the following:

- The Governors whose terms of office are due to end in June 2025 and will either need to seek re-election, or take a one-year break before re-standing.
- The current vacancies which will be incorporated into the election.
- The election process, including the timetable and communication plan.

CJ asked for Governors to help promote the elections and encourage anyone in their constituency to stand for election or vote. SSa agreed it was important for members to be engaged in areas served by EPUT.

Questions and Discussions

- PG highlighted the positivity of the Prospective Governor Workshops and it was beneficial for current Governors to attend to provide information on what it is like to undertake the role.

The Council of Governors received, noted and endorsed the election procedure as highlighted in the report.

11/25 CHAIR – NON-EXECUTIVE DIRECTOR APPRAISAL REVIEWS

CJ presented a report setting out the proposed process for the appraisal review of the Chair and Non-Executive Directors for the year April 2024 to March 2025. CJ advised the Council of Governors do not appraise the Chair / NEDs, but receive assurance that the appraisals have been conducted sufficiently and there are objectives in place for the next financial year.

CJ advised the process would be different for this year as the current Chair was due to end their term of office on the 31 March 2025. It was therefore proposed that Governors undertake their review of the appraisals and previous year's objectives at this stage. The new Chair will establish objectives going forward for the next financial year, and report this separately to the Remuneration Committee, for onward presentation to the Council of Governors.

The Council of Governors received, noted the report and approved the appraisal review process and timetable.

12/25 COUNCIL OF GOVERNORS GOVERNANCE COMMITTEE REPORT AND TERMS OF REFERENCE

JJ presented a report providing an update on the work of the Council of Governors Governance Committee and presented a reviewed Terms of Reference for approval. The report confirmed the Committee had undertaken its duties for the period March 2024 – February 2025.

The Committee received, noted the report and approved the Terms of Reference.

13/25 COUNCIL OF GOVERNORS REMUNERATION COMMITTEE REPORT AND TERMS OF REFERENCE

JJ presented a report providing an update on the work of the Council of Governors Remuneration Committee and presented a reviewed Terms of Reference for approval. The report confirmed the Committee had undertaken its duties for the period March 2024 – February 2025.

The Committee received, noted the report and approved the Terms of Reference.

14/25 COUNCIL OF GOVERNORS TRAINING AND DEVELOPMENT COMMITTEE REPORT AND TERMS OF REFERENCE

PG presented a report providing an update on the work of the Council of Governors Training & Development Committee and presented a reviewed Terms of Reference for approval. The report confirmed the Committee had undertaken its duties for the period March 2024 – February 2025.

The Committee received, noted the report and approved the Terms of Reference.

15/25 LEAD GOVERNOR ARRANGEMENTS POST-ELECTION

CJ advised that the current Lead Governor (JJ) was due to end his term of office in June 2025. The next scheduled Lead Governor election is due to take place in October 2025. However, following discussion with the current Deputy Lead Governor (SSc) it was proposed that he step-up into the role of Lead Governor until from July – October 2025, where the formal election could then take place. This was subject to SSc's successful re-election.

SSa agreed and felt it was a good opportunity for SSc to experience the Lead Governor role and meant the election process could remain in its annual cycle.

The Council of Governors received, noted the verbal updated and agreed for SSc to become the Lead Governor between July – October 2025.

16/25 MEMBERSHIP STRATEGY IMPLEMENTATION PLAN

JG presented a report providing an update on the progress made with Year One of the Membership Strategy Implementation Plan and introduced the plan for Year Two. JG highlighted key milestones reached for Year One and the proposed milestones for Year Two.

SSa thanked JG for taking on the leadership role of the membership committee.

The Council of Governors received and noted the report.

17/25 CQC ASSURANCE REPORT

DG presented a report providing an update on the CQC Improvement Plan, Clifton Lodge CQC Report and Quality Assurance Visits. DG highlighted the following:

- The positive outcome for Clifton Lodge demonstrated the learning undertaken from CQC feedback and from Rawreth Court to achieve the overall rating of Good.
- The outcome of the pilot from the new Quality Assurance Visits. The feedback from the visits had been mostly positive and Lived Experience Ambassadors would be included in future visits.

Questions and Discussions

- PG asked whether the visits were about quality improvement or quality assurance. PG was concerned the visits may become “box-ticking” exercises. DG advised the visits were not intended to be “box-ticking” but understood from the pilot there may have been a couple of visits may have become more focused on this area. The intention was for the visits to allow ICB, Board and Governors receiving assurance that the teams are working well and there is a good patient / staff experience. This was the purpose of the pilot to ensure visits followed this principle and improvements to communication would be implemented to ensure everyone is aware of the purpose of the visits.
- JG advised he had attended a visit to Clifton Lodge and was very impressed by the service being provided.
- PG asked if the Council would receive the outcomes of the visit. DG advised a thematic report would be presented, once sufficient numbers of visits had taken place.

The Council of Governors received and noted the report.

18/25

QUALITY PRIORITIES

AS provided a verbal update linked to the previous item and the development of the Quality Account. AS advised nine quality priorities were identified last year and these were discussed at a recent dialogue meeting to receive feedback and identify new priorities for the next financial year. The priorities for the previous year would be carried forward, with the consideration for including suicide prevention, neurodiversity, reducing inpatient falls and reducing health inequalities.

Questions and Discussions

- OO raised a concern that lower banded staff were being asked to step-up into higher banded roles, due to sickness etc., without the required experience. AS agreed to follow this up with OO outside of the meeting.

19/25

GOVERNOR COMPOSITION AND ATTENDANCE

CJ presented a report providing details of changes to the composition, current sub-committee membership and attendance at the Council of Governors.

The Council of Governors received and noted the report.

19/25

LEAD / DEPUTY LEAD GOVERNOR REPORT

JJ presented the Lead / Deputy Lead Governor Report, providing an update on the activities involving both the Lead and Deputy Lead Governors.

The Council of Governors received and noted the report.

20/25

ANY OTHER BUSINESS

JJ highlighted that this is SSa last meeting, on behalf of all the Governors thanked SSa for her great leadership and everything she has done for EPUT.

21/25 QUESTIONS AND ANSWERS SESSION FROM MEMBERS OF THE PUBLIC
One member of public thanked SSa for all her service.

22/25 DATE AND TIME OF THE NEXT MEETING

21 May 2025 @ 13:45

DRAFT

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors Meeting
Action Log (following Part 1 meeting held on 19 March 2025)

Lead	Initials	Lead	Initials	Lead	Initials	Requires immediate attention /overdue for action	
Teresa Bradford	TB					Action in progress within agreed timescale	
Alex Green	AG					Action Completed	
						Future Actions	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
March 06/25	Ensure Time to Care benefits realisation report is included in the Council of Governors schedule of business, to coincide with the report to the Board of Directors.	TB	May 2025	Time to Care item added to the Council of Governors schedule of business and timing will be revised to coincide with the report to the Board of Directors.	Closed	
December 66/24	Provide further updates regarding the Hydro Pool in West Essex for future Council meetings.	AG	May 2025 Sep 2025	<p>The Trust is currently commissioned to utilise the pool for 2.5 days per week and is not able to fund a further use of the pool beyond this.</p> <p>Discussed at the West Essex Accountability Framework meeting and agreed for further discussions with NHS Property Services (the landlord for the pool) for them to source partner organisations to utilise the pool for the remainder of the week. .</p>	Open	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				19 March 2025: Council of Governors agreed to extend the action until September 2025 to allow for any progress to be made.		

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				Agenda Item: 5a		
					21 May 2025		
Report Title:		Report from the Chair					
Executive/ Non-Executive Lead:		Professor Hattie Llewelyn-Davies, Chair					
Report Author(s):		Angela Laverick, PA to Chair, CEO and NEDs					
Report discussed previously at:		N/A					
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report			
This report provides the Council of Governors an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Non-Executive Directors.		Approval	
		Discussion	
		Information	✓

Recommendations/Action Required
The Council of Governors is asked to:
1 Note the contents of the report
2 Request any further information or action.

Summary of Key Issues
The report provides an overview of the Chair's, Non-Executive Directors' and Board related activities since the last report to the Council of Governors.
An update report from the Chair of the Trust will be provided at each general meeting of the Council of Governors.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	
	Capital £
	Revenue £
	Non Recurrent £
Governance implications	
Impact on patient safety/quality	

Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Report from the Chair

Lead
Hattie Llewelyn-Davies Chair

REPORT FROM THE CHAIR

1.0 PURPOSE OF REPORT

This paper presents an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors (NEDs) to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Chair, NEDs and Board of Directors. This report covers the period since the last report to the Council of Governors.

2.0 ACTIVITY UPDATE FROM CHAIR AND NEDS

i) **Hattie Llewelyn-Davies**
Lampard Inquiry

Public hearings for the Lampard Inquiry took place from 28 April until 15 May. The Inquiry heard opening statements and viewed the Dispatches documentary, as well as taking a deeper look into some of the regulators' evidence and Health and Safety Executive prosecutions, Parliamentary Health Service Ombudsman reports and wards and services. Members of the EPUT Board have also been called as witnesses during the hearings.

Changes to the Board of Directors

Following the conclusion of the recruitment process for two new Non-Executive Directors, I would like to formally welcome Richard Spencer and Sarah Teather who joined us at the end of April and beginning of May. Richard and Sarah are now both in the process of meeting with other Board members and visiting services as part of their induction process and will be joining their first Board of Directors meeting in June.

Brockfield House

I was delighted to receive the news that the CQC has rated the forensic inpatient and secure wards at Brockfield House as good in all areas. This follows an unannounced inspection in April 2024, when inspectors visited Alpine, Forest, Aurora, Fuji and Causeway wards. The positive rating is a testament to the continued drive to improve care for all our patients.

EPUT Public Governor Workshops

Governors act as ambassadors for the Trust and influence how decisions are made and services are developed by making their voice heard and representing the views of others. EPUT public governor elections are taking place this summer and a series of workshops were held during April and May for members of the public to find out more about the role.

Service and Quality Assurance Visits

I have visited a number of EPUT sites with more visits scheduled since joining EPUT in April. The NEDs also continue to visit services across the geography of the Trust, including Quality Assurance Visits with Governors. This is a welcome opportunity to visit our staff on the front line to see and hear first-hand the challenges they face as well as the continuing dedication to support our patients. Since the last COG meeting, visits have included: Brockfield House, The Lakes, Linden Centre, Knightswick Clinic, Chelmer Ward, Ardleigh Ward, Kingswood Centre, Beech Ward.

International Nurses Day

The 12 May marked International Nurses Day, an important day in our calendar to recognise the work of our amazing nurses and health care assistants and the vital care they provide every day and the difference they make to the lives of so many.

Memorial Tree Campaign

As part of a national Memorial Tree Campaign, led by Doctors in Distress – a charity committed to protecting the mental health and wellbeing of healthcare workers, a memorial tree is to be planted at the Lodge in memory of colleagues who have lost their lives to suicide. A tree planting ceremony will be held in the gardens at the front of the Lodge at 11.30am on Thursday 05 June.

ii) **Loy Lobo**

Since the March 2025 meeting with the Council of Governors, I have attending meetings of the Finance & Performance Committee of which I remain a member, and the East of England Collaborative Board. I have also requested attendance of the Quality Committee as an observer and this has been approved by the Chair of the Committee. I also continue to co-chair the Joint Oversight Committee for the Nova Electronic Patient Record (EPR) implementation programme.

In April, we bid farewell to Professor Sheila Salmon who had unstintingly served EPUT for seven years. We welcomed Hattie Llewellyn-Davies as the incoming Chair, after a year-long search for the right candidate.

I attended the Rewired Conference in Birmingham to see and hear about the tech enabled transformations knocking on the doors of the NHS, and hear about the transformations that are taking place around the country. I also attended the Oracle Health Forum in London where attendees were offered a preview of the next-generation EPR that used artificial intelligence and natural language processing to transform how clinicians would interact with patient information to deliver safe and effective care.

I also addressed the latest cohort of colleagues participating in the RISE programme to share my career story of being a person from the global majority, a first-generation immigrant, and building my career in the UK. I spoke about what I had learned from my international experience, dealing with bias with empathy and compassion, and about enhancing my listening skills to better understand diverse cultures and perspectives.

iii) Dr Mateen Jiwani

Apart from the busy period working on the Lampard Inquiry committee for oversight during a busy period of requirements and process, I've attended Board, Board Seminars, Quality Committee, Audit Committee, chaired the Charitable Funds Committee and Lampard Inquiry Oversight Committee. I have also attended the NED Discussion Group, Education Boards/meetings, Ward visits, Unified Board meetings for the EPR program, Remuneration and Nomination Committee, People Committee and helped steer some of the challenge in the Quality assurance visits. I continue to deputise for the chair at Hertfordshire and West Essex Chairs meeting.

I continue to do a number of Quality Assurance visits which, is the new way to work with ICB colleagues to ensure we have positive impact on our services and assurance in the models of working. I also am now triangulating the Quality Committee to the Quality Assurance visits to ensure we have a clear pathway from ward to board.

The Quality Committee, is really making head way with NHS England's support to shape its new reporting and metrics for assurance and it had the first face to face committee since the pandemic. We start to build on a new measure and dashboards with a focus on our strategic objectives. The team with our new CNIO and Medical team seem to have taken on the challenge to report more meaningful metrics that challenge our execution and foster a superior learning environment. The Quality accounts were reported this quarter and the learning from deaths report.

iv) Elena Lokteva

It has been an especially active period for the Audit Committee, driven by the preparation of the FY24/25 Annual Report and Financial Statements. During this time, I have chaired two Audit Committee meetings and held a Draft Annual Accounts page turn session. I would like to thank my executive and non-executive colleagues for their continued engagement and contribution to the Committee's work.

In my capacity as a Non-Executive Director, I also actively participated in Board meetings, as well as the Lampard Inquiry Oversight, Remuneration, and Quality Committees.

v) Diane Leacock

Since I last updated the Council of Governors, I chaired the Finance & Performance Committee and I have attended and contributed to NED Discussion Groups, the Lampard Inquiry Oversight Committee, the People, Equality & Culture Committee, the Remuneration & Nomination Committee, NED / CEO meetings, NED / Governor Informal meeting, and the April Board of Directors meeting. I also attended

the Suffolk and North East Essex Chairs Group where we discussed the challenges facing the system and all systems across the country and they aim to meet current efficiency targets.

In the Finance & Performance Committee, I was pleased to note the continued significant reduction in temporary staffing expenditure. Bank costs reduced by £0.7m (256 WTE) in month 11 compared to month 10. The focus of the Executive Chief Finance Officer and his team has been finalisation of the Operational Plan for 2025-26 and preparation of the annual accounts for audit. These two significant and challenging exercises have been undertaken by the Finance team, at times in parallel, and full credit and thanks should be extended to them for timely completion.

At the newly renamed People Committee, we have been monitoring the Time To Care updates and, in particular, the progress of recruitment and initial benefits realisation. Recruitment into these key positions will go some way to reducing the temporary staffing bill.

Finally, during April, I was delighted and honoured to share with participants of the RISE programme highlights from my journey as a Non-Executive Director. If one facet of my story can inspire or make a difference, then it would have been worth it.

vi) Dr Ruth Jackson

Since the last Council of Governors report I have attended the Board of Directors, Board development sessions, Remuneration & Nomination Committee, CEO/NED briefings and the regular NED discussion group. I have assumed the role of Chair of the People Committee (PC) and I am the NED with oversight of Freedom to Speak Up. Building on the work of the previous Chair (Diane Leacock) and with the support of Andrew McMenemy and colleagues we are refining the datasets presented at PC which will focus are discussions on salient issues. I am also the Freedom to Speak Up (FTSU) NED Champion and meet with the Principal Freedom to Speak Up Guardian on a regular basis. These interactions have illustrated the importance of supporting the culture of FTSU is in terms of patient safety and the wellbeing of our staff. In addition, it is helpful that I am now a member of the Quality Committee and this is enabling me to make clear connections between the quality and workforce initiatives and triangulate this with feedback from the WRES, WDES, Staff Survey and FTSU.

I have undertaken a number of Quality Assurance Visits most recently in Colchester and Rochford seeing both inpatient and community teams. These visits have enabled me to see the impact that initiatives such as Time to Care and the implementation of our workforce plan are having in clinical areas. During these visits teams have also been able to showcase some of the innovations and initiatives they are developing and highlighted the need to create networks to share this good practice across the organisation.

I have recently attended one of the Lampard Inquiry hearings and this has given me a useful insight into the process and the resources and support that will be required throughout this important process

vii) Richard Spencer

I'm delighted to have joined EPUT, and have had a positive first couple of weeks. I have begun the process of meeting each of the Executive and Non-Executives on the Board one-on-one, and aim to complete that by the end of May. In addition I'm creating a plan of site visits which piggy-backs off existing plans where possible, to increase my understanding of our organisation and the experience for service users and staff. I've attended my first Board meeting (a short extraordinary Board meeting), and will be joining the Finance and Performance Sub-Committee and the Lampard Inquiry Oversight Committee going forward. In addition I hope to attend all other sub-committees at least once in the next few months as an observer, helping me to get up to speed with the wider picture at EPUT.

3.0 RECOMMENDATIONS AND ACTION REQUIRED

The Council of Governors is asked to:

1. Note the content of this report.

Report prepared by
Angela Laverick
PA to Chair, Chief Executive and NEDs

On behalf of
Hattie Llewelyn-Davies
Chair

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				21 May 2025		
	Report Title:		Chief Executive Officer (CEO) Report				
	Executive Lead:		Paul Scott, Chief Executive Officer				
	Report Author(s):		Angela Laverick, PA to the Chair, Chief Executive & Non-Executive Directors				
	Report discussed previously at:						
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report		
This report provides a summary of key activities and information to be shared with the Council of Governors.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to: 1. Note the contents of the report

Summary of Key Points
The report attached provides information on behalf of the CEO and Executive Team in respect of performance, strategic developments and operational initiatives.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	Capital £ Revenue £ Non Recurrent £
Governance implications	

Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports and/or Appendices
Chief Executive Officer (CEO) Report

Non-Executive Lead:
Paul Scott, Chief Executive Officer

CHIEF EXECUTIVE OFFICER REPORT

1. UPDATES

1.1 Welcome Trust Chair Hattie Llewelyn-Davies

I am pleased to welcome Hattie Llewelyn-Davies to EPUT, and I eagerly anticipate collaborating with her as we advance the transformation of mental and community health services for the residents of Essex and beyond. I would like to extend my heartfelt gratitude to Professor Sheila Salmon for her exceptional leadership during her seven-year tenure as Chair at EPUT. Sheila has been a fervent advocate for the local community, tirelessly championing the need for enhancements in patient care across EPUT's diverse range of services.

While we have made significant strides over the past few years, our work is far from complete. We remain committed to our ambitious agenda, which includes a comprehensive transformation of our inpatient wards through the Time To Care initiative, the development of a unified Electronic Patient Record system encompassing acute, community, and mental health, and an unwavering dedication to collaborating with patients, families, and carers.

Together, we will continue to build on our achievements and strive for excellence in the care we provide.

1.2 Clifton Lodge Improved CQC Rating

I am delighted and immensely proud of the recent improved CQC rating for Clifton Lodge, from 'Requires Improvement' to 'Good'. The upgraded CQC rating for Clifton Lodge is a testament to the unwavering dedication and excellence demonstrated by our staff and underscores our commitment to providing high-quality care and maintaining a positive environment where residents can thrive. We will continue to build on this success and strive for further improvements in the future.

1.3 Lampard Inquiry Update

As Governors will be aware, the Lampard Inquiry Hearings were scheduled to take place during April, with members of the EPUT Board called as witnesses during week 3 of the hearings. Many of you will have seen that there has been significant local and national media coverage of the hearings, which understandably some colleagues, patients and their families and carers may find upsetting. Details of support available has continued to be shared with our colleagues and patients during this time. There has also been a change to the planned schedule, where Zephany Trent, Executive Director of Strategy, Transformation and Digital had been due to give evidence about the use of the Oxevision patient monitoring technology on our inpatient wards. However Chair Baroness Lampard has decided to postpone this evidence to a later date to give her team more time to review updated material we provided recently about our use of Oxevision. An update explaining this has been published on the Lampard Inquiry website.

Dr Milind Karale, Executive Medical Director has given evidence to the Inquiry about inpatient care, and I will be giving evidence about the Trust's position statement and answer specific questions about the Trust and its services.

1.4 Lampard Inquiry – List of Issues Update

The Lampard Inquiry first published a draft List of Issues, which provides a more detailed approach to investigating issues raised in the Lampard Inquiry Terms of Reference, in July 2024. The Inquiry have recently updated the List, taking into account the Opening Statements by Core Participants and issues that have arisen as a result of the Inquiry's investigation. The List is a working document and may evolve while the Inquiry receives evidence and undertakes its investigation with issues added, removed or amended as appropriate. Baroness Lampard, the Chair of the Inquiry, will decide the extent to which the issues should be investigated to meet the Inquiry's Terms of Reference. The Inquiry recognises that during the 24 years being considered, standards, practices, policies, procedures, as well as the legislative and regulatory framework under which mental health care and treatment was provided has changed and that there may be issues which, due to the passage of time

and / or lack of available evidence cannot be addressed fully or in part. More information is available on the [Lampard Inquiry website](#).

1.5 Increase in Clinical Staff

As part of our Time To Care programme, which focuses on our inpatient sites with a novel approach to staffing and updates to our operating model, we have implemented a comprehensive plan to increase staffing levels for critical clinical roles. This plan also includes initiatives such as the enhanced recruitment of additional Health Care Assistants, among other efforts. While there is still work to be done in the coming months, it is an opportune moment to reflect on our progress and plan the next steps.

Between April 2024 and February 2025, the Trust successfully appointed staff to the following positions:

- 201 Qualified Nurses
- 65 Allied Health Professionals
- 14 Substantive and 5 NHS Locum Consultant Psychiatrists
- 169 Health Care Assistants

This staffing increase allows us to reduce reliance on agency staff and minimise our use of bank staff. This shift provides greater consistency and quality of care for our patients, as well as improved financial stability, which in turn supports greater investment in the quality of care and future services.

We have collaborated closely with Care Unit management teams and clinical leaders to establish safe staffing levels for each ward and unit. This process enables us to review staffing levels to ensure the delivery of high-quality, safe care for our patients while operating efficiently. These efforts will help us continue to drive improvements in care and services across the Trust.

1.6 New Combined Electronic Patient Record

I am delighted to be able to announce that Oracle Health have been awarded the contract to deliver the new unified Electronic Patient Record (EPR) system across the hospitals, mental health and community services delivered by Mid and South Essex NHS Foundation Trust (MSEFT) and EPUT. Oracle Health are one of the leading healthcare IT systems in the world, and this new system will be a 'first of type' covering services provided by both MSEFT and EPUT in the Mid and South Essex Integrated Care System, along with EPUT services in the Hertfordshire and West Essex and Suffolk and North East Essex systems. This will completely change the way our clinicians view and record our patients' health and care information, giving them access to each patient's information in one place. The new system will improve patient safety and experience and will support better coordination and collaboration between teams across the services it covers. It will also reduce the amount of time our clinicians spend on processes and administration, enabling to spend more time with patients.

We expect the new EPR to launch in 2026/27 and are working closely with colleagues in MSEFT, EPUT, primary and social care, and also involving our Lived Experience Ambassadors, people with direct experience of using our services, and their families to ensure that the design of the new system takes our patients' needs into account.

1.7 Support for Staff experiencing physical assault

Governors had requested information on the range of support we provide for any staff who experience physical assaults. Governors were keen to understand the support available and whether this is available for bank staff.

We have a number of Employee Experience Managers who take offer dedicated support to staff, both substantive and bank workers, either on a one-to-one basis or as a team. This is especially where there have been physical incidents, where site visits are undertaken which provides staff with support and an opportunity to privately discuss incidents within the work place and raise concerns within a psychologically safe environment. The Employee Experience Managers provide initial wellbeing guidance and escalate concerns when appropriate.

In addition, staff have access to other support mechanisms, including:

- **Occupational Health Service** which provides health assessment, including assessments relating to physical workplace incidents, workplace assessments, physiotherapy etc.
- **Here For You Service** provides psychological support for all staff, including where they have experienced physical violence within the workplace, experiencing distress, mental health difficulties or trauma in the context of their work.
- **Employee Assistance Programme** which is delivered by our Occupational Health Provider, provides a professional independent service offering support, guidance and counselling for a wide range of issues and concerns, which includes physical violence.

				Agenda Item No: 5c						
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1				21 May 2025				
Report Title:		Annual Report from the Chairs of the Standing Committees: <ul style="list-style-type: none">Charitable Funds Committee								
Report Lead:		Dr Mateen Jiwani, Chair of the Charitable Funds Committee								
Report Author(s):		Chris Jennings, Assistant Trust Secretary								
Report discussed previously at:		N/A								
Level of Assurance:		Level 1			Level 2		✓	Level 3		

Purpose of the Report		
This report provides the Council of Governors with a summary of work undertaken by the Charitable Funds Committee.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to note the contents of the report.

Summary of Key Issues
<p>The Trust Standing Committees are an integral part of the Trust's corporate governance arrangements, which has been established in line with statutory and regulatory requirements.</p> <p>The attached annual reports provides assurance that the Charitable Funds Committee has been fulfilling its Terms of Reference, that any issues and recommendations identified were escalated to other committees and/or Board as appropriate, and that all risks were recorded on the appropriate risk registers.</p>

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:		
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives		✓
Data quality issues		
Involvement of Service Users/Healthwatch		
Communication and consultation with stakeholders required		
Service impact/health improvement gains		
Financial implications:		n/a
Governance implications		✓
Impact on patient safety/quality		✓
Impact on equality and diversity		
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
Accompanying Report

Lead
Dr Mateen Jiwani Non-Executive Director / Senior Independent Director Chair of the Charitable Funds Committee

Agenda Item: 5c
Council of Governors Part 1
21 May 2025

**BOARD STANDING COMMITTEE REPORT
CHARITABLE FUNDS COMMITTEE
1 MAY 2024 – 30 APRIL 2025**

1.0 INTRODUCTION AND PURPOSE OF THE REPORT

The purpose of this report is to provide a summary of the work undertaken by the Charitable Funds Committee during the period 1 May 2024 – 30 April 2025, and to set out how they have performed against the responsibilities as defined in their Terms of Reference.

On review of the minutes for each committee, assurance is provided that the Committee has been fulfilling their terms of reference and that any issues and recommendations identified were escalated to other committees and / or the Board as appropriate, and that all risks were recorded on the appropriate risk registers.

2.0 CHARITABLE FUNDS COMMITTEE

Membership	Administration
<ul style="list-style-type: none"> The Committee was chaired during the year by Dr Mateen Jiwani, Non-Executive Director. Included in the current membership are: <ul style="list-style-type: none"> Dr Ruth Jackson, Non-Executive Director Denver Greenhalgh, Senior Director of Corporate Governance Nigel Leonard, Executive Director of Major Projects and Programmes Trevor Smith, Executive Chief Finance Officer In attendance included: <ul style="list-style-type: none"> Simon Covill, Director of Finance Clare Barley, Head of Financial Accounts Denver Greenhalgh, Senior Director of Governance Mark Graver, Head of Public Affairs The Committee is supported by subject matter experts who attend as required, and undertakes 'deep dive' items to gain a deeper understanding and assurance on key topics. The Committee was observed during the year by Stuart Scrivener, Public Governor. Meetings were held twice within the time period. All meetings met the obligations regarding membership, attendance and quorum. 	<ul style="list-style-type: none"> The Committee maintains an annual reporting cycle and actions arising from the meetings are recorded on an action log. Together, the minutes and the action log are used to plan, record and monitor the work of the Committee. The reporting cycle is updated annually and is amended as necessary through the year to take account of changes in reporting structures and any items which may be required to report to the Committee. Throughout the year the Committee has received a range of information in accordance with the reporting cycle. Administration relating to Committee business was undertaken by Carol Riley, PA to Executive Chief Finance Officer and Emma Bullard, Board Committee Secretary. In line with the Terms of Reference, the agenda and accompanying papers were circulated to members during the week prior to each meeting. The Chair provides an assurance highlight report on Committee business at the following Trust Board meeting, with the opportunity to raise discussion points. Committee minutes are approved as a true record of the meeting. The Committee was observed by a member of the Council of Governors.

Terms of Reference

The Board of Directors act as 'corporate trustee' with day to day management of the funds delegated to the Charitable Funds Committee as per the Trust's standing orders and schemes of delegation. The duties of the Committee includes:

- Investing, managing and spending charitable donations efficiently in accordance with the Trustee Act 2000 and in line with its charitable objects
- Maintaining a proper distinction between the Corporate Trustee's responsibilities as a trustee and EPUT's other functions
- Acting in accordance with the conditions for which a donation is made and keeping general funds separate from designated funds.

The Charitable Funds Committee has been fulfilling its terms of reference during the period of 01 May 2024 and 30 April 2025.

Items the Committee dealt with during the period May 2024 –April 2025:

Charity Accounts

The Committee meeting in September 2024 received the Charity Annual Report and Accounts for 2023/24 requesting approval for submission to external auditors for independent examination.

The Committee meeting in November 2024 received the final charity accounts following External Audit, including the reclassification of some elements of income. The Committee approved the Charity Accounts 2024/25 for onward approval by the EPUT Board of Trustees.

Financial Update

The Committee received a regular financial update, providing the position of the charitable fund and a breakdown of the income and expenditure. Details were also provided of charity legacies and sought approval for the payment of any administration fees for the fund. The Committee at its meeting in September 2024 discussed the report and suggested a business approach be taken to capitalise on reinvestment opportunities.

The Committee received an update regarding the closure of a charity linked to the Trust, with the proposal that any residual funds be transferred to the EPUT Charitable Fund, with the caveat that the money should be earmarked for spend for the area where the charity would have designated the funds. The charity had been advised of the Terms of Reference for the Committee and the process to be followed for making the donation. The Committee were advised that relevant due diligence would be undertaken prior to the donation being accepted.

The Committee received a further update its meeting in November 2024, confirming the transfer of funds had been approved by the charities board. A meeting would take place in January 2025 to formalise details with regards to the transfer.

General Bidding Process

The Committee at its meeting in September 2024 received a proposed bidding round for the Trust's general purpose funds 2024/25. The bidding round would take place in October 2024, with the Committee receiving bids for approval in November 2024, or submitted to the Board if the amount exceeds the delegated authority of the Committee. It was noted that any bids that are not affordable or not successful would be used as an opportunity to encourage fundraising.

The Committee discussed the proposal, highlighting the importance of training and guidance for staff on how to utilise any funding received. The Committee also discussed ensuring the bidding process was undertaken as widely as possible and not focusing solely on mental health initiatives. It was also noted the importance of ensuring the bidding process coincides with the business planning process.

The Committee meeting in November 2024 received the outcome of the bidding process, noting that 53 bids had been submitted. Of the 53 bids, 43 were approved and 10 bids were rejected or deferred for further review. Of the 43 approved bids, six could be funded through legacies and a further two funded from the services own fund. The Committee received information on the 10 rejected bids, providing the reasons and / or further action to be taken to allow a reconsideration of the bid.

The Committee discussed bids requiring input from corporate services to ensure there would be sufficient resources. It was agreed the bids would be considered in the next planning round to ensure completion dates were sufficient for any work to be undertaken. The Committee noted any bids exceeding £10k requiring further approval by the EPUT Board of Trustees.

Charitable Funds Policy

The Committee received a revised Charitable Funds Policy for approval at its meeting in November 2024. The policy was due for its three-yearly review and would be submitted to the EPUT Board of Trustees for ratification. The Committee approved the policy, with an action to review the policies of other organisations to identify any additions to be included for future reviews.

Communications Update

The Committee received an update in relation to fundraising within the Trust. The Committee was advised that the Trust did not have anyone with the specific skill set to develop the Trust's fundraising processes. The Committee received a subsequent update in November 2024 providing details of

the working undertaken with partner organisations to help EPUT further develop its own fundraising process. The Committee agreed to continue monitoring this area to ensure it is sufficiently taken forward.

The Committee suggested introducing Charity Champions in the Trust, who would help start the process of encouraging staff to participate in fundraising activities.

Wellbeing Roadshows

The Committee received a presentation at its meeting in November 2024 regarding Wellbeing Roadshows funded by NHS Charities Together. The roadshows had received positive feedback from staff and a process was now underway to plan roadshows that can reach out to community staff.

3.0 ACTION REQUIRED

The Council of Governors is asked to:

- Note the contents of the report

		Agenda Item No: 6a					
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				21 May 2025		
Report Title:		Code of Governance for Foundation Trusts Review 2024/25					
Report Lead:		Chris Jennings, Assistant Trust Secretary					
Report Author(s):		Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:		CoG Governance Committee – 28 April 2025					
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report

This report provides an update and assurance on the Trust's compliance with the provisions in *Code of Governance for NHS Providers 2022* (the Code) in preparation for the inclusion of the 'comply/explain' principals and necessary disclosures as part of the Trust's Annual Report 2024/25 submission.

Approval	✓
Discussion	
Information	

Recommendations/Action Required

The Council of Governors is asked to:

- 1 Consider the findings of the internal review of the Trust's compliance with the Code as a pre-requisite assurance to the Board of Directors in the preparation of the Trust's Annual Report 2024-25;
- 2 Confirm acceptance of assurance given as evidence that the Trust complies with the provisions of the Code and/or there is sufficient explanation as to why it has departed from the Code if applicable;
- 3 Request any further information or action.

Summary of Key Issues

The purpose of the Code is to provide guidance to help Trusts deliver effective and quality corporate governance, contribute to better organisational performance and ultimately discharge their duties in the best interests of patients.

The Trust's Annual Report must include a statement as to how the Trust applies the Code and also confirm that the Trust 'complies' with the provisions, or if not, provide an explanation as to why it has departed from the Code.

The review process to be followed is as follows:

- Self-assessment against the Code of Governance
- Internal independent assessment by the Council of Governors Governance Committee (Completed)
- Report to Council of Governors (21 May)
- Assurance report to Finance & Performance Committee (22 May)
- Final annual report, including relevant statement to Board of Directors (4 June)

The self-assessment review of the Trust's position against the Code was undertaken by the Assistant Trust Secretary.

The review indicates the Trust is fully compliant all provisions, except B.2.7 where the Trust has deviated. This was caused by the ill health stepping-down of a Non-Executive Director in March 2024. The Board of Directors composition is Seven Non-Executive Directors (excluding the Chair) and Seven Executive Directors in a voting capacity. In year, the Trust operated with a reduced Non-Executive Director establishment as a consequence of a Non-Executive Director stepping down due to ill health (March 2024) and another stepping down to a change of circumstances (October 2024). The Chair took an active decision to hold

these positions for recruitment pending the new Chair appointment. This was mitigated in Board Committees with the use of Associate Non-Executive Directors and made provisions for occasions where a board vote may be required. In year, there was no such circumstances where a vote was required.

The findings of the Council in relation to the comply / explain requirements for inclusion in the annual report will be presented to the Board of Directors Finance & Performance Committee for assurance and thereafter to the Board of Directors in June 2025.

Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered

1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Health watch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	
	Capital £
	Revenue £
	Non Recurrent £
Governance implications	✓
Impact on patient safety/quality	
Impact on equality and diversity	
Equality Impact Assessment (EIA) Completed	YES/NO
If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	

Another non-statutory responsibility of the Council of Governors (please detail):

- Providing assurance in relation to Code of Governance Self-Assessment

✓

Acronyms/Terms Used in the Report

CoG	Council of Governors		
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Supporting Documents and/or Further Reading

Code of Governance Review 2023-24

Lead

Chris Jennings

Assistant Trust Secretary

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
CODE OF GOVERNANCE FOR NHS PROVIDERS END OF YEAR REVIEW
2024/25

Code	Provision	Comply	Narrative 2024-25
Section A: BOARD LEADERSHIP & PURPOSE			
A.2. Provisions			
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaborates. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	✓	<ul style="list-style-type: none"> The Board of Directors undertakes a review of its effectiveness to ensure efficiency and economy. A review is undertaken annually as part of the Board sign-off of operational plans. These plans include both revenue and prioritised capital budgets with Operational Plans subject to NHS approval. On an annual basis, the Trust External Auditors perform an Annual Audit Review which includes Value for Money (VFM) assessment. The assessment reviews the proper arrangements are in place to secure economy, efficiency and effective Use of Resources. The 2023/24 annual assessment concluded there were no matters to report by exception on VFM. NHS England completed a well-led review based on the CQC standards. The results were presented to the Board of Directors in October 2024. The recommendations from the review have been developed into a plan, which will be taken forward via Board Seminar Sessions. The Trust has performance, quality and finance management systems in place to measure and monitor the Trust effectiveness, efficiency, economy and quality of services on a day-to-day basis. The internal processes are monitored via an integrated performance dashboard and a series of audit processes, including External Audit, Internal Audit and Clinical Audit programmes.

Code	Provision	Comply	Narrative 2024-25
			<ul style="list-style-type: none"> • The Target Operating Model provides for individual care units to make decisions on the delivery of services by clinical managers which ensures the quality and safety of services for patients. The Accountability Framework provides clarity on the level of responsibility and accountability for the decisions made within the clinical care units. • The Board receives a Quality & Performance Scorecard which provides detailed data to measure the effectiveness, efficiency, economy and quality of services on a regular basis. The scorecard is scrutinised by the Board standing committees and the new Power BI report allows for a more detailed review of all data, including any hotspots and mitigating actions. • The Board Assurance Framework (BAF) is presented at each Board meeting and relevant standing committees, reviewing any key strategic risks and providing updates on any mitigating actions or hotspots for escalation. • The Trust is inspected by the Care Quality Commission (CQC) and the outcomes of any inspection are reported to the Board of Directors to provide assurance on services provided or identifying any issues highlighted by the CQC. • The Trust has a CQC Improvement Plan, which incorporates all areas for improvement identified. The plan is monitored via a CQC Action Leads meeting, which is attended by Care Unit leaders for the identification and implementation of improvement actions. There is also an Evidence Assurance Group, which reviews evidence of action completion to provide additional assurance and ensure impact has led to sustainable change. The Evidence Assurance Group is comprised of our partners from all three ICBs and is chaired by a member of the MSEICB to provide challenge for any actions deemed to have been closed and provide any support for actions requiring input by the wider system. The group increased the number of meetings from January 2025 to increase the pace of assurance.

Code	Provision	Comply	Narrative 2024-25
			<ul style="list-style-type: none"> The Compliance Team complete an internal review programme which provides additional assurance in relation to the quality of services and respond to any information requests / inquiries from the CQC. The Trust works closely with system partners and is involved in collaborative working across the system. Examples include: The Mid & South Essex Community Collaborative partners (EPUT, NELFT & Provide); Mental Health Specialist Commissioning Collaborative detailed in the annual report; and joint working with MSEFT for the joint procurement of new Electronic Patient Record. The Annual Report for 2023/24 provides a section Key Issues, Opportunities and Risk (Page 14) which includes information on opportunities and risks to future sustainability, lined to the strategic objectives for the organisation.
A.2.2	The board of directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaborates. This should be a formally agreed statement of the organisation's purpose and intended outcomes, and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners and other decisions.	✓	<ul style="list-style-type: none"> The vision and values of the organisation are underpinned by partnership working. The Vision and Values for the organisation were developed in September 2021 as part of the development of Strategic Objectives, which included consideration of the development of ICB's and the focus on place-based delivery of services. These were developed in consultation with a range of key system partners. The Vision and Values are underpinned by an overall purpose, which articulates working together with patients, families and system partners as part of the ICB working to ensure there are joined-up services. The Trust undertakes collaborative working with system partners, including the Mid & South Essex Community Collaborative involving NELFT and Provide Community. The Vision and Values led to the development of Strategic Objectives, which includes a focus on transformation to develop the culture within the organisation to deliver the vision and values.

Code	Provision	Comply	Narrative 2024-25
			<ul style="list-style-type: none"> The Strategic Impact report to the Board of Directors provides an update on key transformation work to develop and drive the culture and behaviours within the organisation to achieve the vision and values of the organisation.
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	✓	<ul style="list-style-type: none"> The Quality & Performance Scorecard includes a Workforce & Culture section which provides a range of KPI's for monitoring culture, including staff turnover and sickness absence. The Staff Survey results are discussed by the Board of Directors on an annual basis, which provides a key indicator in terms of the culture of the organisation. Where the results raise cultural issues, these are developed into action plans to identify and address the concerns. The Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) are additionally used as a measure of internal culture. The results from previous years as well as national comparisons are used to identify potential issues and actions identified to address the concerns. The Board Assurance Framework was reviewed and the Workforce risk was closed and three new more focused risks identified (Staff Retention, Workforce Planning and Organisational Development) The Annual Report 2023/24 (Page 101), includes information on staff wellbeing, involvement and recognition, including staff networks, engagement champions and staff recognition scheme. An externally facilitated external review has been commissioned for 2025/26.
A.2.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, the success of its contribution to	✓	<ul style="list-style-type: none"> The Quality & Performance Scorecard provides a range of operational and financial KPI's to regularly monitor the effectiveness, efficiency, economy and the quality of health services provided by the Trust. This is supported by narrative provided in the CEO Report, providing information on key success and hotspots in relation to operational and financial performance.

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	the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners (This may also include working to deliver the financial duties and objectives the trust is collectively responsible for with ICB partners, and improving quality and outcomes and reducing unwarranted variation and inequalities across the system), and that risk is managed effectively. The board should regularly review the trust's performance in these areas against regulatory and contractual obligations, and approved plans and objectives, including those agreed through place-based partnerships and provider collaborative.		<ul style="list-style-type: none"> The KPI's are developed to take into consideration regulatory / contractual requirements and operational / strategic plans which take into consideration partnership and collaborative working. The Finance & Performance Committee scrutinises the Scorecard and provides any challenge prior to presenting to the Board of Directors. The Quality Committee oversees elements of the quality of services, including the development of the new Quality of Care Strategy. The Financial Plan for 2025/26 was presented to the Board of Directors in March 2025 and provides information in relation to the development of the Revenue and Capital Plan, which includes meetings at national, regional and local level to agree the financial allocations and plans. The Trust undertakes collaborative working with system partners, including the Mid & South Essex Community Collaborative involving NELFT and Provide Community.
A.2.5	In line with principle 1.3 above, the board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance, ensuring performance reports are disaggregated by ethnicity and deprivation where relevant. Where appropriate and particularly in high risk or complex areas, the board of directors should commission independent advice, e.g. from the internal audit function, to	✓	<ul style="list-style-type: none"> Quality & Performance Scorecard at each Board of Directors meeting and at relevant Committee level (Finance & Performance, People Equality & Culture and Quality). The Power BI scorecard allows data to be reviewed in detail and broken down by relevant demographics. <p>Internal Audit function in place, with programme of work. Audit Committee oversees the programme and provides assurance to the Board of Directors via the Committee Chairs Report.</p>

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	provide an adequate and reliable level of assurance.		
A.2.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered.	✓	<ul style="list-style-type: none"> • The EPUT Strategic Plan 2023-2028 contains plans for each of the clinical care units, which provides information on the local approach to clinical governance. • The Quality of Care Strategy (January 2024) sets-out the Trust approach to clinical governance, including the replacement of the Clinical Governance & Quality Sub-Committee with a multi-professional quality senate. • The Trust has in place a clinical governance structure, which includes subject matter experts, forums and procedural documents. For 2024/25 the clinical governance structure has been redesigned to align with the Quality of Care Strategy with the development of Executive led groups for Safety of Care; Effectiveness of Care and Experience of Care. This is set out in the Quality of Care Strategy. • The Quality Committee focuses on the Trust approach to quality and outcomes. It oversees the establishment of appropriate systems for ensuring effective clinical governance and quality management arrangements are in place throughout the Trust. • The Trust employees key subject matters experts who lead of specific areas of clinical governance e.g. Director of Patient Experience and Participation; Director of Patient Safety; Director of Infection Prevention and Control; etc.
A.2.7	The chair and board should regularly engage with stakeholders, including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on	✓	<ul style="list-style-type: none"> • The Trust has a continuing positive relationship with stakeholders and staff through the delivery of strategic plans and delivering performance against contracts. Any risks to public stakeholders are managed through formal review processes with NHS England and the ICBs through joint actions on specific issues. • Risks are also reviewed via scrutiny meetings with Local Authorities Health and Overview Scrutiny Committees (HOSC).

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	<p>significant matters related to their areas of responsibility. The chair should ensure that the board of directors as a whole has a clear understanding of the views of all stakeholders including system partners. NHS foundation trusts must hold a members' meeting at least annually. Provisions regarding the role of the council of governors in stakeholder engagement are contained in Appendix B.</p>		<ul style="list-style-type: none"> • Members of the Board of Directors engage regularly with the ICB's, including membership of the individual Boards (ICB and ICP). • The Working In Partnership with People and Communities Strategy sets-out the movement towards co-production and co-design, which includes having service user representatives on various groups, quality improvement initiatives and service led programmes. • The Trust has in place a Membership Strategy, which aims to enhance the engagement with its members. • The papers for the Board of Directors are published and members of the public can review performance data using the Power BI system. Members of the public are invited to attend the meeting and submit any questions on any information contained within the Board reports. • The Council of Governors Engagement with the Board of Directors Policy and Procedures sets-out the processes in which the Board of Directors will engage with the Council of Governors, including information to be provided to allow Governors to represent the views of the members at all levels of the organisation. • The Board of Directors (Executive and Non-Executive) regularly attend the Council of Governors meetings. • Executive and Non-Executive Directors attend the Your Voice Meetings, where members of the public are invited to share their views on a particular subject and there is an open session for members of the public to share their views on any subject. • The Trust Annual Members Meeting was last held on the 24 October 2024. • Executive Directors, Non-Executive Directors and Governors undertake service visits to engage with staff, patients, service users and family members to understand the level and quality of services being provided and represent any views during relevant Board-level discussions.

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A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective.	✓	<ul style="list-style-type: none"> Annual Report 2023/24 (Page 131) includes an Involvement of Stakeholders section. The Annual Report 2023/24 (Page 153) includes details of the Mental Health Provider Collaborates in which the Trust is involved. <p>The Annual Report 2023/24 (Page 11-12) includes details of our Care Unit structure and that they are place-based, and describes our key partnerships across four integrated care systems, to maximise local delivery for the local community.</p>
A.2.9	The workforce should have a means to raise concerns in confidence and – if they wish – anonymously. The board of directors should routinely review this and the reports arising from its operation. It should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for follow-up action.	✓	<ul style="list-style-type: none"> The Trust has a Freedom to Speak-Up Principal Guardian (Bernadette Rochford) to complement existing systems for raising any concerns including line management, Employee Relations, Safeguarding and Student Facilitators. The Trust has a Freedom to Speak-Up / Whistleblowing Policy, which supports existing arrangements. The Principal Guardian presents update reports to the Board of Directors and has attended meetings to provide the update. The Principal Guardian delivered a presentation to the Council of Governors, providing details of the current process and plans for future improvements. The Trust launched new mandatory training modules for all staff to complete, focusing on the three key elements of Freedom to Speak-Up (Speak-Up, Listen-Up, Follow-Up) The Freedom to Speak-Up Principal Guarding has an open invitation to address the Board of Directors if there are any significant concerns identified.

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A.2.10	The board of directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement (directors are required to declare any business interests, position of authority in a charity or voluntary body in the field of health and social care, and any connection with bodies contracting for NHS services. The trust must enter these into a register available to the public in line with Managing conflicts of interest in the NHS: Guidance for staff and organisations . In addition, NHS foundation trust directors have a statutory duty to manage conflicts of interest. In the case of NHS trusts, certain individuals are disqualified from being directors on the basis of conflicting interests).	✓	<ul style="list-style-type: none"> • The Board of Directors has in place a Conflict of Interest Policy and Procedure which clearly sets-out the process to be followed should a conflict of interest arise. • The Board of Directors has an item at each meeting for Board members to declare any conflict of interest for items on the agenda and action is taken by the Chair should a conflict arise. • The Conflict of Interest register is available on the Public Website.
A.2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes. If on resignation a non-executive director has any such concerns, they should provide a written statement to the chair, for circulation to the board.	✓	<ul style="list-style-type: none"> • Board of Director meetings are comprehensively and accurately record in the minutes and include any concerns raised by Directors. • Evidence contained in the minutes that Directors seek assurance relating to concerns they may have and request assurance or action where it is not immediately available. • There have been no instances where a Non-Executive Director has resigned due to having concerns. However, concerns would be circulated to the Board of Directors if this situation were to arise.

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Section B: Division of Responsibilities			
B.2. Provisions			
B.2.1	The chair is responsible for leading on setting the agenda for the board of directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.	✓	<ul style="list-style-type: none"> The Board of Directors schedule of business provides items for all future meetings and is used to develop each agenda. The agenda is discussed with the Chair to ensure they are satisfied with the focus of the business and there is adequate time for discussion on all items. The Chair is provided with an annotated agenda prior to any meeting, which provides information on each item to help ensure the right amount of time is dedicated to each item. The Council of Governors schedule of business provides the items for all future meetings and is used to develop each agenda. The Lead / Deputy Lead Governor meets with the Chair prior to the Council of Governors to review and agree the agenda. The Standing Orders for the Board of Directors and Standing Orders for the Council of Governors includes provisions for setting the agenda, including any additional items being added with written permission from the Chair.
B.2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively. A foundation trust chair should take steps to ensure that governors have the necessary skills and knowledge to undertake their role.	✓	<ul style="list-style-type: none"> Papers and information for Board meetings are shared with Directors via a Board Portal, which allows papers to be uploaded as they are made available. The papers are circulated to the Council of Governors prior to the Board meetings and for public board meetings posted on our externally facing website. The Standing Orders for the Board of Directors provides the minimum time for papers to be circulated to Directors prior to any Board of Director meeting. Governors receive a weekly Governor Update, which includes any additional information to enable them to perform their duties effectively.

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			<ul style="list-style-type: none"> The Learning and Development Plan for Governors provides topics to ensure Governors have the necessary skills and knowledge to undertake their role. The plan is developed and monitored by the Council of Governors Training & Development Committee. The Governors receive a Governor Induction booklet upon election and annually, which provides detailed information on the Trust and the role of a Governor.
B.2.3	The chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive directors in particular, and ensuring a constructive relationship between executive and non-executive directors.	✓	<ul style="list-style-type: none"> The Trust operates an open and honest culture, which is underpinned by the Code of Conduct for the Board of Directors, which is based on the Nolan Principles. The Chair promotes a culture of honesty, openness, trust and debate at each Board of Directors meeting, ensuring that Executive Directors / Non-Executive Directors are provided with the opportunity to constructively challenge each other in an open environment. The Standing Committees of the Board are chaired by Non-Executive Directors, allowing a detailed scrutiny of items prior to the Board of Director meetings. The Chief Executive Officer regularly meets with the Non-Executive Directors to share details of the operating of the Trust and any topical / emergent issues. <p>There is a programme of Board Seminar / Development sessions where Executive and Non-Executive Directors meet to discuss certain topics or upcoming strategies / services.</p>
B.2.4	A foundation trust chair is responsible for ensuring that the board and council work together effectively.	✓	<ul style="list-style-type: none"> The Council of Governors Relationship with the Board of Directors Policy & Procedure sets-out how the Board and Council will work together effectively, including in the event of any dispute.

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			<ul style="list-style-type: none"> The Board and Council hold joint seminar sessions twice per-year to discuss key topics of shared interest. Executive and Non-Executive Directors regularly attend (by invitation) Council of Governor meetings. Non-Executive Directors meet with Governors quarterly at a constituency level. The Council of Governors has a quarterly meeting with the Chief Executive Officer who provides information relating to operational matters.
B.2.5	The chair should be independent on appointment when assessed against the criteria set out in provision 2.6 below. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director.	✓	<ul style="list-style-type: none"> The independence of the Chair is set-out in the recruitment criteria for any appointment. The Trust operates an electronic declaration of interest system where individuals, including the Chair, are required to make annual declarations. The role of Chair (Professor Sheila Salmon) and CEO (Paul Scott) are held by separate individuals. The current Chair has not been a CEO of the Trust. The Trust appointed a new Chair (Hattie Lewelyn-Davies) due to start in post on 1 April 2025. The Trust has a Vice Chair (Loy Lobo). The role and appointment of the Vice Chair is set-out in the Managing the Absence of the Chair Procedure. The Trust has a Senior Independent Director (Dr Mateen Jiwani) The Chair is not a member of the Audit Committee. The Chair of the Audit Committee is Elena Lokteva.
B.2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances that are likely to impair, or could appear to impair, a non-executive	✓	<ul style="list-style-type: none"> The Annual Report 2023/24 (Pg109) provides a statement confirming the independence of the Non-Executive Directors following review of the Code of Governance.

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	<p>director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, material shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment (but note 4.3 in Section C below, where chairs and NEDs can serve beyond six years subject to rigorous review and NHS England approval). 		<ul style="list-style-type: none"> • The electronic declaration of interest system requires Non-Executive Directors to make an annual declaration. The Board of Directors agenda includes an item for Board members to declare any interest that may impact their independence for any items on the agenda. • As at 31 March 2025 there are no circumstances identified which are likely to impair the independence of the Non-Executive Directors as outlined in this provision. • The Chair of the Trust has served longer than six-years, however, this was due to an extension to their term of office which was agreed through appropriate governance with NHS England and the Council of Governors. The term of office for the Chair ended on 31 March 2025.

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	<ul style="list-style-type: none"> is an appointed representative of the trust's university medical or dental school. <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>		
B.2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.	x	<ul style="list-style-type: none"> The Board of Directors composition is Seven Non-Executive Directors (excluding the Chair) and Seven Executive Directors in a voting capacity. In year, we operated with a reduced Non-Executive Director establishment as a consequence of a Non-Executive Director stepping down due to ill health (March 2024) and another stepping down due to a change of circumstance (October 2024). The Chair took an active decision to hold these positions for recruitment pending the new Chair appointment. We mitigated this in our Board committees with the use of Associate Non-Executive Directors and made provisions for occasions where a board vote may be required. In year, there were no such circumstances where a vote was required.
B.2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time.	✓	<ul style="list-style-type: none"> There are no Directors who are also Governors of the Trust or any other Foundation Trust.
B.2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees. For foundation trusts, the	✓	<ul style="list-style-type: none"> The Trust reviews the roles of Non-Executive Directors, including membership / chairing of Standing Committees. This is reviewed and refreshed on appointment of new Non-Executive Directors. The Council of Governors Nominations Committee reviews a skills matrix to ensure any gaps in skill sets, backgrounds and lived experience are

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	council of governors should take into account the value of appointing a non-executive director with a clinical background to the board of directors, as well as the importance of appointing diverse non-executive directors with a range of skill sets, backgrounds and lived experience.		considered as part of any appointment process. This includes ensuring at least one Non-Executive Director has a clinical background.
B.2.10	Only the committee chair and committee members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee.	✓	<ul style="list-style-type: none"> The Audit and Remuneration & Nominations Committee have clear Terms of Reference in place, setting-out the Chair and Membership. Other individuals attend the Committees to present papers and discuss items within their portfolio or area of expertise. For the Remuneration & Nominations Committee this is usually only the CEO and Chief People Officer.
B.2.11	In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen	✓	<ul style="list-style-type: none"> Dr Mateen Jiwani is the current Senior Independent Director. The appointment was undertaken as an expression of interest, approved by the Board of Directors and endorsed by the Council of Governors at respective meetings. The Senior Independent Director appraises the Chair on an annual basis. The process includes receiving and considering views from the Board of Directors, Council of Governors and a range of external stakeholders / partners.

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	by NHS England as set out in the Chair appraisal framework .		
B.2.12	Non-executive directors have a prime role in appointing and removing executive directors. They should scrutinise and hold to account the performance of management and individual executive directors against agreed performance objectives. The chair should hold meetings with the non-executive directors without the executive directors present.	✓	<ul style="list-style-type: none"> The Board of Directors Remuneration & Nominations Committee leads on any Executive Director recruitment, including final approval of candidates. The Trust appointed a new Executive Chief People Officer in 2024/25. The Interview Panels and Stakeholder Groups included Non-Executive Directors. The Board of Directors Remuneration & Nominations Committee receives the outcome of annual appraisals of Executive Directors, including achievement of objectives and the setting of future objectives. The Committee receives an update via a mid-year review of objectives from the CEO. <p>The Chair meets with Non-Executive Directors on a weekly basis, without the presence of Executive Directors.</p>
B.2.13	The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the board of directors and publicly available. The annual report should give the number of times the board and its committees met, and individual director attendance.	✓	<ul style="list-style-type: none"> The Standing Orders for the Board of Directors sets-out the role of the Chair and Chief Executive. The appointment of the Senior Independent Director is included and the role outlined as part of descriptions of specific processes led by the SID. The Scheme of Reservation & Delegation (SoRD) provides the responsibilities reserved for the Board of Directors and the delegated authority provided to the Standing Committees. The Standing Committees of the Board of Directors each have a Terms of Reference setting-out the responsibilities of each Committee. The Annual Report 2023/24 provides records of Board and Standing Committee attendance for individual Directors.
B.2.14	When appointing a director, the board of directors should take into account other	✓	<ul style="list-style-type: none"> The job descriptions (Executive Directors) and Terms & Conditions (Non-Executive Directors) sets-out the time commitment for the specific roles.

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	demands on their time. Prior to appointment, the individual should disclose their significant commitments with an indication of the time involved. They should not take on material additional external appointments without prior approval of the board of directors, with the reasons for permitting significant appointments explained in the annual report. Full-time executive directors should not take on more than one non-executive directorship of another trust or organisation of comparable size and complexity, and not the chair ship of such an organisation.		<ul style="list-style-type: none"> • Directors are required to disclose any significant commitments prior to their appointment. • The Declaration of Interest system requires Directors to make annual declarations and identify any new commitments. Any significant commitments would require approval by the Board of Directors Remuneration & Nomination Committee. • No current Executive Directors holds a non-executive directorship of another trust or organisation of comparable size and complexity to EPUT.
B.2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board.	✓	<ul style="list-style-type: none"> • The Senior Director of Corporate Governance (Denver Greenhalgh) acts as the company secretary (Trust Secretary) and is accessible for all directors. • The Senior Director of Corporate Governance is a member of the Board (non-voting) and provides any relevant governance advice as required.
B.2.16	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. In particular, non-executive directors should scrutinise the performance of the executive	✓	<ul style="list-style-type: none"> • Non-Executive Directors have the opportunity at Board meetings and standing committee meetings to challenge as well as at Board Development Sessions. • The Board of Directors receives a Quality & Performance Scorecard using Power BI, which allows directors to undertake deep dive reviews of financial and clinical quality data which allows for the scrutiny of performance and assessment of the integrity of internal controls.

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	management in meeting agreed goals and objectives, request further information if necessary, and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of risk management and governance, are robust and implemented.		<ul style="list-style-type: none"> The Board Assurance Framework provides relevant information on the risks and internal control mechanisms. All Board Standing Committees have Non-Executive Director representation and are chaired by a Non-Executive Director. <p>Any such challenges are recorded in the minutes</p>
B.2.17	The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions. For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions	✓	<ul style="list-style-type: none"> The Board of Directors meets a minimum of six-times per year and holds Extra-Ordinary meetings to consider relevant items outside of this schedule of business. The Board of Directors met eight times in 2024/25. The Scheme of Reservation & Delegation (SoRD) clearly provides the matters reserved specifically for its decisions. The Board of Directors Schedule of Business provides a list of items for consideration and / or decision for the financial year. The Standing Orders for the Council of Governors provides the roles and responsibilities of the Council of Governors. The Standing Orders also includes a section setting-out the process for resolving any disagreement between the Board and Council. The Council of Governors Relationship with the Board of Directors Policy & Procedure provides for the action to be taken should there be a disagreement. The Council of Governors also has a number of procedures in place detailing processes to be undertaken for any statutory function, including a section on the action to be taken should there be a disagreement. The Annual Report 2023/24 provides details of the governance arrangements for the Trust, including the Board of Directors, Standing Committees and the

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	that are delegated to the executive management of the board of directors.		Council of Governors. The report provides information on any key decisions made, including appointment / re-appointment of Directors.
SECTION C: COMPOSITION, SUCCESSION AND EVALUATION			
C.2: Provisions for Foundation Trusts Board Appointments			
C.2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust, and the skills and expertise required within the board of directors to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from a relevant ICB, and the foundation trust should engage with NHS England to agree the approach.	✓	<ul style="list-style-type: none"> The Trust has two committees responsible for Executive Director appointments and Non-Executive Directors appointments / reappointments as set out in their terms of reference: <ul style="list-style-type: none"> <u>Board of Directors Remuneration and Nominations Committee</u> reviews the structure, size and composition of the Board of Directors, considers succession planning and makes recommendations for changes as appropriate; it is responsible for the Executive Director appointment process. <u>Council of Governors Nominations Committee</u> implements the procedure for the identification and nomination of suitable candidates for Chair and Non-Executive Director appointments / reappointments (for recommendation to the full Council) that fit the succession planning criteria recommended by the Board of Director Remuneration and Nominations Committee. The Trust commenced a recruitment process in 2023/24, concluding in early 2024/25, for the recruitment of an Executive Chief People Officer, overseen by the Board of Directors Remuneration Committee. The Trust completed a recruitment process in 2024/25 for the appointment of a Chair and Non-Executive Directors overseen by the Council of Governors Nominations Committee and involving NHS England / ICB.
C.2.2	There may be one or two nominations committees. If there are two, one will be	✓	<ul style="list-style-type: none"> See C.2.1

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	responsible for considering nominations for executive directors and the other for non-executive directors (including the chair). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.		<ul style="list-style-type: none"> Composition of the Board of Directors considered as part of appointment process for Board members. A regular review of skills and experience is undertaken to ensure that the Board has the right skill mix to discharge its duties, including when appointing new Non-Executive Directors. The Trust implemented the new competency framework published by NHS England, which will support the regular review of skills mix and capability of the Board of Directors.
C.2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.	✓	The Chair (Professor Sheila Salmon) chairs both the Board of Directors Remuneration & Nominations Committee and the Council of Governors Nominations Committee. The Lead Governor or the Vice Chair acts as Chair of the Council of Governors Nominations Committee where items are related to the Chair.
C.2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make	✓	<ul style="list-style-type: none"> The Council of Governors Nominations Committee leads on the appointment of the Chair and Non-Executive Directors. The Council of Governors Appointment of the Chair and Non-Executive Directors Procedure provides the process. The appointment of a new Chair in 2024/25 followed this process.

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	recommendations to the council of governors.		
C.2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team is available for use by nominations committees to support the council of governors in the appointment of the chair and non-executive directors. If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	✓	<ul style="list-style-type: none"> The Trust engages Executive Search organisations for the recruitment of Directors. For the appointment of the Executive Chief People Officer, the Trust engaged Alumni to provide independent assurance. In 2024/25 the Trust engaged Hunter Healthcare for Non-Executive Directors to provide independent support. This will be included in the Annual Report for 2024/25 and was previously declared in the Annual Report for 2023/24 for recruitment undertaken in the previous financial year (Page 111)
C.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel.	✓	<ul style="list-style-type: none"> The Council of Governors Nominations Committee membership has Governors in the majority, which is outlined in the Terms of Reference for the Committee. The Interview Panel for the appointment of the Chair and Non-Executive Directors includes Governors as the majority in a voting capacity, as outlined in the Appointment of the Chair / Non-Executive Directors Procedure. An independent external chair joins the interview panel to provide an objective view of suitability for post for Non-Executive Directors.
C.2.7	When considering the appointment of non-executive directors, the council of	✓	<ul style="list-style-type: none"> Arrangements in place between the Board of Directors Remuneration and Nominations Committee and Council of Governors Nominations Committee to

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	governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.		<p>ensure there is a dialogue between the two Committees (as detailed in terms of reference, for continuity Chair of the Trust is Chair of both committees</p> <ul style="list-style-type: none"> The appointment process for 2024/25 for the Chair included the views of the Board via the Chief Executive Officer at different points of the process, including chairing the Internal Stakeholder Panel and the Interview Panel to provide additional feedback to support deliberations. Members of the Board of Directors participate in Stakeholder Panels for the appointment of Non-Executive Directors. The views of the Stakeholder Panel are provided to the Interview Panel for consideration.
C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	✓	<ul style="list-style-type: none"> The Annual Report 2023/24 (Page 111) provides details of appointment / re-appointment process undertaken during the financial year. The Terms of Reference for the Council of Governors Nominations Committee is available on request.
C.2.9	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information.	✓	<ul style="list-style-type: none"> The Trust Constitution process for Governors to hold terms of office of up-to three years before re-election. The election process completed in 2023/24 were undertaken using CIVICA Election Services, which provided the names and biographical information for candidates. The Trust would include any performance related information as necessary.

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C.2.10	A requirement of the National Health Service Act 2006 as amended (the 2006 Act) is that the chair, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chair, the other non-executives directors and, except in the case of the appointment of a chief executive, the chief executive.	✓	<ul style="list-style-type: none"> The Board of Directors Remuneration & Nominations Committee leads on the appointment of Executive Directors, as outlined in the Terms of Reference.
C.2.11	It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	✓	<ul style="list-style-type: none"> The Board of Directors Remuneration & Nominations Committee leads on the appointment of Executive Directors, as outlined in the Terms of Reference. The Trust Constitution provides for the Chief Executive Officer to be appointed and removed by Non-Executive Directors, with the appointment being approved by the majority of members of Council of Governors present and voting at a general meeting. The Appointment of the Chief Executive Officer Procedure in place sets-out the process for Governor involvement in the process and process for the Council to approve the appointment. The procedure sets-out the minimum requirement and the actual process may change in agreement with the Council.

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C.2.12	The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chair and other non-executive directors.	✓	<ul style="list-style-type: none"> • Procedure for the recruitment of Chair / Non-Executive Directors in place. • Council of Governors Nominations Committee has a clear terms of reference • Recommendations made to Council of Governors by Council of Governors Nominations Committee for appointment of Non-Executive Directors and are recorded in the minutes. • The appointment of the Chair / Non-Executive Directors undertaken in 2024/25 were managed by the Council of Governors Nomination Committee and approved by the Council of Governors.
C.2.13	Non-executive directors, including the chair, should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	✓	<ul style="list-style-type: none"> • The Council of Governors appoint Non-Executive Directors for a specific term of office that does not exceed three-years. This is outlined in any reports to the Council and subsequent minutes. • The Trust Constitution provides clear criteria, in line with the 2006 Act, for the removal of a Director and this would be undertaken if required.
C.2.14	The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to do what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved, and the council of governors	✓	<ul style="list-style-type: none"> • The Terms and Conditions for Non-Executive Directors are available to the Council of Governors on request. • The letters of appointment for Non-Executive Directors sets-out the expected time commitment. This is established as part of the recruitment process with Non-Executive Directors agreeing to the time commitment. • Any additional significant commitments are provided to the Council of Governors Nominations Committee as part of the recruitment process. • The publically available declaration of interest system provides for any new commitments and a process is undertaken to approve any NED who is appointed as a NED of another NHS Body.

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	should be informed of subsequent changes.		<ul style="list-style-type: none"> The time commitment of Non-Executive Directors is informally monitored as part of regular NED team meetings. Any issues with time commitment would be reported to the Council of Governors as required. Governors can also raise concerns regarding the time commitment of NEDs if required.
C.3: Provisions for NHS Trust Board Appointments (N/A)			
C.4: Board Appointments: Provisions Applicable to both NHS Foundation Trusts and NHS Trusts			
C.4.1	<p>Directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). Trusts should also have a policy for ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors.</p>	✓	<ul style="list-style-type: none"> The Fit and Proper Persons Policy & Procedure sets-out the process for assessing if a person is fit and proper. The Trust implemented the new Fit & Proper Persons Test requirements issued by NHS England. The Trust Secretary's Office complete all relevant checks of Directors and identifies any concerns to the Chair / CEO for consideration in annual appraisals. Following annual appraisals, the Chair is required to sign the Fit and Proper Persons Test form to confirm an individual Director is Fit and Proper. Action would be taken if there are any concerns raised as part of this process. The Trust Constitution sets-out the criteria for disqualification as a Director and Governor, in line with the FPPT requirements. Directors complete an annual Self-Attestation confirming they do not meet any of the disqualification criteria, as part of the overall FPPT test. Governors complete a Self-Attestation on appointment, confirming they do not meet any of the disqualification criteria and sign-up to the Council of Governors Code of Conduct.

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C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience. Alongside this, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the trust's website.	✓	<ul style="list-style-type: none"> • The Annual Report 2023/24 (Page 57 – 65) provides biographies of the Board of Directors, including skills, expertise and experience. • The Annual Report 2023/24 (Page 109) provides a statement of the balance, completeness and appropriateness of the membership of the Board of Directors. • The Annual Report is available on the Public Website.
C.4.3	Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.	✓	<ul style="list-style-type: none"> • No current Non-Executive Director has exceeded nine-years in post. • The Chair has been in post for seven years following an extension of their term of office. This was agreed with the Council of Governors and NHS England, including clear rationale and their term of office ended on 31 March 2025.
C.4.4	Elected foundation trust governors must be subject to re-election by the members	✓	<ul style="list-style-type: none"> • See section C.2.9

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	<p>of their constituency at regular intervals not exceeding three years. The governor names submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles.</p>		<ul style="list-style-type: none"> • The Trust Constitution provides for Governors to serve a maximum of three terms of office of up to three-years, before having a break of a year before seeking any further term of office.
C.4.5	<p>There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts.</p>	✓	<ul style="list-style-type: none"> • The Annual Report 2023/24 (Page 110) provides details of the regular review of the performance of the Board / Organisation, including internal and external audit. • NHS England completed an independent Well-Led review in 2024-25 and identified no areas of concern. The results of the review were discussed in detail by the Board of Directors, including the identification of any development opportunities. • The Council of Governors complete an annual effectiveness review, including its own performance and that of its sub-committees. • The Board and standing committees undertake an annual effectiveness review. • The Chair and Chief Executive Officer complete annual appraisals of Non-Executive Directors and Executive Directors respectively, which includes a review of performance against objectives. • The appraisal of the Chair is undertaken by the Senior Independent Director.

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			<ul style="list-style-type: none"> The Council of Governors Remuneration Committee reviews Non-Executive Director appraisals and meets with each individual to discuss the content. The Committee considers the quality and accuracy of the appraisals and reports back to the Council of Governors.
C.4.6	The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified.	✓	<ul style="list-style-type: none"> Any action plans from annual reviews are presented to the Board of Directors and monitored by the relevant Standing Committee. The Chair / Senior Independent Director acts on the outcome of appraisals of Non-Executive Directors, recognising strengths and addressing any weaknesses. The Chief Executive Officer shares the outcome of the Executive Director appraisals with the Board of Directors Remuneration & Nominations Committee to identify strengths and discusses addressing areas of weakness.
C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors or governors.	✓	<ul style="list-style-type: none"> NHS England completed an externally facilitated development review of leadership in 2024/25. Details will be included in the annual report for 2024/25.
C.4.8	Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their	✓	<ul style="list-style-type: none"> The Council of Governors completes an annual effectiveness review of its own performance and its sub-committees. The results are presented to the Council of Governors for discussion and the identification of any actions to be taken forward.

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	<p>responsibilities, including their impact and effectiveness on:</p> <ul style="list-style-type: none"> holding the non-executive directors individually and collectively to account for the performance of the board of directors communicating with their member constituencies and the public and transmitting their views to the board of directors contributing to the development of the foundation trust's forward plans. <p>The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Your statutory duties: a reference guide for NHS foundation trust governors and an Addendum to Your statutory duties – A reference guide for NHS foundation trust governors.</p>		
C.4.9	The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential conflict of interest that prevents	✓	<ul style="list-style-type: none"> The Trust Constitution sets-out the criteria for the disqualification of a Governor, including failing to attend Council meetings and conflicts of interest. The Constitution also provides for the process to be followed for the removal of a Governor if the need arises, which is supported by the Council of Governors Code of Conduct.

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	the proper exercise of their duties. This should be shared with governors.		<ul style="list-style-type: none"> The Monitoring of Council of Governors Attendance Procedure provides further context to the terms "consistently and unjustifiably fails to attend" and the process to be followed. The procedure was developed and approved by the Council of Governors. The Council of Governors followed the process in 2024/25 for the removal of a Governor due to non-attendance at Council of Governors meetings.
C.4.10	In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust. NHS England's model core constitution suggests that a governor can be removed by a 75% voting majority; however, trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable. NHS England can only use its enforcement powers to require a trust to remove a governor in very limited circumstances: where it has imposed an additional condition relating to governance in the trust's licence because the governance of	✓	<ul style="list-style-type: none"> The Trust Constitution includes criteria for the disqualification of a Governor and removal from office where their values and behaviours are not compatible with the Trust. As above regarding process for removal of a Governor. The Council of Governors Code of Conduct is based on the Nolan Principles and is based on the Trust values. Governors are required to agree to the Code of Conduct on appointment and includes the process to be followed should a Governor breach the Code.

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	the trust is such that the trust would otherwise fail to comply with its licence and the trust has breached or is breaching that additional condition. It is more likely that NHS England would have cause to require a trust to remove a director under its enforcement powers than a governor.		
C.4.11	The board of directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning.	✓	<ul style="list-style-type: none"> See Section C.2.1
C.4.12	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment, including but not limited to serving their full notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment.	✓	<ul style="list-style-type: none"> To date no Executive Directors have left the Trust outside of the terms of their employment contract.
C.4.13	<p>The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> the process used in relation to appointments, its approach to 	✓	<ul style="list-style-type: none"> The Annual Report 2023/24 (Page 110 – 112) provides details of the Board of Directors Remuneration & Nominations Committee and the Council of Governors Nominations Committee.

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	<p>succession planning and how both support the development of a diverse pipeline</p> <ul style="list-style-type: none"> • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors, governors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion, including in relation to disability, its objectives and linkage to trust strategy, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served 		<ul style="list-style-type: none"> • The Annual Report 2023/24 (Page 42) provides details of the Equality Monitoring policies in place. Page 33 provides information relating to the race equality of the workforce, linked with the WRES. • The Annual Report 2023/24 (Page 91 - 92) provides a workforce profile, which provides gender and ethnic balance for senior management and their direct reports.

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	<ul style="list-style-type: none"> the gender balance of senior management and their direct reports. 		
C.5: Development, Information and Support			
C.5.1	<p>All directors and, for foundation trusts, governors should receive appropriate induction on joining the board of directors or the council of governors, and should regularly update and refresh their skills and knowledge. Both directors and, for foundation trusts, governors should make every effort to participate in training that is offered.</p>	✓	<p>Director induction</p> <ul style="list-style-type: none"> NED induction is included in NED's objectives and is monitored and reviewed by Chair NED and ED induction programme and information pack reviewed and updated in line with good practice; induction programme is tailored to the Director's requirements based on skills and experience All Directors new to the NED role completed the NED induction programme NEDs are encouraged to attend relevant briefings and conferences organised by NHS Providers and other national NHS-related organisations, and provide feedback at the NEDs Discussion Group meeting Executive Directors undertake corporate induction training programme; additional induction and ongoing training requirements will be identified relevant to role. The Executive Director induction is managed through the Trust's Supervision and Appraisal Policy and Procedure. Executive Directors are given a 6-month probationary period following commencement with the Trust. Objectives are set for achievement within this probationary period and these are formally reviewed at the end of the probationary period. The outcome of the review is provided to the BoD RemNom Committee. Non-Executive Directors are given a one-year probationary period following appointment, which is reviewed by the Council of Governors at the end of the 12-month period. S

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			Governor induction <ul style="list-style-type: none"> Governor induction programme reviewed and included as part of the Governor Learning & Development Schedule and regularly updated taking account of good practice and relevance to the Trust Governor Induction Handbook based on documents developed by NHS Providers provided to any new Governors. <p>Individual induction sessions held with new Governors joining the Trust throughout the year due to Governor resignations and Appointed Governors.</p>
C.5.2	<p>The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. Directors should also be familiar with the integrated care system(s) that commission material levels of services from the trust. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities. Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training, including on equality, diversity and inclusion, and unconscious bias.</p>	✓	<ul style="list-style-type: none"> Directors individual appraisal and performance evaluations undertaken annually with six monthly reviews Directors have individual personal objectives and professional/personal development plans. The Trust is currently implementing the NHS England Competency Framework. Directors have access to training courses/materials as identified in their individual personal development plan Non-Executive Directors personal development objectives received by Council of Governors Remuneration Committee as part of review/assurance of Non-Executive Directors performance. The Council of Governors have a Learning & Development Plan, monitored by the Council of Governors Training & Development Committee which identifies a wide range of topics for learning and development. The Plan is regularly reviewed and updated with any new learning requirements. The Council of Governors Nominations Committee receives training in recruitment prior to any NED appointment process. In 2023/24, this was provided by the Interim Chief People Officer and included areas such as equality, diversity, inclusion and unconscious bias.

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C.5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff. Directors and governors also need to be appropriately briefed on values and all policies and procedures adopted by the trust.	✓	<ul style="list-style-type: none"> The induction programme includes details about the Trust, including operations and key issues, for both Board and Council members. The Quality & Performance Scorecard presented to the Board of Directors includes Key Performance Indicators developed to monitor the operational practices of the Trust. The Chairs Report and CEO Report to the Board of Directors / Council Governors provides regular updates on operational matters. Directors and Governors complete service visits to understand the operations of the Trust. The Trust is currently implementing a Quality Visits Framework which will formalise the process and ensure a wider range of services are visited. The Staff Governors meet with Non-Executive Directors as part of Staff Constituency meetings to share the views of staff members. The summary reports for the Board of Directors and Council of Governors contain boxes providing the Trust Values and indicating if the report impacts any of the values of the Trust. The Board of Directors and Council of Governors were involved in the development of the values when first implemented. Directors have access to the intranet which includes policies and procedures developed by the Trust. Governors can access policies and procedures through the publication scheme and procedures relevant to the Council are monitored via the Council of Governors Governance Committee and approved by the Council of Governors.
C.5.4	The chair should ensure that new directors and, for foundation trusts, governors receive a full and tailored induction on joining the board or the council of governors. As part of this,	✓	<ul style="list-style-type: none"> See Section C.5.1 Directors and Governors are invited to attend a wider range of stakeholder meetings and events to engage with stakeholders, this includes constituency

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	directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff, and system partners. Directors should also have access at the trust's expense to training courses and/or materials that are consistent with their individual and collective development programme.		meetings, patient forums, Your Voice meetings, ICB meetings, service visits etc. <ul style="list-style-type: none"> Directors are able to claim expenses through the internal EASY expense system, with NEDs accessing this via the Chairs Office. Governors are able to submit expenses to the Trust Secretary's Office for any expense incurred whilst undertaking their role of a Governor.
C.5.5	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	✓	<ul style="list-style-type: none"> The appraisal process reviews and agrees training and development needs for each Director. This is undertaken by the Chair (NEDs) and CEO (Executive Directors).
C.5.6	A foundation trust board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	✓	<ul style="list-style-type: none"> See Section C.5.2 regarding the Learning & Development Plan.
C.5.7	The board of directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enables them to discharge their respective duties. Foundation trust governors should be provided with information on ICS plans, decisions and delivery that directly affect the organisation and its patients. Statutory requirements on the provision of information from the foundation trust board of directors to the council of	✓	<ul style="list-style-type: none"> Comprehensive reports and executive summaries (including detailed appendices) circulated prior to each Board of Directors and Council of Governors meetings, as well as Committee meetings. Standardised approach for all meetings. Information available on website/intranet. Annual meeting business schedule in place for Board of Directors and Council of Governors. All Board of Director standing committees and Council of Governors sub-committees have developed a work plan and progress against the plan is regularly monitored

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	governors are provided in Your statutory duties: a reference guide for NHS foundation trust governors .		<ul style="list-style-type: none"> • Circulation of papers / uploading of papers to the Board Portal requirements detailed in Board of Director and Council of Governors standing orders • Directors and Governors able to request information as necessary. • Informal confidential briefings prior to each Council of Governors meeting by the Chief Executive Officer • Governor Updates distributed regularly to all Governors • Information on ICS plans, decisions and delivery that directly affect the organisation and its patients are included within reports as relevant to the subject matter.
C.5.8	The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and, for foundation trusts, governors should seek clarification or detail where necessary.	✓	<ul style="list-style-type: none"> • See section C.5.7
C.5.9	The chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees; between directors and governors; and for all trusts, between senior management and non-executive directors; as well as facilitating appropriate induction and assisting with professional development as required.	✓	<ul style="list-style-type: none"> • This is covered by Sections above relating to the sharing of information, the induction programmes, the relationship between Executive Directors and Non-Executive Directors and communication between the Board of Directors and Council of Governors.

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C.5.10	The board of directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and, for foundation trusts, the council of governors should agree their respective information needs with the executive directors through the chair. The information for boards should be concise, objective, accurate and timely, and complex issues should be clearly explained. The board of directors should have complete access to any information about the trust that it deems necessary to discharge its duties, as well as access to senior management and other employees.	✓	<ul style="list-style-type: none"> • See Section C.5.7 • The Board of Directors Schedule of Business is developed in conjunction with Executive Directors. Standing Committees of the Board of Directors have clear Terms of Reference and clear work plans are currently being developed. • The Council of Governors Schedule of Business is discussed with the Chair and the Lead / Deputy Lead Governor when planning the agenda for each Council of Governors meeting. The Lead / Deputy Lead Governor can request any additional items to be added to the agenda following consultation with fellow Governors. • Board papers are developed and approved by relevant Board directors to ensure these are concise, accurate and timely. These are reviewed by the Trust Secretary's Office prior to uploading to the Board Portal.
C.5.11	The board of directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management. They do not need to appoint a relevant adviser for each and every subject area that comes before the board of directors, but should ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-	✓	<ul style="list-style-type: none"> • Non-Executive Directors have the opportunity at Board meetings and standing committee meetings to challenge as well as at Board Development Sessions • All Board standing committees have Non-Executive Director representation and are chaired by a Non-Executive Director. • Advice will be sought from relevant adviser if required as detailed in terms of reference • Any such challenges are recorded in the minutes

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	risk issues arise, the first course of action should normally be to encourage further and deeper analysis within the trust in a timely manner. On occasion, non-executives may reasonably decide that external assurance is appropriate.		
C.5.12	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. The decision to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	✓	<ul style="list-style-type: none"> • Independent professional advice is made available at the Trust's expense to directors in respect of critical or significant activities, e.g. audit, Mental Health Act Managers, legal advisors, other specialist advisors • Appointment of advisers in relation to significant transactions is approved by the Board and the process scrutinised by the Audit Committee. • Board of Director Committees are provided with support as identified in their terms of reference • Board of Director Remuneration and Nominations Committee may, at the Trust's expense, appoint independent consultants or commission independent professional advice if considered necessary (included in terms of reference)
C.5.13	Committees should be provided with sufficient resources to undertake their duties. The board of directors of foundation trusts should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	✓	<ul style="list-style-type: none"> • Board of Director Committees are provided with support as identified in their terms of reference. • All Council meetings and committee meetings are supported directly by the Trust Secretary's Office • Trust Secretary's Office also provides day to day support to Governors including regular communications and updates, advice, managing queries, etc.

Code	Provision	Comply	Narrative 2024-25
C.5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would in other similar roles.	✓	<ul style="list-style-type: none"> • Non-Executive Directors have the opportunity at Board meetings and standing committee meetings to challenge and/or to request 1:1 meetings with EDs to seek further clarification/assurance • Regular briefing with the CEO with NEDs. • All Board standing committees have Non-Executive Director representation and are chaired by a Non-Executive Director. • Any such challenges are recorded in the minutes • Non-Executive Director skills balance considered in succession planning
C.5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	✓	<ul style="list-style-type: none"> • Public and members meetings (Your Voice) held virtually and face-to-face. The last Your Voice meeting (October 2024) was held at the Co-Production Conference. • Governors invited to participate in discussions for the new EPUT Strategy. • The Trust has developed a Membership Strategy which sets-out the priorities to ensure Governors are able to canvass the opinion of Trust members and represent these to the Board of Directors. • Annual Report 2023/24 (Page 122) outlines how Governors have 'canvassed' members/public
C.5.16	Where appropriate, the board of directors should in a timely manner take account of the views of the council of governors on the forward plan, and then inform the council of governors which of their views	✓	<ul style="list-style-type: none"> • Governors have been involved in the forward plans of the organisation, included being included in the development of key enabling strategies in the Trust. This has been undertaken as part of stakeholder engagement and Joint Board / Council Seminar Sessions.

Code	Provision	Comply	Narrative 2024-25
	have been incorporated in the NHS foundation trust's plans, and explain the reasons for any not being included.		
	The board of directors must have regard to the council of governors' views on the NHS foundation trust's forward plan.	✓	
C.1.17	NHS Resolution's Liabilities to Third Parties Scheme includes liability cover for trusts' directors and officers. Assuming foundation trust governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	✓	<ul style="list-style-type: none"> The Trust Constitution (Section 50) includes information on liabilities for the Board of Directors and Council of Governors in-line with this provision.
SECTION D: AUDIT, RISK & INTERNAL CONTROL			
D.2. PROVISIONS			
D.2.1	The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the board of	✓	<ul style="list-style-type: none"> The Trust has an established Audit Committee with the membership including three Non-Executive Directors. The Chair of the Board of Directors is not a member of the Committee. The Chair of the Audit Committee (Elena Lokteva) is not the Vice Chair or the Senior Independent Director.

Code	Provision	Comply	Narrative 2024-25
	directors should not be a member and the vice chair or senior independent director should not chair the audit committee. The board of directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates.		<ul style="list-style-type: none"> The Terms of Reference provides for at least one member of the Committee to have recent and relevant financial experience. This is currently with the Chair of the Committee (Elena Lokteva). The Terms of Reference provides for a regular attendance of key individuals to support the Committee to ensure competence relevant to the sector in which it operates, including the Executive Chief Finance Officer.
D.2.2	<p>The main roles and responsibilities of the audit committee should include:</p> <ul style="list-style-type: none"> monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them providing advice (where requested by the board of directors) on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's position and performance, business model and strategy reviewing the trust's internal financial controls and internal control and risk management systems, unless 	✓	<ul style="list-style-type: none"> The Audit Committee Terms of Reference outlines the role and responsibilities of the Committee and covers each of the points included in this provision. Evidence of discussion is included in the minutes of the meeting. The Audit Committee reports to the Board of Directors at each meeting via the Committee Chairs Report, summarising the work of the Committee in the preceding months.

Code	Provision	Comply	Narrative 2024-25
	<p>expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself</p> <ul style="list-style-type: none"> • monitoring and reviewing the effectiveness of the trust's internal audit function or, where there is not one, considering annually whether there is a need for one and making a recommendation to the board of directors • reviewing and monitoring the external auditor's independence and objectivity • reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements • reporting to the board of directors on how it has discharged its responsibilities. 		
D.2.3	<p>A trust should change its external audit firm at least every 20 years. Legislation requires an NHS trust to newly appoint its external auditor at least every five years. An NHS foundation trust should re-tender its external audit at least every 10 years and in most cases more frequently than this. These timeframes are not affected</p>	✓	<ul style="list-style-type: none"> • The Trust completed a market testing exercise of the External Auditors in 2021/22 and appointed Ernst & Young (EY). The contract is for five-years, with a review every year to confirm re-appointment by the Council of Governors.

Code	Provision	Comply	Narrative 2024-25
	by an NHS trust becoming a foundation trust.		
D.2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. 	✓	<ul style="list-style-type: none"> The Annual Report 2023/24 (Page 112) includes a section on the work of the Audit Committee, which includes significant issues relating to financial statements. The Annual Report 2022/23 (Page 82) confirms the External Auditors did not complete any non-audit work. The section identifies Ernst & Young as the External Auditors. The section also includes confirmation of re-appointment by the Council of Governors and details of the length and value of the contract. The Audit Committee completes an annual review of Audit Services and last completed the review in July 2024. The review supports the Council of Governors in reviewing and re-appointing the External Auditors on an annual basis. However, this needs to be included in the annual report.
D.2.5	Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to	✓	<ul style="list-style-type: none"> The Standing Financial Instructions (SFI's) include a section on the responsibilities of the External Auditors, which does not provide for any non-audit services to be undertaken. The External Auditors do not currently undertake any non-audit work for the Trust and this is not permitted. The Standing Orders for the Council of Governors provide for the Council of Governors to appoint and remove the External Auditors. The Council of

Code	Provision	Comply	Narrative 2024-25
	supply non-audit services. The council of governors is responsible for appointing external governors.		<p>Governors Appointment of the External Auditors procedure sets-out the process to be followed.</p> <ul style="list-style-type: none">
D.2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	✓	<ul style="list-style-type: none"> The Annual Report 2023/24 (Page 65) provides a section outlining the director's responsibility for preparing the annual report and accounts. The section includes a statement that the Directors consider the annual report taken as a whole as fair, balance and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	✓	<ul style="list-style-type: none"> The Board Assurance Framework has been developed to identify and assess emerging and principle risks to the Trust achieving its strategic objectives. The framework is regularly discussed by the Executive Team and presented to the Board of Directors, including any mitigation to emerging risks. The Annual Report 2023/24 (Page 129 – 131) provides details of the assessments completed to identify and manage risk within the organisation. This includes the identification of significant risks to the achievement of its strategic objectives as at 31 March 2023.
D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial,	✓	<ul style="list-style-type: none"> As above regarding the Board Assurance Framework and annual report information, which also includes reviewing internal controls relating to quality governance. The Annual Report (Page 126 – 138) provides the Annual Governance Statement and includes all material controls, including financial, operational and compliance controls.

Code	Provision	Comply	Narrative 2024-25
	operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.		
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual , which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over a going concern are expected to be rare.	✓	<ul style="list-style-type: none"> The Annual Report 2023/24 (Page 139) provides a statement concluding the adoption of the going concern basis of accounting when preparing the annual accounts. The statement identifies any material uncertainties considered when making the statement.
SECTION E: REMUNERATION			
E.2. PROVISIONS			
E.2.1	Any performance-related elements of executive directors' remuneration should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of	✓	<ul style="list-style-type: none"> The Chief Executive Officer has a contractual due payment in place (2.5k per quarter) which is based upon achievement of objectives related to the strategic objectives of the organisation. The strategic objectives were developed to align with the interests of service users, patients and use of public money.

Code	Provision	Comply	Narrative 2024-25
	<p>performance-related remuneration, the remuneration committee should consider the following provisions.</p> <ul style="list-style-type: none"> Whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. Pay-outs or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the trust. Consideration should be given to criteria that reflect the performance of the trust against some key indicators and relative to a group of comparator trusts, and the taking of independent and expert advice where appropriate. Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed, and must be limited to the lower of £17,500 or 10% of basic salary. For NHS foundation trusts, non-executive terms and conditions are 		<ul style="list-style-type: none"> The Board of Directors Remuneration & Nominations Committee receives a quarterly report outlining the key achievements of the CEO for that period, aligned to the strategic objectives. The Committee considers the report and approves (or not) the contractual due payment for the quarterly period. The Terms and Conditions for the Non-Executive Directors are set by the Council of Governors Remuneration Committee and Council of Governors. The Terms and Conditions are standard and any changes are approved by the Remuneration Committee, in line with any adjustment to remuneration.

Code	Provision	Comply	Narrative 2024-25
	<p>set by the trust's council of governors.</p> <ul style="list-style-type: none"> The remuneration committee should consider the pension consequences and associated costs to the trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement. 		
E.2.2	<p>Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure.</p>	-	<ul style="list-style-type: none"> The Council of Governors agreed to adopt the principles of the Chair and Non-Executive Director Remuneration Structure Framework when setting remuneration levels, whilst not being bound to any previous decision of the Council in the setting of future remuneration. The Council of Governors Remuneration Committee considers the framework when agreeing any adjustment to Chair / NED Remuneration. However, it should be noted the framework has not been updated since 2019 and does not consider any recommended annual uplift from NHS England. The remuneration of the Chair is set using the table included in the Framework considering the annual turnover of the Trust. The Council of Governors utilised this table and other relevant information to determine the remuneration of the Chair for the recent recruitment process. The remuneration of the Non-Executive Directors was originally set in line with the framework, with an adjustment to the uplift recommended to ensure it reflected the additional time commitment of the Vice Chair and Chair of the Audit Committee.
E.2.3	<p>Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration</p>	✓	<ul style="list-style-type: none"> Executive Directors are required to make annual declarations of interest which would identify any positions held such as a non-executive director role.

Code	Provision	Comply	Narrative 2024-25
	disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.		<ul style="list-style-type: none"> If an Executive Director is released to serve as a Non-Executive Director of another organisation, a statement would be included in the Annual Report as required.
E.2.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered where a director returns to the NHS within the period of any putative notice.	✓	<ul style="list-style-type: none"> The responsibility for the approval of termination of employment arrangements and / or making of any extra contractual payments to Executive Directors is within the remit of the Board of Directors Remuneration & Nominations Committee and referenced in the Terms of Reference. During the year, no extra contractual payments have been made to Executive Directors following termination of employment.
E.2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity (severance payment includes any payment whether included in a settlement agreement or not, redundancy payment, a secondment arrangement, pay in lieu of notice, garden leave and pension enhancements).	✓	<ul style="list-style-type: none"> This would be undertaken as required. There has been no requirement to do this in 2024/25

Code	Provision	Comply	Narrative 2024-25
E.2.6	The board of directors should establish a remuneration committee of independent non-executive directors, with a minimum membership of three. The remuneration committee should make its terms of reference available, explaining its role and the authority delegated to it by the board of directors. The board member with responsibility for HR should sit as an advisor on the remuneration committee. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the trust.	✓	<ul style="list-style-type: none"> • The Trust has an established Remuneration & Nominations Committee that includes all Non-Executive Directors as members. The Terms of Reference for the Committee sets-out the roles and responsibilities for the Committee. • The Executive Chief People Officer attends the meeting from time-to-time as required to provide HR advice and is outlined in the Terms of Reference. • The Trust has not used remuneration consultants.
E.2.7	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The board should define senior management for this purpose and this should normally include the first layer of management below board level.	✓	<ul style="list-style-type: none"> • The Remuneration & Nomination Committee Terms of Reference provides the remit of the Committee, including setting remuneration for Executive Directors, including pension rights and any compensation payments. • The Terms of Reference includes for the remit of the Committee the level and structure of remuneration for very senior managers (VSM's).
E.2.8	The council of governors is responsible for setting the remuneration of a foundation	✓	<ul style="list-style-type: none"> • The Council of Governors Remuneration Committee is responsible for agreeing the remuneration for the Chair and Non-Executive Directors. Recommendations are made to the Council of Governors for approval.

Code	Provision	Comply	Narrative 2024-25
	trust's non-executive directors and the chair.		

				Agenda Item: 6b				
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1				21 May 2025		
Report Title:		Self-Certification for 2024/25: Governor Training						
Report Lead:		Paula Grayson, Chair of the Council of Governors Training & Development Committee						
Report Author(s):		Paula Grayson, Chair of the Council of Governors Training & Development Committee						
Report discussed previously at:		Council of Governors Training & Development Committee 30 April 2025						
Level of Assurance:		Level 1		Level 2	✓	Level 3		

Purpose of the Report				
This report provides the Council of Governors with action taken to agree the statement detailing the learning and training completed by Governors in 2024/25 to support the Board of Directors' self-certification.			Approval	✓
			Discussion	
			Information	

Recommendations/Action Required	
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1 Note the contents of this report. 2 Agree the Trust has provided necessary training to Governors to ensure they are equipped with the skills and knowledge they need to undertake their role. 	

Summary of Key Issues
<p>Usually, NHS Foundation Trusts are required to make annual self-certifications to NHSE under the requirements of the NHS Provider Licence, Risk Assessment Framework and the Health and Social Care Act 2012.</p> <p>The Health Social Care Act, Section 151(5) states in paragraph 10BA :</p> <ul style="list-style-type: none"> • "public benefit corporation must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such." <p>NHS England also requires the Board of Directors to undertake a self-certification in respect of the training of Governors as follows:</p> <ul style="list-style-type: none"> • <i>The Board is satisfied that during the financial year most recently ended the licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.</i> <p>The Council of Governors Training & Development Committee received a report at its meeting on the 30 April 2025 providing details of the learning and development undertaken by Governors in 2024/25. The Committee considered the report (attached) and agreed to recommend to the Council of Governors that the requirements in relation to Governor training have been met.</p>

Relationship to Trust Strategic Objectives	
SO 1: Continuously improve service user experiences and outcomes	✓
SO 2: Achieve top 25% performance	✓
SO 3: Valued system leader focused on integrated solutions	✓

Which of the Trust Values are Being Delivered	
1: Open	✓
2: Compassionate	✓
3: Empowering	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	

Involvement of Service Users/Health watch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications			
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	□

Acronyms/Terms Used in the Report			
NHSE	NHS England		

Supporting Documents and/or Further Reading	
Accompanying Report	

Lead	
Paula Grayson	
Chair of the Council of Governors Training & Development Committee	

SELF-CERTIFICATION FOR 2024/25 GOVERNOR TRAINING

1.0 INTRODUCTION

This report provides the Training & Development Committee with details of the learning, training and development completed by Governors in 2024/25 to support the Board of Directors self-certification for NHS England.

2.0 REQUIREMENTS FOR SELF-CERTIFICATION

The Health Social Care Act, Section 151(5) states in paragraph 10BA :

- “public benefit corporation must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.”

NHS England also requires the Board of Directors to undertake a self-certification in respect of the training of Governors as follows:

- *The Board is satisfied that during the financial year most recently ended the licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.*

The Council of Governors Training & Development Committee received a report at its meeting on the 30 April 2025 providing details of the learning and development undertaken by Governors in 2024/25. The Committee considered the report (attached) and agreed to recommend to the Council of Governors that the requirements in relation to Governor training have been met.

3.0 COUNCIL OF GOVERNORS SELF-CERTIFICATION INFORMATION

Activities carried out in 2024/25 which ensured Governors have been equipped with the skills and knowledge required for their roles, including relevant training.

3.1 Methods for holding NEDs to account:

3.1.1 Learning and Development in gaining assurance on NED appraisals

The Council of Governors asked for assurance on the NED appraisal process. The process was delegated to the Remuneration committee members. Prior to meeting the NEDs, points made in their appraisals were noted by the committee members. In individual discussion sessions with Remuneration committee members, each NED and the Chair, was asked to provide an example of how one key objective had been achieved during the year, what learning had been gained and to give an example of holding an Executive Director to account. They were asked for an example of demonstrating their independence. They were asked to provide an example of working or engaging with Governors. Based on learning from these sessions, reviewing the formal appraisals, then noting the cited highlights during the discussions and objectives for next year, Remuneration committee members provided assurance on the process to the Council of Governors.

Remuneration committee members learned about benchmark remuneration data from a survey of equivalent Foundation Trusts and from EPUT staff. At the subsequent Council of Governors meeting, Governors were updated on the results of the discussions.

3.1.2 Learning and development in understanding NEDs' contributions to the Trust

Governors and NEDs, with the Chair, met quarterly at informal virtual sessions and one face-to-face session with no Executive Directors present. Discussions allowed Governors to learn that either through their NED roles on Board standing committees, or through their formal questions during the Board meetings held in public, NEDs had actively contributed to strategic matters, governance, assurance, risk management, risk appetite discussions and to holding the Executive Directors to account. The Chair continued to provide a paper for the Council of Governors' agenda, setting out the triangulation visits, involvement and quality assurance activities taken on by each NED within the Foundation Trust and in the wider health economy since the previous Council of Governors. Annual

assurance reports from the Chairs of Board standing committees have been presented to each virtual Council of Governors' meeting: Remuneration and Nomination; Quality; People, Equality and Culture; Charitable Funds; Audit; Finance and Performance. Continuing to respond to the request from the Council of Governors, Board standing committee members have had a Governor observer attending the virtual part 1 sessions of the Board standing committees. The Trust Secretary's Office staff designed a brief report to be completed by the Governor observer following the meeting. The template allowed Governors to comment on the extent to which they observed NEDs fulfilling their duties, particularly in chairing each committee including ensuring "probity and professional curiosity" and "sufficient discussions". Governor observers report to the Council of Governors on their evidence of NEDs fulfilling their duties.

Quarterly virtual Constituency meetings between NEDs assigned to Constituencies with the relevant Governors ensured there were discussions about patients'/service users' issues. These meetings were usually with managers who responded to questions about patient safety, quality of care and patient experience. Governors could hear NEDs gaining information about front line delivery.

3.2 Learning about Improving Governance

3.2.1 Gaining knowledge from meetings, assurance and decisions

The full Council of Governors was held virtually on four occasions during 2024/25. The Council of Governors meetings included a private briefing from the Chief Executive, setting out key scrutiny issues around performance and future risks. Key performance issues and corresponding learning were summarised in the Chief Executive's formal report to the Council of Governors. Governors wishing to consider the full performance scorecard attended the Board of Directors' virtual and face-to-face meetings. Two virtual Part 2 Council of Governors were held to gain Governor approval of recommendations from Council of Governors sub committees.

Each virtual Council of Governors has included one off information sessions on topics raised by Governors, the Chair or in preparation for contributing to the Quality Account, the Annual Report and Accounts, CQC visits and other statutory obligations such as choosing the local indicator for external assurance (Quality Account). A sequence of Board Standing committee assurance reports has allowed Governors to learn about the work of those committees and how assurance has been gained. Papers and presentations given during the virtual and face-to-face Board meetings held in public have provided guidance to Governors on governance improvements, such as: Complaints and Compliments; Freedom to Speak Up; Learning from deaths; Safety First, Safety Always; Duty of Candour; Time to care; Patient Experience and Volunteers Annual report; Strategic impact report; CQC compliance report.

Governance committee members have considered amendments to the Trust Constitution which improve assurance and governance processes. A separate Task and Finish Group of Governors considered the Trust Constitution to discuss some proposed changes, recommending those changes to the full Council. At Council of Governors meetings, in training sessions and in workshops, Governors learned about methods for improving assurance and governance.

3.2.2 Gaining knowledge from analysis

An efficacy and effectiveness review was carried out by using a website based questionnaire asking questions of members of each Council of Governors sub-committee. Governors were asked if they believed they were achieving the outcomes set out in the Terms of Reference for their own sub-committees as well as from the perspective of being a Governor more generally. Governors were asked if sub-committees were perceived to be effective. The results of the review were discussed at each sub-committee and with a Council of Governors meeting to determine ways forward. The agreed changes are being progressed through the sub-committees and the Council of Governors agenda.

3.2.3 Learning about representing members and the public

From the formation of EPUT in 2017/18, in matching the necessary constituencies based on the distribution of FT members and the existing services, the Council of Governors required 40 Governors which was subsequently revised and reduced to 30. Membership committee has continued to review the representation of members and the public by the Governors elected Public Governors, the appointed Governors and Staff Governors. Governors discussed the Membership Strategy during "Your Voice" meetings considering plans for increasing learning from members and the public.

Governors learned about how virtual wards and "hospital at home" improve the experience of patients and people using the services while keeping them with their families.

At formation, Governors were allocated either two or three year terms to reduce future disruption and ensure some continuity. The Governor Workbook and "Prospective Governors Guide" contents were used for the Prospective Governor Workshops in 2024. Prospective Governors were taken through the documents, with our current Governors explaining the practicalities of being a Governor in representing members and the public.

3.2.4 Learning how to listen to members and the public

"Your Voice" public meetings in each constituency were held virtually in April 2024, face-to-face in July 2024 (one held virtually) and for the whole of EPUT, face-to-face at the end of the Co-Production conference in October 2024. Learning from those sessions has been discussed at Training and Development committee meetings and at Membership committee meetings because in some locations, members had not necessarily seen the relevance of the Trust's public meetings to their personal requirements of the health service. Governors provided ideas for future "Your Voice" sessions which could increase relevance. Governors chaired the virtual and face-to-face sessions with topics such as "Engaging Carers" presented by staff, volunteers, carers and service users. Members learned about key healthcare issues from the presenters. Staff presenters and Governors learned about issues of concern to members to the public and to staff from their questions and comments.

At the Annual Members face-to-face meeting, held on the evening of 24 October 2024, the Trust provided formal presentations from Executive Directors, the Chair and the Lead Governor. One session was "Involving our patients, families and communities. Trust departments explained their services, demonstrating how they work with stakeholders, patients/service users and carers/supporters. Governors listened to the presentations and the content of the public questions, learning about the issues of importance to members.

Governors have been invited to listen to the virtual staff briefings since January 2021 which allows them to understand issues for staff members of the Trust, given the questions are in the chat box, are read out and answered verbally or in writing. Governors are sent the Wednesday Weekly staff bulletin which includes examples of demonstrating how staff concerns are addressed and reminds staff about their responsibilities and benefits. The Staff Engagement and Wellbeing bulletin is circulated to Governors showing the support available to staff.

3.2.5 Learning how to contribute to Trust plans

Governors joined NEDs for the two Board/Governor workshops in 2024/25. The April 2024 workshop considered the revision of the Quality visit process to provide more effective assurance with streamlined visits in comparison with previous years. The November workshop considered how the Electronic Patient Care Record would improve patient safety, effectiveness and efficiency. There was a briefing on medical education. Governors joined staff, patients, service users, non-executive directors, partners and senior leaders for the Quality Dialogue on 26 February 2025 to focus on enhancing patient care, improving safety, and reducing health inequalities across our services. The dialogue was designed to help steer the direction of our quality priorities for the coming year.

Some Governors attended the National NHS Providers' (NHSP) Governors' virtual meeting on 9 July 2024, during which Governors learned from good practice case studies how to contribute to Trust plans. Governors attending NHSP sessions wrote notes for circulation to all Governors to share learning. Information about the potential contribution from the Trust into the appropriate Integrated Care Systems, Provider Collaboratives and Health Alliances was circulated to Governors and presented during the year. During Council of Governors meetings, Governors noted learning derived from Quality visits (carried out face-to-face with NEDs and on some occasions, Executive Directors) as well as from discussions with members to ensure that services are appropriately patient-centred as in the Quality of Care strategy, safe, clinically appropriate and working towards the clinical transformation plans which have been set out at Board meetings and the Council of Governors. Some Governors took part in PLACE visits with Lived Experience Ambassadors, reporting their learning to Council of Governors meetings to contribute to improving plans for services.

3.2.6 Learning how to contribute to inspections and assessments

During the induction modules in 2024, new and existing Governors were given guidance on methods for contributing to assurance processes, working effectively as a Council and how to ask questions. Other induction modules explained the role of Governors when attending meetings and making visits. New Governors were issued with the Governor Induction Workbook which introduced them to the mandatory, statutory and information gathering opportunities available to Governors.

In the Board of Directors / Council of Governors April 2024 face-to-face workshop, Governors were given guidance on how they would contribute to the new Quality visits. Documents are circulated beforehand; there is a template for reporting on quality issues; there is time during the visit to discuss findings before Quality Assurance staff write up the visit report. Governors are asked to check the written reports for factual accuracy.

3.2.7 Learning how to contribute to triangulation and testing of services

The induction modules in 2024 provided guidance to new and existing Governors on: the Governor Code of Conduct; obligations; accountability; governance skills and clinical services within each Integrated Care System. Special training and briefing sessions for Governors have provided learning on: Independent Hospital Managers; Gender Equality; Tackling discrimination. Some Governor/NED constituency virtual meetings have included both staff and patient representatives, allowing direct questions about patient and staff experiences. Governors have asked formal questions at Board meetings in the public section. Each question has been recorded with the responses either at the time or after further enquiry, allowing Governors to gain knowledge from those responses. Governors share this information. During the quarterly Governor informal sessions without the Chair/NEDs/Executive Directors, Governors discussed points made by members of the public, FT members, service users, carers and their own experiences. A Governor recorded questions which were sent to the Trust Secretary's Office. The questions and responses have been recorded to become part of the Council of Governors papers, demonstrating active testing of services and providing learning. A rolling Action Plan features in the Part 2 papers, setting out the questions and providing responses from relevant Trust staff.

In the revised 2024/25 system for PLACE visits, some Governors took part in face-to-face PLACE visits to services, working closely with Lived Experience Ambassadors, staff from Complaints department and Facilities staff. Through jointly assessing the required PLACE categories with patients and staff, Governors learned how to compare the experienced reality with the performance scorecard reported to the Board. Some Governors took part in the new Quality visits facilitated by Quality Assurance and Compliance department staff, with NEDs and representatives from the Integrated Care Boards.

Governors receive the staff Wednesday Weekly bulletins. These e-mails provide regular updates on clinical issues including: Lessons Identified, "safety first, safety always" service provision; reminders to complete patient records consistently; to follow infection prevention and control in working arrangements; to ensure safe use of Personal Protective Equipment to protect service users/patients and other staff; to obtain vaccinations; to use the available increased resources for supporting wellbeing. Governors are invited to attend the regular Staff Updates, listening to the points made by staff about their experiences.

Governors have been invited to attend staff network virtual meetings: LGBTQ+, Ethnic Minority and Race Equality Network (EMREN) and Disability and Mental Health. Governors encouraged the return of the staff Carers' network which had ceased for a time. The discussions have highlighted issues for diverse staff such as ensuring service users who are LGBTQ+ are treated appropriately, the need for managers to be trained in diversity matters and to discuss disability passports.

3.3 Learning how to improve active membership

3.3.1 Learning how to analyse and improve membership effectiveness

The Membership Strategy was discussed in 2024/25. Staff had previously presented a comprehensive analysis of membership data allowing Governors to understand the key details. Membership committee members discussed the extent to which members demonstrate active interest in the Trust, other than by voting in elections. The Trust had a large public membership base many of whom could only be contacted by post. EPUT Staff have carried out a communications exercise to check continuing interest from members. Governors have discussed the Membership committee reports in Council of Governors meetings. It was agreed that "Your Voice" meetings should usually be

constituency based to ensure relevance to members and the public allowing clarity about which services are provided in each area. Membership committee members had agreed that the April 2024 "Your Voice" meetings would be virtual and constituency based. The service users/patients and carers provided useful information to Governors and staff during these meetings. In the summer of 2024 most "Your Voice" meetings were face-to-face in each constituency to discuss local issues with members to understand how they use their membership. One constituency remained a virtual session to assist staff members by reducing excessive travel. Membership committee members considered how to increase attendance through having "Your Voice" as part of a conference. On 10 October 2024, the Co-Production conference brought together large numbers of service users, carers and members of the public to learn about more effective co-production processes. The face-to-face Trust wide "Your Voice" was held immediately after the conference. Governors found the discussions useful.

3.3.2 Learning how to gain value from Volunteers

Some Governors are also volunteers, Lived Experience Ambassadors, Peer Support Workers and Patient Safety Partners. They provide buddy experiences for students on health courses at the partner universities, with new staff and with newly qualified staff during their induction. Some Governors attended the face-to-face Co-production conference on 10 October 2024. The conference membership included the full spectrum of volunteers who support patients/service users and carers/supporters when Trust services are accessed. Governors worked with the volunteers in the discussions during the conference, learning about their input as well as talking to some partners from Voluntary, Community and Social Enterprise organisations who were exhibiting their support services at the conference.

3.4 Governors learning how to understand their role and the Trust

3.4.1 Learning from induction

Prospective Governors were offered sessions in April 2024 to learn about the role of Governors. Current Governors joined those sessions to talk about their experiences. Governors who joined during 2024 were invited to induction modules setting out the Governor role and responsibilities. One module was for new Governors. Existing Governors were invited to the other modules to refresh their skills and knowledge. New Governors were given the Induction Workbook to understand their statutory, mandatory and assurance roles. The Induction Workbook included the Governor Work Plan designed by the Governance committee.

3.4.2 Co-ordination of learning by the Training and Development committee

At formation and as part of the Trust's governance framework, a Council of Governors Training and Development Committee was established to provide support to the Council on training and development. The Terms of Reference include ensuring that effective and robust training and development arrangements are in place to develop Governors' skills, knowledge and capabilities enabling them to be confident, effective, engaged and informed members of the Council of Governors. The Governor Learning & Development Pathway was designed and used to cover the life-cycle of Governors from prospective Governors, through induction and additional ongoing learning and development to support the role. During 2024/25, there were 136 training, learning and developmental subjects provided at special training sessions, special briefings, Council of Governor meetings, the Annual Members Meeting, attendance at Trust workshops, circulated information from other Governors and at the Board of Directors' meetings held in public.

3.4.3 Developing skills

Governors attended training sessions during the virtual and face-to-face induction modules for example core skills in September 2024.

3.4.4 Developing knowledge of the Trust and the wider health economy

Special briefing sessions were held in 2024/25 on topics requested by Governors or relevant to the Trust's values, vision and operational plans: Urgent Care Pathway; Crisis Team; Tackling Discrimination; Employment Retention. Speakers were mainly Trust middle and senior managers and Board members. Governors asked questions for clarification and to understand how services were being improved. Governors challenged speakers when services still needed improvements or efficiency programmes were not delivering the necessary recurrent savings. Governors shared information about strategies and key challenges including co-production and service user involvement.

Governors learned about the system overview for wider examples of patient experience, service user involvement and public participation.

Governors attending the monthly Board meetings have gained knowledge from the presentation at the beginning of each Board for example on the Lighthouse Child Development Centre and from specific papers for example: PLACE report; Safe working of junior doctors; Safe Staffing; Time to Care; Pharmacy and Medicines Optimisation strategy and from annual reports for example: Complaints and Compliments; Duty of Candour; Infection Control; Safeguarding; Health and Safety; Learning from Deaths. Governors were kept regularly informed about key facts during the year through attending the virtual Staff Updates; the Trust's internal Governor Update e-newsletter and briefings by the Chief Executive. Governors' knowledge has been kept up to date through the sharing of good practice and centrally published information. All information was received in a timely manner.

3.4.5 Governors gaining and sharing knowledge more widely

Governors attend external development events or webinars either through Trust membership of NHS organisations (NHS Providers, NHS Confederation) or from their own membership (Kings Fund, Integrated Care Board meetings held in public, National Voices, Rethink Mental Illness). They summarise and share experiences by completing a feedback form which is circulated to all Governors. On 9 July 2024, some Governors attended the virtual NHS Provider Governor Conference to learn from other Governors.

The Lead Governor continued to attend the quarterly Regional Governors' Network to discuss key issues, learn from one another and share with their own Governors on topics such as: engaging disengaged Governors, recruitment processes for Chairs and NEDs, value of having Deputy Lead Governors, Governor attendance at Annual Member Meetings, Digital transformation.

Report prepared by:

Paula Grayson
Public Governor

Chair of the Council of Governors Training and Development Committee

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				Agenda Item: 7a				
					21 May 2025				
Report Title:		PLACE Scores 2024							
Executive/ Non-Executive Lead:		Ann Sheridan, Executive Nurse							
Report Author(s):		Matt Sisto, Director of Patient Experience							
Report discussed previously at:		N/A							
Level of Assurance:		Level 1			Level 2			Level 3	✓

Purpose of the Report		
This report provides the scores for the Patient-Led Assessment of the Clinical Environment (PLACE) for 2024.	Approval	
	Discussion	✓
	Information	

Recommendations/Action Required
The Council of Governors is asked to:
1 Note and discuss the contents of the report

Summary of Key Issues
<p>The purpose of this report is to provide an update regarding PLACE following the 2024 assessments and any recommendations for improvements. PLACE visits in 2024 took place between September and November.</p> <p>PLACE aims to focus on areas that matter to patients, families and carers. On the day(s) of assessment, the assessing team visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards (paper or digital) based on observed conditions. Results are sent to NHS England for analysis and benchmarking.</p> <p>This report contains the organisational overview (themes and trends) and a breakdown for each site visited in order for quality improvement actions to be devised as an organisation and ownership of actions to be taken for specific sites.</p> <ul style="list-style-type: none"> Landermere was the most improved site this year with increases in score up to 96% across the dementia and disability domains Patient assessors were pleased that many of their suggested improvement recommendations from 2023 had been taken on board. This included improving the garden space for 439 Ipswich road. General signage on approach to sites remain an area of improvement. Unfortunately, the majority of sites are hard to locate for somebody attending for the first time and car parking availability should still be improved to make it easier for people to find our sites. Overall top performers were Landermere, Clifton Lodge and Thurrock. Overall lowest performers were the Kingswood Centre, The Linden Centre and 439 Ipswich road. Improvement across all domains at the Linden Centre, Christopher unit and Kingswood sites would have the biggest impact on the collective average. Focused improvement effort on domains of 'Disability' and 'Dementia Friendly' at 439 Ipswich Road, Saffron Walden, the Christopher unit and Edward house should be implemented ahead of 2025 visits

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:		
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives		
Data quality issues		
Involvement of Service Users/Healthwatch		✓
Communication and consultation with stakeholders required		
Service impact/health improvement gains		
Financial implications:		Capital £ Revenue £ Non Recurrent £
Governance implications		
Impact on patient safety/quality		
Impact on equality and diversity		
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
PLACE Audit Results 2024

Lead
 Ann Sheridan Executive Nurse



Essex Partnership University
NHS Foundation Trust

PLACE 2024 Report

Patient Led Assessments of the Care Environment

Q4 24/25

Introduction

Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. **Patient Led Assessments of Care Environments** (PLACE) provide the motivation for improvement by giving a clear message, directly from patients, about how the environment or services might be enhanced. PLACE assessments focus exclusively on the environment in which care is delivered and do not cover clinical care provision (quality and safety, or ligature risk) or how well staff are doing their job. Having said that, any concerns on safety, quality, and ligature risk are highlighted on the day of assessment and picked up by the teams for immediate action.

The assessments take place every year, and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services. The PLACE collection underwent a major national review between 2018 – 2019, significantly revising the question set and guidance documentation. Annual review continues before each programme to ensure this collection remains relevant and delivers its aims. The assessments involve local people (known as patient assessors) going into hospital ‘sites’ as part of teams to assess how the environment supports the provision of clinical care. Assessors rate each site out of 1-5 (1 being poor, and 5 being good) based on the following 6 domains:

1. ‘Food & Hydration’,
2. ‘Disability’,
3. ‘Condition, Appearance and Maintenance’
4. ‘Privacy, Dignity and Wellbeing’
5. ‘Cleanliness’
6. ‘Dementia Friendly’

Each patient assessor is provided with training as per the national guidance, which the patient experience team have adapted for EPUT. They also have an on-the-day orientation of the site, approach, and timings. At this point, each assessor can raise questions, and concerns if there are any. Each visit is facilitated by a member of the Patient Experience team and supported by the Estates and Facilities Team. A key learning remains that PLACE is a great opportunity for corporate services to get out and visit our care environment.

Purpose and Background

The purpose of this report is to provide an update to the Board of Directors regarding PLACE following the 2025 assessments and any recommendations for improvements. PLACE visits in 2025 took place between September and November.

PLACE aims to focus on areas that matter to patients, families and carers. PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers. On the day(s) of assessment, the assessing team visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards (paper or digital) based on observed conditions. Results are sent to NHS England for analysis and benchmarking.

This report contains the organisational overview (themes and trends) and a breakdown for each site visited in order for quality improvement actions to be devised as an organisation and ownership of actions to be taken for specific sites.

National Publication

NHS England published the PLACE scores into the public domain on the 20th February 2025.

The Patient Experience team ensured that at least 2 patient assessors were present at each site visit and that food assessments took place as necessary.

Scoring

- On the day(s) of assessment, the teams visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards (paper or digital) based on observed conditions
- Results are sent to NHS England by hospital staff using the Estates and Facilities Management (EFM) online portal
- Marks awarded for each question count towards one or more domains. Domain totals are then calculated on EFM and expressed as a percentage of the maximum marks available for each domain for each organisation and site.
- National averages are calculated to take into account the variation in hospital size (and that not all areas are assessed in larger sites): Please Tick





What is your immediate impression upon arriving at the hospital / health care site? How happy/confident are you that a good level of patient care and experience will be delivered within the environment?	Very Confident	
	Confident	
	Not Very Confident	
	Not At All Confident	

Table 1- overall rating score
Same question is asked upon leaving




Overall, how would you rate the patient meal service observed?	Good	
	Acceptable	
	Poor	

Table 2 – overall food rating score

P	Pass = all aspects of all items must meet the definition/guidance.
Where a Pass is not appropriate, the team must decide to apply a Qualified Pass or Fail score.	
Q	Qualified Pass = a small number of items (no more than 20%) do not meet the definition/guidance.
F	Fail = more than a small number of items do not meet the definition/guidance or where blood or body fluids are present (these always result in a fail score)

Table 3- Individual domain scoring key

Summary Insights

General Themes

- Patient assessors were pleased that many of their suggested improvement recommendations from last year had been taken on board. This included improving the garden space for 439 Ipswich road and encouraging patients to paint on the ward walls during OT activity as a way of enhancing colour.
 - General signage on approach to sites remain an area of improvement. Unfortunately, the majority of sites are hard to locate for somebody attending for the first time and car parking availability should still be improved to make it easier for people to find our sites.
-

Contemporary Trusts

233 organisations took part in PLACE assessments 2024. For comparison 3 other trusts have been selected below to demonstrate how EPUT scores compare to Trusts similar in size.

Organisation Name	Commissioning Region	Organisation Type	NHS or Independent	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	EAST OF ENGLAND COMMISSIONING REGION	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	0.965	0.8882	0.889	0.8879	0.9671	0.9384	0.8501	0.8772
NORTH EAST LONDON NHS FOUNDATION TRUST	LONDON COMMISSIONING REGION	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	0.9785	0.9239	0.9282	0.9184	0.9686	0.8067	0.9197	0.9427
EAST LONDON NHS FOUNDATION TRUST	LONDON COMMISSIONING REGION	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	0.9572	0.8501	0.8971	0.789	0.9457	0.9341	0.8692	0.8513
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	NORTH WEST COMMISSIONING REGION	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	0.9918	0.9378	0.9802	0.911	0.9487	0.9813	0.957	0.9676

Organisational overview

Site	Cleanliness	Food	Privacy, Dignity and Wellbeing	CAM	Dementia	Disability
THURROCK COMMUNITY HOSPITAL	383/ 388	168/ 180	114/ 122	178/ 184	185.5/ 196	132.5/ 146
THE BRAMBLES - COLCHESTER	232/ 234	148/ 176	72/ 86	118/ 120	36/56	48/ 78
SAFFRON WALDEN COMMUNITY HOSPITAL	232/ 234	151.5/ 168	82/ 90	120/ 120	86/116	76/ 108
COLCHESTER - THE LAKES	380/ 388	152.5/ 166	102/ 106	163/ 174	44/54	64/ 76
CLIFTON LODGE	229/ 234	158.5/ 168	84/ 84	115/ 120	144/144	114/ 118
CHRISTOPHER UNIT (LINDEN)	212/ 234	135.5/164	76/ 88	100/ 120	48/60	66/ 80
BYRON COURT - 5 HEATH CLOSE	229/ 234	158/ 164	84/ 88	114/ 120	68/70	78/ 84
BROOMFIELD HOSPITAL	325/ 388	150.5/ 166	106/ 124	154/ 184	47/58	68/86
LANDERMERE CENTRE MENTAL HEALTH WARDS, CLACTON-ON-SEA	232/ 234	160.5/ 168	82/88	118/120	142/144	112/ 118
KING'S WOOD CENTRE - COLCHESTER	339/ 388	156.5/ 166	108/128	153/184	40/60	58/ 86
THE ST. AUBYN'S CENTRE, COLCHESTER	384/ 388	163/ 178	114/124	174/184	70.5/72	84.5/ 92

Organisational overview continued

Site	Cleanliness	Food	Privacy, Dignity and Wellbeing	CAM	Dementia	Disability
BROCKFIELD HOUSE	1156/ 1158	150.5/ 166	302/ 304	502/ 504	70/ 72	120/ 126
BASILDON MENTAL HEALTH UNIT, BASILDON	848/ 850	150.5/ 166	234/ 234	376/ 378	80/ 82	112/ 118
THE CRYSTAL CENTRE	366/ 388	174/ 186	120/ 122	171/ 184	135.5/ 140	112.5/ 120
EDWARD HOUSE	370/ 388	156.5/ 166	112/ 122	173/ 184	63/ 72	76/ 90
ST MARGARET'S HOSPITAL	829/ 850	160.5/ 168	224/ 228	366/ 376	332/ 366	214/244
ROCHFORD COMMUNITY HOSPITAL	694/ 696	149/ 168	192/ 196	310/ 312	86.5/ 88	104.5/ 110
ROBIN PINTO UNIT	218/ 234	160.5/ 166	72/ 86	109/ 120	65/ 72	74/ 86
RAWRETH COURT	226/ 230	160.5/ 168	78/ 84	116/ 120	140/ 144	110/ 118
PRINCESS ALEXANDRA HOSPITAL	368/ 388	142.5/ 166	122/ 128	165/ 186	60/ 66	84/ 94
WOOD LEA CLINIC, BEDFORD	230/ 234	150/ 176	84/ 86	117/ 120	69/ 70	74/ 86

Overall Top Performers



Landermere



Clifton Lodge



Thurrock

Overall Lowest Performers



Kingswood Centre



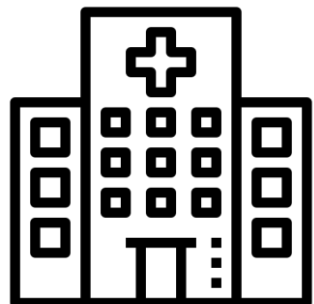
The Linden Centre



439 Ipswich Road

Note: Targeted interventions across all 3 of these sites will have a significant positive impact on the overall averages in 2023 assuming that our other sets maintain the same or improve

Targeted Interventions



Improvement across all domains at the Linden Centre, Christopher unit and Kingswood sites would have the biggest impact on the collective average



Focused improvement effort on domains of 'Disability' and 'Dementia Friendly' at 439 Ipswich Road, Saffron Walden, the Christopher unit and Edward house should be implemented ahead of 2025 visits

General Recommendations

Due to the success of the 2023 PLACE visits and planning recommendations for the planning and implementation of the PLACE 2024 assessments remain:

1. Each visit will need 2 patient assessors to be included in the National Publication
2. Each visit will need to allow for a food assessment to be included in the National Publication
3. At times some wards were quite resistant to PLACE assessments, preventing them from going ahead, which impacted the overall process. Because of this, it is our recommendation that every effort is made by services to facilitate assessments in 2023.

Notable improvements:

1. Signage is generally more visible and clear
2. Sites being more accommodating of PLACE visits going ahead with less refusal of assessments upon arrival

Recommendations for improvements based on findings from the PLACE 2023 assessments:

1. Increasing the available parking where possible, markings, access, and disabled spots too
 2. Focussed effort to improve dementia and disability domains
-

Domain Performance

Domain 1: Cleanliness



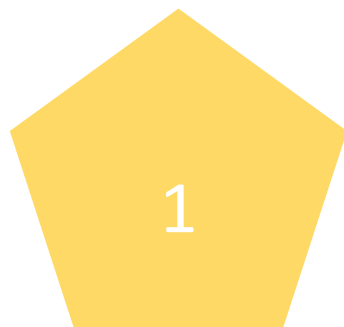
Brockfield house



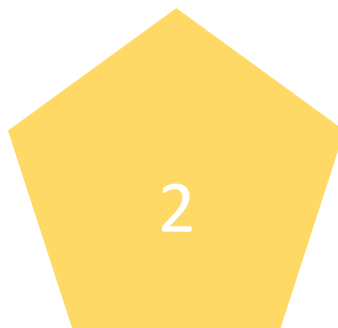
Landermere Ward



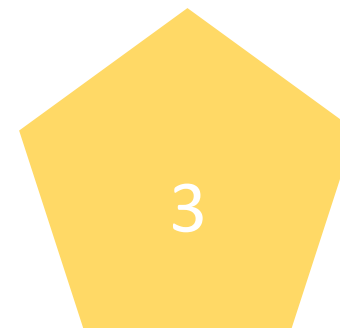
Thurrock



Kingswood



The Linden Centre



Christopher Unit

Domain 2: Food & Hydration



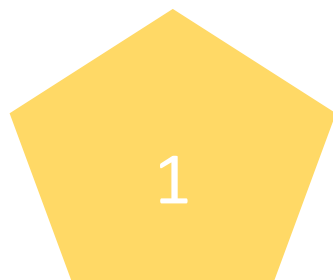
Kingswood, Landermere,
Rawreth court, Robin
Pinto, Byron Court,
(100%)



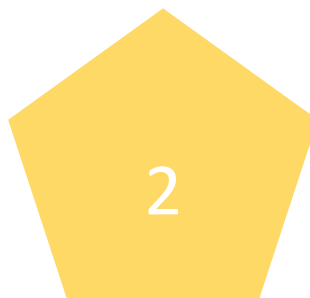
St Margaret's



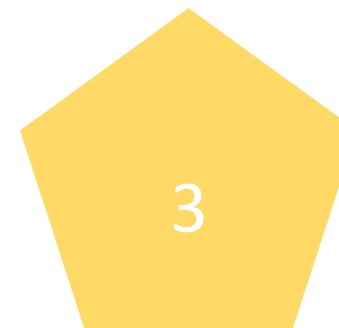
Thurrock community hospital



The Christopher unit



Woodlea



Derwent Centre

Domain 3: Privacy, Dignity, Wellbeing



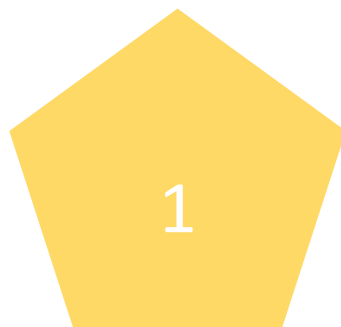
Clifton Lodge & Basildon



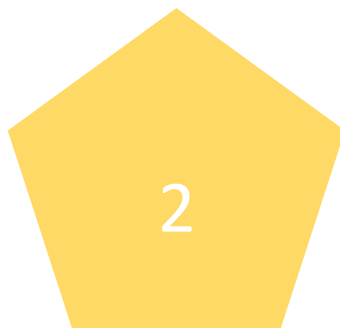
Brockfield



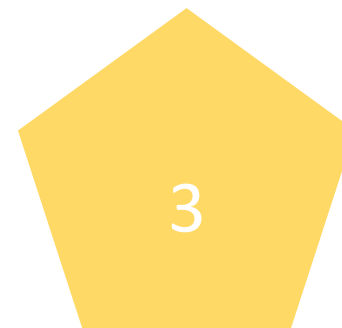
St Margaret's



Robin Pinto



439 Ipswich Road



Christopher unit

Domain 4: Condition, Appearance & Maintenance



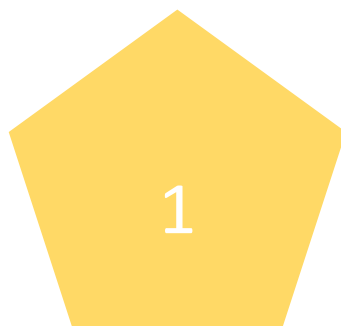
Saffron Walden



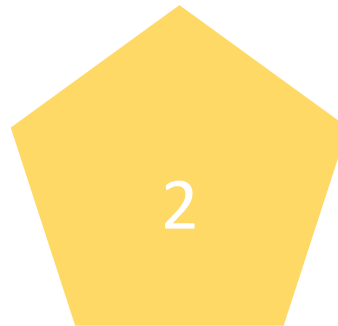
Rochford



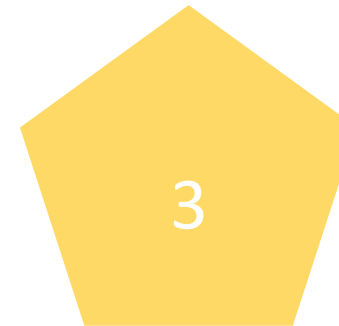
Basildon



Christopher unit



Linden Centre



Kingswood Centre

Domain 5: Dementia Friendly



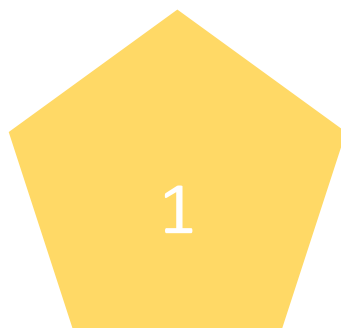
Clifton Lodge



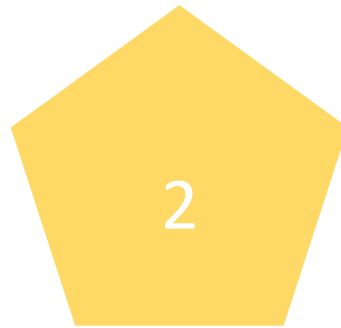
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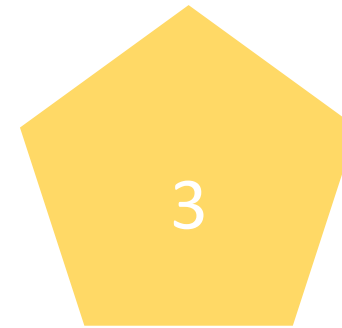
Woodlea



Kingswood



439 Ipswich Road



The linden Centre

Domain 6: Disabilities & Access



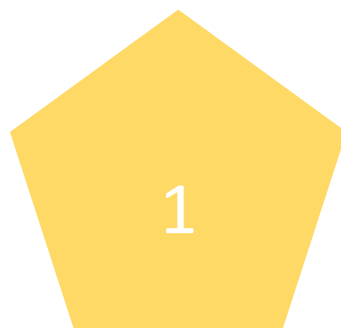
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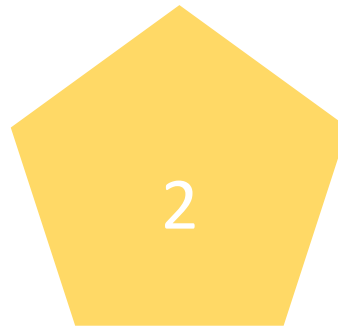
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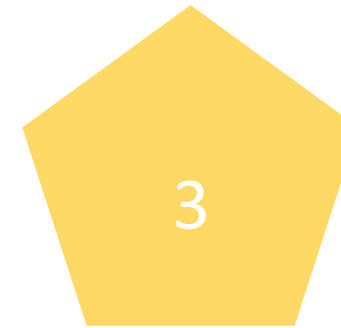
Basildon



The Linden Centre



439 Ipswich Road



Kingswood

Visits Data & Insights

Brockfield House

Site Description: Forensic Low Secure Inpatient Service | Care Unit: Specialist Services

2023 Summary

- **Brockfield received full scores for Cleanliness, Privacy Dignity and Wellbeing and Maintenance.**
- Patient Assessors noted how spacious ward environments were at Brockfield and commented on the availability of modern facilities such as video games and basketball courts.
- Patient Assessors noted the availability of fresh fruit and water as positive and encouraging
- Patient Assessors recognised the availability access to outside areas and commented that the gardens and outside courtyards were wheelchair friendly. Those with accessibility requirements could still make full use of the outdoor spaces.

Lagoon, Alpine, Fuji, Forest, Dune, Causeway and Aurora ward were visited on the 24th of October 2024

- **2024 Summary**
- **Brockfield did not receive full scores for any of the PLACE domains**
- Large well maintained building with good security.
- Three of the wards (Forest, Dune and Causeway) benefited from a refurb in 2023 and the refurbishment included replacement doors and door frames, replacement flooring and skirting boards in all rooms, CCTV along corridors and general painting and decorating. Fuji ward was due to go under refurbishment in the following weeks from the PLACE visit
- All wards were very clean and all rooms were well ventilated by large windows along with benefiting from lots of natural light. Oxeheath camera system fitted in every bedroom. Each ward had its own outdoor space. Outside gym equipment available but not used often.
- Really well spaced communal areas such as lounge/TV area, dining rooms, laundry and kitchens and well documented notices on cupboards, fridges, washing machine and dryers.
- Brockfield house benefits from its own in-house (indoor) gym and sports hall consisting of a badminton court, basketball nets and moveable goal posts.
- Brockfield house has maintained it's overall assessment rating from 2023, 2024 patient assessors were **very confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service improved from 2023, moving from acceptable to good

Improvements from last year

- Replaced doors and door frames, replaced flooring and skirting boards in all rooms, CCTV has been placed along corridors and general painting and decorating has been improved. Point of interest and use of bright colours were visible to patient assessors
- No loose accessible TV wires were observed; ligature risk has been minimised
- Food assessment score improved from acceptable to good

Recommendations for 2025

- To ensure gardens are well maintained and free from weeds and litter
- The outdoor sports area (used for outdoor football) was not so well maintained due to moss and cracks in the ground. The ground is in need of resurfacing as currently this area is a wasted space.

Brockfield House

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
100.00%	86.67%	100.00%	99.60%	97.62%	98.85%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.83%	88.57%	99.34%	99.60%	97.22%	95.24%

2024

Brockfield house was rated the second highest performer across EPUT for cleanliness, disability, condition appearance and maintenance, privacy dignity and wellbeing and joint second highest for food.

Brockfield house marginally decreased in scores across all domains from the previous PLACE inspection (2023) apart from condition, appearance and maintenance.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Byron Court

Site Description: Learning Disability Inpatient Service | Care Unit: Specialist Services

2023 Summary

- Residents at Byron Court have their main hot meal at lunchtime and light dinner, as this was agreed in a forum and works well for the residents. The use of regular forums at the site to include patients in decisions such as which types of meals are served when was noted by assessors as an effective way of obtaining active feedback from patients.
- Patient assessors noted Byron court as functional but very “tired looking”
- Food was rated highly for this site and patient assessors noted the availability of fresh fruit for patients
- Unfortunately, Byron court received the lowest assessment scores in how well the environment accommodates for those with dementia and disability and access needs
- Byron court has maintained it’s overall assessment rating as **2023 patient assessors were confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as Good

2024 summary

- Byron court has improved it’s overall assessment rating from 2023 as patient assessors were **very confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service rating was maintained as Good
- Very impressed with the cleanliness of the place, it felt staff really care and invest a lot of energy in the place.
- Not all taps have been marked blue and red for temperature
- Seclusion room toilet look out thorough window that is half frosted to an external CCTV within eye line, patients have reported that this gives the suspicion of being watched.
- Curved security mirrors are very clean but could have a sign to reassure that its only mirror and not camera, as one would feel uncomfortable using the toilet with the mirror which may be mistaken for camera.
- Seclusion room doesn’t have camera fitted. And it was cold compared the rest of the building.

Improvements from last year

- An increase in overall assessment rating; patient assessors were **very confident** that a good level of patient care and experience would be delivered within the environment
- No visible stains on toilet basins were noted
- Hedges have been trimmed back in the garden area

Recommendations for 2025

- Water urn in the patient coffee/tea area seemed a little high, concern of hot water scolding staff and patient
- Fit camera in the seclusion room
- Reposition garden lighting lower so ground can be illuminated
- Replace extractor fan in public toilet
- Increase temperature of seclusion room
- Ensure all taps are marked red or and blue

Byron Court

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
94.02%	100.00%	90.48%	89.17%	54.41%	65.12%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.86%	100.00%	95.45%	95.00%	97.14%	92.86%



Byron court received significantly low scores for Disability and Dementia both within the context of the organisation and compared to EPUT's comparatives in 2023.

In 2024, Byron court was EPUT's most improved site with maintenance in food ratings and significant increases in scores across all other domains

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

The Crystal Centre

Site Description: *Acute Adult inpatient Services. Older Adult Inpatient Services. Forensic Low Secure | Care Units: Inpatient and Urgent Care, and, Specialist Services*

2023 Summary

- The Crystal centre received full scores for access, social spaces and condition and appearance of external areas
- Patient Assessors reported positive feedback from the amount of natural light on the wards and the areas of interest on the ward.
- The Garden of Ruby ward was noted as “beautiful” and assessors welcomed the edition of the new flooring throughout Topaz.
- All access scores were passed i.e. are there single sex toilets available with at least one big enough for a wheelchair and is there space for patient family members to visit.
- 2023 patient assessors were **confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as **Good**

The Crystal Centre was visited on the 9th of October 2024

2024 Summary

- The ward assessment rating has decreased since last year; patient assessors **were not very confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as Good
- Patient assessors did not feel the ward promoted a welcoming feel due to lack of colour, feeling very clinical, and not having enough art work in the wards.

Improvements from last year

- Signage is more visible on the lead up to the site
- Windows were noted as free from bird mess and cobwebs

Recommendations for 2025

- Ensure all handrails are painted a different colour to the walls
- Promote more colour in the wards with less of a clinical feel
- Some of the walls were noted as dirty and or marked
- Improve cleanliness of ward social spaces
- Improve condition and appearance of building by ensuring any surface damage to walls is repaired ahead of the 2025 PLACE assessment

The Crystal Centre

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
98.71%	98.81%	98.31%	95.11%	95.16%	94.83%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
94.33%	96.67%	98.36%	92.93%	96.79%	93.75%

2024

Slight increases for both Privacy, dignity and wellbeing and dementia were recorded for this years assessment. Areas of improvement for the most impact on overall scores should be cleanliness and condition, appearance and maintenance for next years inspection

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Edward House

2023 Summary

- Edward house was noted as appearing modern, with good signage around the building
- Patients were enjoying time in the garden during the visit and commented to patient assessors how valued the garden space is
- Non slip, non reflective floors meet NHS standard
- 2023 patient assessors **were confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as **Good**

Edward house was visited on the 9th of October 2024

2024 Summary

- The 2023 scored were maintained; Patient assessors **were confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was also maintained and rated as **Good**
- Brighter colour is needed in all patient facing areas
- Building was reported as feeling dull and too clinical
- Sign on approach looks unsteady

Improvements from last year

- Walls were not noted as dirty

Recommendations for 2025

- Ensure hot and cold taps are distinctly coloured red and blue
- Inspect installation of all signs
- Patients would like an indoor exercise space with exercise bikes or yoga mats

Edward House

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.94%	94.74%	100.00%	94.57%	86.21%	91.11%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
94.33%	96.67%	98.36%	92.93%	96.79%	93.75%

2024

Edward House improved it’s ratings in food, dementia and disability from the 2023 assessments. However, decreases in score were noted across food, privacy , dignity and wellbeing and the condition appearance and maintenance domains.

Areas of improvement for the most impact on overall scores should be cleanliness and condition, appearance and maintenance for next years inspection

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Christopher unit

Site Description: Adult Inpatient Services, Psychiatric Intensive Care Unit | Care Unit: Inpatient and Urgent Care

2023 Summary

- The Christopher unit has maintained it's overall assessment rating as 2023 patient assessors **were confident** that a good level of patient care and experience would be delivered within the environment.
- It was welcomed by patient assessors that flooring was Non slippery and matt . This is an improvement from 2022.
- The cleanliness of toilets and bathrooms were an improvement from 2022
- The Christopher unit did not receive full passes on the maintenance and appearance of the building, the tidiness of the building, or surfaces being free from trip hazards.
- Hand sanitisers were empty upon arrival which appeared to create an immediate negative impression for patient assessors
- The overall meal service was rated as **acceptable**

The Christopher unit was visited on the 1st of October 2024

2024 Summary

- The worst site rating; patient assessors were **not at all confident** that a good level of patient care and experience could be delivered within the environment
- The overall meal service maintained its rating as **acceptable**
- Flooring creates squeaking noises
- Environment feels too clinical

Improvements from last year

- Patient assessors were able to sanitise their hands

Recommendations for 2025

- Include more diversity on the food menus
- Explore installation of dimmer switches for rooms
- WiFi is intermittenet and not reliable
- Keep grounds free from trip hazards or where hazards are unavoidable ensure they are clearly marked
- Secure loose ceiling tiles observed in communal areas
- Ensure surfaces are well dusted
- Fit plastic mirrors that were on order at time of visit
- Ensure all stairs have high visibility nosing on treads and risers
- Use colour more effectively to enhance patient orientation i.e. on doors and frames
- Ensure all slopes are clearly marked

Christopher unit

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
92.31%	76.92%	93.02%	88.33%	62.50%	71.79%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
90.60%	72.06%	86.36%	83.33%	80.00%	82.50%

2024

Patient Assessors felt there was a dull, clinical “prison like” feel to the unit. Assessors advised for more points of interest to be added to the walls and to ensure colour can be used more effectively to enhance patient orientation. Assessors did not find the unit easy to find and found the amount of cigarette butts on the pavements gave a negative perception of care.

The subjectivity in assessors is particularly apparent for this assessment as although scores for the dementia and disability domains improved during 2024, the overall assessment rating was still lower than the previous year.

The Christopher unit decreased in cleanliness, food, privacy dignity and wellbeing and condition, appearance and maintenance domains

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

The Linden Centre

Site Description: Adult Inpatient Services, Psychiatric Intensive Care Unit | Care Unit: Inpatient and Urgent Care

2023 Summary

- The Linden Centre has maintained it's 2022 assessment rating as 2023 patient assessors were confident that a good level of patient care and experience would be delivered within the environment.
- Patient Assessors were pleased that all flooring was matt, non slippery and non reflective
- Patient Assessors noted the contribution of patient artwork on the walls as decorative and promoting positivity
- Not all rooms have en suites which is wanted by the patients
- The overall meal service was rated as **Good**

The Linden centre was visited on the 1st of October 2024. The assessment scores are reflected from visits on Finchingifeld, Galleywood and Rainbow ward.

2024 Summary

- Patient Assessors rated the different wards within the centre as follows: Rainbow very confident , Finch not very confident , Galley not very confident.
- Decreases in overall ratings are therefore noted for Finch and Galley from 2023 (Rainbow not visited last year)
- The use of colour and non clinical feel in rainbow ward was welcomed by assessors
- Finch and Galley look tired, with patients visibly bored or distressed.
- Staff were vocal in Finch about needing new equipment in the laundry room due to smell

Improvements from last year

- There were no trip hazards in front of fire exits

Recommendations for 2025

- Ensure ambulance bay parking lines are repainted so they are clear
- Ensure entrance doors have high contrast markings on the glass
- Ensure all stairs have high visibility nosing on treads and risers
- Improve sensory room space and understanding of what it is to be used for in Galleywood
- Improve laundry room in finch by fixing equipment (replacing if needed) and installing air vent.
- Display date and time in Finch and Galley
- Install dimmer switches for patient bedrooms
- Repaint ward walls
- Improve cleanliness of toilets

The Linden Centre

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
92.31%	76.92%	93.02%	88.33%	62.50%	71.79%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
90.60%	72.06%	86.36%	83.33%	80.00%	82.50%

2024

Patient Assessors felt there was a dull, clinical “prison like” feel to the linden centre. Finchingfield and Galleywood decreased in their overall assessment rating from 2023 and staff were vocal in Finchingfield that the environment does not aid therapeutic recovery.

The external areas to the site immediately create a bad impression with kerbs not being marked, pathways being too narrow to fit a wheelchair through and skips being placed in car parking bays. During the round table discussion to provide assessment ratings, it was the lead up to site and immediate external areas that created a negative perception of care which patient assessors did not find easy to let dictate overall judgement from the beginning.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Clifton Lodge

Site Description: Dementia Care Home | Care Unit: Specialist Services

2023 Summary

- Patient Assessors were impressed with the welcoming appearance of Clifton Lodge. The bench and flower pots at the front of the building was noted as a nice feature, however loose paving slabs were noted, and the ambulance bay should be repainted as is currently difficult to see
- Clifton lodge maintained the overall 2022 assessment rating as 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Clifton lodge was the top performer in EPUT for PLACE assessments 2022. In 2023, Clifton Lodge have not scored highly enough to be included in the top 3 performing sites across the trust.
- Clifton lodge scored full marks for Privacy dignity and wellbeing
- The floors had not yet been replaced which was highlighted action from the 2022 assessments.
- The overall meal service was rated as **Good**

Clifton Lodge was visited on the 31st of October 2024

2024 Summary

- The overall meal service was maintained as Good
- Wall displays and bedroom with front doors were greatly endorsed by patient assessors
- Corridors having street names was described as a “fantastic touch” by patient assessors as was having patient likes and dis-likes displayed on patient doors
- Bedrooms were reported as very homely
- Thank you cards being available to read at reception was welcomed by patient assessors
- Cleaning scores from CQC were on display which assessors welcomed
- Readily available information or family throughout the site; which gave a feeling of “real connection with community with having friends of the ward”

Improvements from last year

- No trip hazards were noted

Recommendations for 2025

- Improve tile grouting
- Curtain track in the snug rooms need repainting
- Main dining room plugs need cleaning
- Ensure there is no litter or fox mess around the external building
- Repaint ambulance and general parking bays
- Handrails should be painted a brighter colour for those with visual impairments

Clifton lodge

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.84%	78.57%	97.67%	93.33%	90.15%	88.46%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.86%	97.22%	100.00%	95.83%	100.00%	96.61%

2024

Patient assessors are continually impressed, year on year with the personalisation and homely touches included within the environment in Clifton Lodge.

Clifton lodge is the only EPUT site to receive improved ratings across all domains in 2024.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

The Lakes

Site Description: Acute Adult inpatient Service | Care Unit: Inpatient and Urgent Care

2023 Summary

- Patients were vocal when assessors entered the ward and were keen to share their feelings that the environment is worn, dated and insufficient for their needs
- The lakes has received a significant drop in overall assessment score as patient assessors felt **not very confident** that a good level of patient care and experience will be delivered in the environment. It should be noted that the patients in the lakes at the time of the visit were the most keen to participate in the visit out of all other sites.
- The lakes scored full markings for hand hygiene and equipment cleanliness, privacy dignity and wellbeing and the availability of social spaces
- Internal decoration was noted as acceptable but an area which could be improved with more colour
- The overall meal service was rated as **acceptable**.

The Lakes were visited on the 24th of October 2024

2024 Summary

- Patient ratings for both the ward, and food assessment increased from last year.
- Patient assessors welcomed the input of the ward manager ahead of the visit to explain the ward was particularly volatile on the day of visit

Improvements from 2023

- Overall assessment rating increased from not very confident to confident
- Patients have understanding of where to keep their personal belongings and how to request access

Recommendations

- There remains an opportunity for colour to be used more effectively to enhance patients orientation / coordination e.g. doors and bays painted in a different colour.
- A fire exit in the female ward was not wheelchair accessible

The Lakes

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
93.04%	78.95%	96.72%	94.57%	75.00%	82.05%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.94%	94.29%	96.23%	93.68%	81.48%	84.21%

2024

Significant improvements across the majority of domains were notes for the 2024 inspection. Slight decreases in assessment score were noted for privacy, dignity and wellbeing and condition appearance and maintenance.

Patient assessors explained the lack of car parking accounted for lower ratings of condition and appearance.

One of the highest increases in score across all EPUT sites was recorded for the quality of food at the Lakes.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Kingswood Centre

Site Description: Dementia Care Home | Care Unit: Specialist Services

2023 summary

- Patient assessors viewed on-site indoor and outdoor facilities dedicated for purpose of physical activities and commented these were in good condition and looked attractive, encouraging patients to take part in different activities.
- The lakes has received a significant drop in overall assessment score as patient assessors felt not very confident that a good level of patient care and experience will be delivered in the environment.
- Patient assessors felt the interior of the building was dated, ripped flooring was noted as a safety risk and dirtied toilet paper was littered on bathroom floors. Patient assessors were concerned at the lack of en-suites
- Bathroom on Hennage ward was out of order at time of visit
- A good amount of natural in the bathrooms was observed
- The Kingswood Centre scored full markings for hand hygiene and the availability of social spaces
- The overall meal service was rated as acceptable

The Kingswood Centre was visited on the 24th of October 2024. Assessment scores are based on visits to Peterbruff, and Hennage ward

2024 Summary

- Patient assessors were appalled at the state of Kingswood parking as not even ambulances could reach the site
- Unfortunately, Kingswood has maintained its overall assessment score as patient assessors felt **not very confident** that a good level of patient care and experience will be delivered in the environment. It is worth noting that assessors were clear that this was almost entirely down to the car park
- Estate officer made clear that wards are being refurbished in near future so a lot of building work and general maintenance was underway
- General storage problem in that there is a real lack of space for patients to place their things
- Patient assessors felt the corridors were very dark

Improvements

- Colour of doors and frames had been painted to ensure they were easier to distinguish
- Improvement works were clearly underway at the time of visit
- Points of interest had increased
-

Recommendations

- Re-design car park to staff only
- Re-paint road markings
- Shade contraption in the one of the gardens that is rusting away and needs removing
- Ensure bins are labelled

The Kingswood Centre

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
92.53%	91.89%	98.39%	83.15%	81.03%	84.44%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
87.37%	100.00%	84.38%	83.15%	66.67%	67.44%

2024

Patient assessors asked it be noted that the “inexcusable” state of the car park largely influenced assessment ratings.

Significant drops in ratings were recorded for both dementia and disability domains although food ratings increased.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

The Derwent Centre

Site Description: Acute Adult inpatient Service | Care Unit: Inpatient and Urgent Care

2023 Summary

Sufficient seating in reception.

The Derwent Centre remained the highest rated site across EPUT as 2023 patient assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment

Assessors were pleased to see cleaning scores on display

Car parking remained very limited at the Derwent Centre

The Derwent Centre received full marks available for hand hygiene, equipment cleanliness, privacy and dignity and wellbeing and ward social spaces

The overall meal service was rated as **Good**

The Derwent Centre was visited on the 28th of September 2024. Assessment scores are based on visits to Chelmer and Stort wards

2024 Summary

- The Derwent centre received the largest drop in assessment rating for food across all EPUT sites. The overall meal service was rated as **very poor**. This was based on the taste and texture of food items receiving 0/2 points such as the strawberry trifle, the chicken mayo sandwich and the tuna sandwich.
- A decrease in overall assessment score was received from patient assessors feeling very confident that a **good** level of care and experience would be received in 2023 to confident in 2024.
- A contrast between the two wards was noted by assessors; Stort ward corridors were reported as uninviting with nothing to draw the eyes to. Whereas Chelmer appeared to have a warm feel and the space was immediately visible as very clean.
- Stort had a phone room for patients, but was used more for storage instead. In Chelmer ward the rooms were more inviting and smelt cleaner, with phone room ready to use.
- Laundry room had individual room's storage labelled and stored neatly.
- Patient assessors felt stort ward entrance seemed uninviting, felt narrow and nothing much to look at the walls.
- Chelmer ward, appeared warm welcoming. Assessors noted a nice smell upon entry which alluded to good cleanliness

Improvements

- Windows were cleaner
- Marks on walls had been repaired

Recommendations

- Ensure toilets are not stained
- Ensure floors are kept clean; linen cupboard floor was noted as particularly dirty during 2024 assessment
- Chelmer ward to replicate cleanliness practice of Stort ward
- Replace car park barrier and buzzer to reception as both are broken
- Improve car parking facilities; currently very difficult for staff and visitors to find a parking space without using nearby street parking or PAH general hospital parking

The Derwent Centre

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
100.00%	93.12%	88.48%	98.72%	100.00%	99.46%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
94.85%	80.00%	95.31%	88.71%	90.91%	89.36%

2024

Improving the external areas of the Derwent centre would have the most impact on assessment ratings.

The Derwent Centre improved in privacy, dignity and wellbeing ratings, however worsened across all other domains. The decrease in disability score is highly likely due to lack of pavement space for wheelchair users in the car park and surrounding paths. If cleanliness practices from Chelmer ward were to be replicated with Stort ward this would also increase overall score.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Rawreth Court

Site Description: Dementia Care Home | Care Unit: Specialist Services

2023 Summary

- Rawreth Court was among the lowest rated for food and hydration in 2022, and has improved into the highest rated within this area in 2023.
- Patient Assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- The patient assessors were also particularly impressed with the signs above the resident's doors which stated "please show courtesy and knock before entering"
- Grounds were noted as very clean
- Good security measures when allowing unfamiliar staff on to site
- The overall meal service was rated as **Good**
- Patients bedrooms doors look like a stained-glass street door with their photo outside and what the patients interest and likes are – very personal and looks like a home
- Dayroom very bright and light

Rawreth court was visited on the 31st of October 2024

2024 Summary

- Rawreth court improved it's overall assessment rating from 2023; as Patient Assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment.
- The improved food rating was maintained for the 2024 assessment as **good**.
- Staff were welcoming upon entering the site and adequate seating for patients was noted.
- All parts of the building were signposted well and the thank you cards at reception were observed by patient assessors as a "nice touch".
- Digital clocks with "night" and "day" time presented was welcomed among patient assessors
- Homely, non clinical feel
- Obvious availability and promotion of OT activities creates confidence in level of care provided

Improvements

- Mirrors are clean
- General cleanliness has improved

Recommendations

- Add option to season food
- Ensure any incontinence accidents are dealt with swiftly to avoid lingering smell of urination
- Replace washing machine

Rawreth court

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.15%	100.00%	92.11%	91.67%	86.67%	86.00%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
98.26%	100.00%	92.86%	96.67%	97.22%	93.22%



2024

Rawreth court is EPUTs second most improved site for PLACE 2024 with improvements received in scores across all domains other than food.

Food remained the highest rating of “good” and “100%”.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Robin Pinto

Site Description: Forensic Low Secure Inpatient Service | Care Unit: Specialist Services

2023 Summary

- Patient assessors commented that there was sufficient signage which helped navigate the building as they clearly identified all important/regularly used parts of the building, e.g. wards, outpatients areas etc.
- Robin Pinto has remained it's assessment scoring this year as 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- All toilet doors were consistent and toilet seats, taps and flush handles were in a colour that contrasted with the bathroom walls and door.
- Robin Pinto received full scores for privacy, dignity and wellbeing, hand hygiene and equipment cleanliness and ward social spaces
- The overall meal service was rated as **Good**

Robin Pinto was visited on the 6th of November 2024

2024 Summary

- The overall meal service was rated as **Good**
- Kitchen staff were very accommodating to needs of individual patient, it was observed that when a patient wanted more of one thing and less of the other it was no trouble for them.
- Robin Pinto has remained it's assessment scoring this year as 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Overcrowded car park gives the feeling of a "disorganised facility" many cars were observed as struggling to get out as they were blocked in. Ambulance parking had normal cars parked within their bays. There were some litter in the carpark, dead leaf present possibly due to the season. Sign to the building was hard to see from a distance.
- Car park was well lit with visible CCTV which promoted a feeling of safety among assessors
- Multi faith room observed as a space fit for purpose with availability of prayer mat made clear

Improvements

- Light in de-escalation room had been fixed

Recommendations

- Introduce more variety within Halal options of food
- Seclusion room needs to be brightened with either lights or paint
- Include more points of interest on the walls
- Consider parking provision for visitors; friends and family
- Employ receptionist
- Include more points of interest

Robin Pinto

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
95.30%	98.81%	97.56%	93.33%	80.00%	82.86%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
93.16%	100.00%	83.72%	90.83%	90.28%	86.05%

2024

Improvements to the external areas would have the most significant impact on improving Robin Pintos scores.

At the time of the inspection a receptionist was not present and assessors were informed this is the sites usual practice. Having an individual to meet people coming on to site was also noted by assessors as something that would help improve ratings.

Improvements in Disability, Dementia and food domains were received.

Privacy dignity and wellbeing had the most significant drop in scores. This could be improved by ensuring private rooms for patients to have conversations with staff and lockers in which to store personal belongings are obviously highlighted and easy to locate.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance out assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Rochford Community Hospital

Site Description: Acute Adult Inpatient Services | Care Unit: Inpatient and Urgent Care | Specialist services

2023 summary

Patient assessors noted facilities for carers and families to access meals and snacks within the building at all times of day and night

Rochford maintained its assessment rating from last year as 2023 patient assessors concluded that **they felt confident** that a good level of patient care and experience will be delivered within the environment for all wards visited except Willow. Assessors were **not very confident that a good level of patient care and experience will be delivered in Willow** due to the amount of concerning circumstances such as slippers being used as doorstops and disabled bathrooms being used as store rooms.

Poplar ward was highly praised for the amount of natural light, welcoming space, modern equipment and bright colours.

Sufficient signage which helped navigate the building as they clearly identified all important/regularly used parts of the building, e.g. wards, outpatients areas etc

The overall meal service was rated as **good**

Rochford was visited on the 24th of September 2024. Assessment scores are based on visits to Willow, Beech, Cedar and Poplar ward

2024 Summary

- The overall meal service was rated as **good**; all food available was hot, with plenty of variety and generous portions.
- This year, Willow ward increased its overall rating so that; patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within each ward environment.
- Hospital grounds well maintained and litter free. Lots of trees, seating benches and reasonably sized free-parking carpark.
- Site was well signed and the main reception entrance was easy to find.
- There was a good size a multi faith room for anyone to use on request.
- All four wards were clean, with good facilities, nicely decorated and displayed colourful artwork along the corridors.
- Cedar, Willow and Poplar all rooms had on-suites and oxhealth. The education Centre was a excellent addition for the adolescent with good facilities, including a small gym.
- Outside spaces benefitted from good usable space and CCTV.

Improvements

- No makeshift door stops in use at time of visit
- No handwritten signs on doors as opposed to correctly laminated in use at time of visit
- Bathrooms appeared correctly used

Recommendations

- Staff to consider what could be implemented to create less of a clinical feel to wards and social spaces

Rochford Community Hospital

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
93.17%	76.19%	92.31%	93.55%	78.23%	80.00%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.71%	88.89%	97.96%	99.36%	98.30%	95.00%



2024

Improvements across all domains were recorded for Rochford from 2023 to 2024; this is largely due to the obvious effort to reassign storage space in Willow ward.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Saffron Walden

Site Description: Inpatient Older Adult | Care Unit: Inpatient and Urgent Care

2023 summary

- Avocet ward maintained last years overall assessment rating score; 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Although clean and appropriate for use, patient assessors felt colour could be used more effectively throughout the ward and a less “clinical” feel should be promoted
- Garden was considered too exposed and easy for public to access
- The clocks on the ward were not silent, this is something requested by NHS england.
- Avocet ward was rated the second lowest in the organisation for Privacy, dignity and wellbeing. This is largely due to the bay bed spaces and lack of ensuite toilets available for each patient
- The overall meal service was rated as **good**

Avocet Ward was visited on the 12th of November 2024

2024 Summary

- The overall meal service was rated as **good**
- Avocet ward maintained last years overall assessment rating score; 2024 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Information for patients and visitors easy to access
- Multi-faith room could do with more visuals to represent multi-faiths

Improvements

- Build up of moss visible on garden furniture was not observed

Recommendations

- Dust vending machine
- Replace anti trapping device on second set of entrance doors
- Fasten handrails
- Clean walls

Saffron Walden

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
100.00%	85.71%	88.64%	95.00%	85.09%	81.25%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.15%	87.50%	91.11%	100.00%	74.14%	70.37%

2024

There are variations in assessment ratings from last years PLACE assessment to the most recent.

Cleanliness marginally decreased in assessment rating as did dementia and disability. To improve upon the dementia and disability domains would have the most impact on the overall assessment score. Improvements to these domains could be done by ensuring all signs are a fixed height that makes viewing easy, the correct date and time is displayed in all patient areas and all slopes are clearly marked.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

439 Ipswich Road

Site Description: Adult Inpatient | Care Unit: Inpatient and Urgent Care

2023 Summary

- 439 has maintained it's homely feel which was welcomed once again by patient assessors
- 439 has maintained it's overall assessment rating. 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment
- 439 was one of the only EPUT sites to receive full scores on all cleanliness, condition and appearance domains
- 439 Received full scores for ward spaces, hand hygiene and equipment cleanliness and privacy dignity and wellbeing

439 Ipswich Road was visited on the 24th of October 2024

2024 Summary

- 439 has maintained it's overall assessment rating. 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment
- Environment praised for it's homely feel
- Garden area had been improved with more security added around the area

Improvements

- General signage had improved
- More points of interest had been added with brightly coloured wallpaper
- The garden area was more secure
- The garden area has been cleaned with notable improvements to encourage use

Recommendations

- Consider if a multi faith prayer space can be created
- Remove mould from the shower
- Clean windows
- Could free street parking locations be shared with visitors and families of patients due to limited on site space

439 Ipswich Road

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.44%	N/A	93.18%	91.67%	67.86%	71.43%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.15%	N/A	83.72%	98.33%	64.29%	61.54%

2024

As all patients are entirely self-catering consideration should be made as to whether 439 should be included in 2025 inspections as a food assessment cannot take place.

The age of the building makes the dementia and disability domains are rated consistently low; improvements to the flooring was noted this year as was areas of interest. Lift installation is not possible in this building and the lack of car parking means scores across these domains have not improved, however it is worth noting patient assessors were incredibly grateful their feedback for signage and the garden area had been acted upon and improved from the year prior.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

St Aubyn's Centre

Site Description: Children and Young People Inpatients | Care Unit: Specialist Services

2023 Summary

Assessors were impressed with the range of equipment appropriate to patient age. The blackboard walls were a point of particular interest among the assessors as they noted these appeared valued by the patients and were an effective way of engagement.

The St Aubyns Centre has increased their overall assessment score rating from last year as 2023 patient assessors concluded that they felt very confident that a good level of patient care and experience will be delivered within the environment.

Patient assessors praised the site for how bright, airy and well maintained the wards were.

Classroom spaces were noted as modern and completely appropriate for use

The overall meal service was rated as Good

The St Aubyns Centre was visited on the 24th of October 2024

2024 Summary

- St Aubyns improvement in cleanliness has meant the site is included within EPUTs top 3 sites for cleanliness this year.
- The overall meal service was rated as **Good**
- Patient assessors felt **confident** that a good level of patient care and experience will be delivered within the environment.

Improvements

- “The street” appears to be utilised more
- Focused work to improve standard of multi faith space was underway

Recommendations

- Improve signage on lead up to site to ensure it is easier to locate
- Implement additional storage for patient belongings
- Include more points of interest near bedrooms

St Aubyn's Centre

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
100.00%	92.68%	98.44%	98.91%	96.88%	95.24%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
98.97%	95.12%	91.94%	94.57%	97.92%	91.85%

2024

The classroom space was viewed as part of the PLACE assessments in 2023 which visibly impressed patient assessors. This year, due to a clash of timetables the space could not be visited. Arguably if the classroom space had have been observed as part of the 2024 visit the overall rating may have maintained it's assessment as "very confident".

There was a slight decrease across all domains for the st Aubyn Centre in 2024 aside from dementia which improved. Ensuring obvious space is highlighted and improved for patients to store their belongings would have a positive impact on privacy, dignity and wellbeing which would help increase overall score.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Thurrock Community Hospital

Site Description: Older Adult and Adult Inpatient | Care Unit: Inpatient and Urgent Care

2023 Summary

The outdoor seating in the secure spaces outside were noted as appropriate for use and all surfaces were level, firm and free from trip hazards.

Wheelchairs were available within the reception area and there were systems in place which supported patients with hearing and visual impairments including a hearing loop.

Thurrock maintained receiving the highest assessment score rating in 2023 and patient assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment.

Social spaces, Hand Hygiene and equipment cleanliness, Dementia- Friendly environment and Access all received full marks.

Thurrock was rated first within the organisation for food **tasting (Good)**

Thurrock was visited on the 23rd of October 2024. Assessment ratings are based on visits to Gloucester and Meadowview

2024 Summary

- Thurrock maintained their rating with patient assessors feeling **very confident** that a good level of patient care and experience will be delivered within the environment.
- Thurrock also maintained their **good** food rating
- Wash basin had clear temperature controls
- Lots of information, such as timetable for activities, carer's information was on display.
- Tea coffee machine in the reception with very welcoming seating spaces for visitors.
- The wards smell nice and clean, bath, shower, toilets are clean and fresh
- Bedrooms were clean and tidy with plenty of room with natural lights via big windows.
- Halloween decorations were welcomed by patient assessors as a nice touch
- Chairs were comfortable and there was plenty of points of interest on the walls.

Improvements

- Red and blue markings on taps to ensure temperature controls are as clear as possible have been repainted
- Loose bricks on external building have been fixed

Recommendations

- Improve directions for pedestrians around external site
- Deep clean glass doors
- Ensure whiteboards with date displayed are updated first thing in the morning

Thurrock Community Hospital

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.23%	98.81%	96.55%	98.37%	98.42%	95.65%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
98.71%	96.43%	93.44%	96.74%	94.64%	90.75%

2024

Thurrock received slightly lower scores across all domains compared to the previous year. Improving accessibility of the external areas would have the most impact on improving scores for 2025.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Landermere

Site Description: Older Adult and Adult Inpatient | Care Unit: Specialist services

2023 Summary

- Landermere received the lowest scores in the organisation for a number of areas including: Cleanliness, Privacy dignity and wellbeing, Dementia, Disability and condition appearance and maintenance
- Landermere received the overall lowest rating for PLACE assessments 2023
- Patient Assessors were **confident** that a good level of patient care and experience will be delivered within the environment but wanted to make it clear that this was **based on the interactions they observed between patients and staff rather than the environment. Therefore, this assessment rating is not necessarily reliable for PLACE**
- Patient Assessors did not feel the rooms and social and communal areas were decorated appropriately. Very bland and dated
- Patient Meal service was rated as **Acceptable**

Landermere was visited on the 15th of October 2024

2024 Summary

- Patient assessors were immediately impressed with the improvements to the external site
- Patient Meal service rating increased from acceptable to **good**
- Patient Assessors were **very confident** that a good level of patient care and experience will be delivered within the environment which is an increase in overall assessment rating from last year
- Moved from one of the least clean last year, to one of the highest scoring sites for cleanliness this year
- Although PLACE is not based on assessing clinical care, patient assessors again wanted it noted that the passion and dedication of staff in this ward in particular is impossible not to mention. Staff are welcoming, patients are clearly happy and there is a very homely, comforting feel to the ward and the care provided there.

Improvements

- Outside netting which was trapping birds has been removed
- The menu; Increased and adapted food option for patient demographic and need
- Car parking although remains limited, bays have been repainted and new outdoor lights have been installed

Recommendations

- Repaint the colour of the handrails as red is proving triggering for patients
- Utilise Dementia-Friendly environment assessment to form an action list of things to improve in site
- Replace flooring
- Toilet rail in end of life room is loose
- Repaint handrails in a different colour

Landermere

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
87.61%	95.24%	86.05%	70.83%	50.00%	54.55%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.15%	100.00%	93.18%	98.33%	98.61%	94.92%



2024

Clacton is our most improved site this year with increases in score up to 96% across dementia and disability domains.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Basildon

Site Description: Acute Adult inpatient Service | Care Unit: Inpatient and Urgent Care

2023 Summary

2nd overall top performer in the organisation

Received 3rd highest assessment scores for food and hydration

Received 2nd highest assessment scores for privacy dignity and wellbeing

Received highest assessment scores for disabilities and access in the organisation

Patient Assessors were very confident that a good level of patient care and experience will be delivered within the environment

The overall patient meal service was rated as good

Basildon received full scores for cleanliness, hand hygiene and equipment cleanliness, access, maintenance and ward social spaces

Basildon was visited on the 26th of September 2024. The assessment scoring is based on visits to the urgent care department, Cherrydown, Kelvedon, Hadleigh, MH UCD and Grangewater

2024 Summary

- Overall rating has slightly decreased for Basildon 2024; Patient Assessors were **confident** that a good level of patient care and experience will be delivered within the environment
- The meal service rating has been maintained; The patient meal service was rated as **good**
- Hospital grounds well maintained and litter free.
- The main reception entrance was a large space and the site well signed posted to navigate around.
- There is a good size a multi faith room for anyone to use on request.
- All wards were clean, with good facilities, nicely decorated and displayed colourful artwork along the corridors. All rooms had on-suites and oxhealth. Hadleigh ward (males) benefited from a games room with a PlayStation, table tennis and pool table.
- Each ward had access to good outside spaces which had basketball nets, herb garden, seating and CCTV.

Recommendations

- The only criticism of Basildon was that parking is very limited

Basildon

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
100.00%	98.89%	100.00%	99.47%	97.50%	98.57%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
99.76%	91.43%	100.00%	99.47%	97.56%	94.92%

2024

There a minimal differences in all domain ratings for this year compared to last, apart from food. In 2024, food was rated significantly lower than last year. If scores for the beef casserole, wholegrain rice, and vegetable jalfrzei had have been higher, this difference would not be as stark.

Basildon is encouraged to focus on improving car parking facilities and consistency of food in order to improve ratings next year.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

Woodlea

Site Description: services for People with Learning Disabilities - Low Secure Services

2023 Summary

- Patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Woodlea passed all social space domains, cleanliness condition and appearance and hand hygiene and equipment cleanliness
- Assessors found Woodlea difficult to find with signs obstructed by trees and parked vehicles
- A food assessment was not completed at Woodlea

Woodlea was visited on the 7th of November 2024

2024 Summary

- Well-kept ground, no leaves on ground, hedges were tidy.
- Look of the building didn't appear clinical which patient assessors welcomed.
- Patient Assessors were **very confident** that a good level of patient care and experience will be delivered within the environment
- The seclusion room has a calm feeling about it, very clean,
- Good garden space.
- Quality of facilities was good

Improvements

- Food was available so an assessment could take place
- The patient meal service was rated as good

Recommendations

- Improve signage. Patient Assessors did not feel signs helped navigate the building grounds
- Ensure wheelchair access is not blocked throughout external site
- Ensure signs are not obstructed
- Replace faulty washing machine
- Pool table is unsteady

Woodlea

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
100.00%	N/A	97.50%	98.33%	92.31%	89.47%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
98.29%	78.05%	97.67%	97.50%	98.57%	86.05%

2024

Patient assessors were particularly impressed by the tidiness of Woodlea clinic. Improving the external site i.e. clearly marking speed bumps and car parking spaces would have the most impact on improving scores for next year.

The most improved domain for the most recent inspection was the dementia domain. Dementia is assessed on things such as flooring being matt and non slippery, a silent clock being in place and door frames being painted a different colour to doors.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

St Margarets

Site Description: Older Adult and Adult Inpatient | Care Unit: Urgent care and Inpatient | West Essex Community

2023 summary

Patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

Assessors particularly welcomed the “don’t be bored board” in the TV room in Kitwood

Bedrooms were praised for no touch taps and bright and airy feel

Laundry and dining rooms were noted as clean and tidy

External buildings were noted as being litter free

Communal garden encouraged use by tidy appearance

The overall food service was rated as **Good**

St Margarets was visited on the 19th of November 2024.

2024 Summary

- The building was noted as easy to find and assessors welcomed the free and available parking
- Maintained 2023 assessment rating; Patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Maintained 2023 assessment rating; The overall food service was rated as **Good**
- Assessors were greeted by staff, and a Doctor who invited feedback and questions, patient assessors explained this gave them confidence that staff are open and transparent, and added trust.
- Clean professional look to all the wards.
- Pictures and names of staff including chaplain, doctors, cleaners and facilities staff, very impressed with the attention to details.

Improvements

- No blocked fire exits were observed during the visit
- Ceiling tiles had been replaced
- Coat hooks had been relaced
- No trip hazards were observed

Recommendations

- Clear lime scale off showerheads
- High surfaces were dusty
- Improve in bed TV positioning so all patients can watch
- Multi faith room should be redesigned to present more faiths

St Margarets

2023

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.76%	92.86%	100.00%	97.09%	97.69%	98.06%

2024

Cleanliness	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
97.53%	97.22%	98.25%	97.34%	90.71%	87.70%

2024



St Margaret's received the highest external site recording throughout the organisation.

Food rating increased for St Margaret's this year, however all other domains declined in assessment rating. The most notable decline was for the disability domain (11%). Disability is assessed on things such as access to hand rails, visibility of access to hearing loops, spaces large enough to accommodate wheelchairs and access to grab rails in toilets. It is worth noting that not all disability requirements are permitted in mental health settings due to ligature risk.

It should be noted that individual patient assessors are rarely the same individuals taking part on the same site visits year on year, therefore although there is assurance our assessment process is robust and auditable, there is a degree of subjectivity which should be taken into consideration when examining annual scores for yearly comparison.

DOCUMENT END

				Agenda Item No: 8a			
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1				21 May 2025	
Report Title:		Membership Update					
Report Lead:		Jason Gunn, Chair of the Council of Governors Membership Committee					
Report Author(s):		Teresa Bradford, CoG and Membership Administrator					
Report discussed previously at:		Council of Governors Membership Committee 12 May 2025					
Level of Assurance:		Level 1		Level 2		Level 3	✓

Purpose of the Report		
This report provides the Council of Governors with the membership metrics as at February 2025 and details of ongoing work to implement the Membership Strategy.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors Membership Committee is asked to:
1 Note the contents of the report
2 Request any further information or action.

Summary of Key Issues
This report provides the Council of Governors with an update on changes to the current Trust membership as at February 2025 and details of any communication with members since the last report.
The second year of the Membership Strategy continues to be implemented and details are provided of some of the work currently being undertaken.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	
	Capital £

			Revenue £ Non Recurrent £	
Governance implications				✓
Impact on patient safety/quality				
Impact on equality and diversity				
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score		

Impact on Statutory Duties and Responsibilities of Council of Governors				
Holding the NEDs to account for the performance of the Trust				
Representing the interests of Members and of the public				✓
Appointing and, if appropriate, removing the Chair				
Appointing and, if appropriate, removing the other NEDs				
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs				
Approving (or not) any new appointment of a CEO				
Appointing and, if appropriate, removing the Trust's auditor				
Receiving Trust's annual accounts, any report of the auditor on them, and annual report				
Approving "significant transactions"				
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution				
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions				
Approving amendments to the Trust's Constitution				
Another non-statutory responsibility of the Council of Governors (please detail):				

Acronyms/Terms Used in the Report			
CoG	Council of Governors	Comms	Communication Team
BoD	Board of Directors		

Supporting Documents and/or Further Reading
Membership Metrics
Appendix 1: Membership Metrics and Census Data

Lead
Jason Gunn
Public Governor
Chair of the Council of Governors Membership Committee

Agenda Item: 8a
Council of Governors Membership Committee
21 May 2025

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MEMBERSHIP UPDATE

1.0 PURPOSE OF REPORT

This report provides the Council of Governors with the membership metrics as at February 2025 and details of ongoing work to implement the Membership Strategy.

2.0 MEMBERSHIP METRICS

2.1 Membership Composition

According to the Civica Membership Database, the following is the current membership:

Member Type	No. members as at November 2024	No. members as at March 2025	Difference
Public Members	4060	4080	+20
Staff Members	6940	6940	0
Total Members	11000	11020	+20

This is the first time in over 19 months that there has been an increase in Public Members. The net gain is 20 and these individuals have actively sought out membership which aligns with the strategy of attracting engaged members who want to take a genuine interest in the Trust.

Reasons for Leaving

The Trust Secretary's Office have started a process of recording reasons for members of the public who have requested to leave the Membership. The TSO have had no requests since the last meeting.

By Public Constituency

The following table provides a breakdown of public members by Constituency:

Constituency	No. members as at November 2024	No. members as at March 2025	Difference
Essex Mid & South	1596	1606	+10
Milton Keynes, Bedfordshire, Luton & Rest of England	1426	1431	+5

Constituency	No. members as at November 2024	No. members as at March 2025	Difference
West Essex & Hertfordshire	558	563	+5
North East Essex & Suffolk	480	480	0
Total Members	4060	4080	+20

2.2 Demographics Groups

The following information provides a breakdown of demographics available on the Civica database system. Please note, members themselves populate the information and there may be gaps if not fully completed. The Census is taken from 2021 for Essex residents.

By Gender

Gender	No. members as at November 2024	No. members as at March 2025	Percentage	Census
Public Members				
Female	2366	2379	58%	51%
Male	1594	1600	39%	49%
Not Stated	100	101	3%	0

By Age

Age	No. members as at November 2024	No. members as at March 2025	Percentage	Census
Public Members				
0-16	1	1	0	7%
17-21	1	1	0	16%
22-29	93	85	2%	11%
30-39	914	917	23%	12%
40-49	549	559	14%	13%
50-59	677	674	17%	14%
60-74	878	893	22%	17%
75+	483	486	12%	10%
Not stated	464	464	10%	0

By Ethnicity

Ethnicity	No. members as at November 2024	No. members as at March 2025	Percentage	Census
Public Members				
Asian, Asian British or Asian Welsh	361	361	9%	4%
Black, Black British, Black Welsh, Caribbean or African	303	307	7%	3%
White	3009	3021	74%	91%
Other ethnic group	50	51	2%	2%
Not Stated	337	340	8%	0

2.3 Census Data

The above information provides information of the changes to the current demographical data since the last report.

Age

The data shows the Membership is currently under-represented for individuals under the age of 29, especially under 24 and over-represented in ages 50+.

Ethnicity

The data shows the Membership is over-represented for Asian and Black groups, but under-represented in the White group.

Sex

The data shows the Membership is underrepresented those who have identified as Male. The census and membership data does not currently provide for any other identified groups outside "Male and Female".

2.4 Membership Communication

The following table provides information on any communication circulated by the Trust to members electronically using the membership database, the average opened percent of emails has stayed the same.

Electronic Communication	Members Emailed	Percentage Opened
March News Letter	3165	39%
Council of Governors Meeting	6555	31%
Council of Governors Meeting	3149	40%
Governor workshop	3143	39%
New Website	3129	42%
New Website	8 New members after original email was sent	90%
EPUT News and Governor Elections	3128	34%

3.0 MEMBERSHIP STRATEGY

The second year of the Trust Membership Strategy continues to be implemented. The following is a summary of the current work being undertaken to achieve the milestones as set-out in the strategy:

Undertake focused engagement with members of the public to increase membership in any areas that are not fully represented.

- We have contacted Colchester, Braintree, Southend and Chelmsford Collage as well as Essex University and ARU (Anglia Ruskin University)
- Arranged stalls at student fairs
- Arranging talks for students to learn about EPUT
- Producing student flyers and talks that are aimed for students
- Arranging Your Voice sessions within these campuses
- We have communicated via the Patient experience team to all volunteers within EPUT about membership and becoming a Governor.

Governors regularly engage with members and gather their views.

- We have contacted clinical leads and service managers to find out information on any ward events taking place that Governors may attend
- Achieved 100% place bookings for the Governors to attend the Quality visits.

Report prepared by

Teresa Bradford,
CoG and Membership Administrator

On behalf of Jason Gunn

**Public Governor
Chair of the Council of Governors Membership Committee**

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				Agenda Item: 8b		
					21 May 2025		
Report Title:		Forensic Inpatient / Secure Services CQC Findings					
Executive/ Non-Executive Lead:		Ann Sheridan, Executive Nurse					
Report Author(s):		Amanda Webb, Emergency Planning and Compliance Manager					
Report discussed previously at:		Quality Committee 15 May 2025					
Level of Assurance:		Level 1		Level 2		Level 3	✓

Purpose of the Report		
This report provides the Council of Governors with: <ol style="list-style-type: none"> 1. An overview of the outcome of the CQC Inspection of our forensic inpatient and secure wards. 2. Highlights of good practice noted and work that is underway to address gaps. 3. Assurance against the Trust procedures in managing CQC inspection reports. 	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to: <ol style="list-style-type: none"> 1 Note the contents of the report

Summary of Key Issues
<p>The CQC undertook an unannounced core service inspection of our Forensic Services in March 2024 in response to the receipt of information of concern relating to patient care and treatment on these wards.</p> <p>In March 2025, the CQC issued the draft report for factual accuracy and published the final report on the 15 April 2025. The service has maintained its rating of 'GOOD', meaning that it is performing well and meeting the CQC's expectations.</p> <p>The report highlighted that the wards had enough qualified, skilled and experienced staff to ensure people's safety and meet their needs in a secure setting. No Must Do/Should Do actions were issued. Some areas for improvement were identified pertaining to a breach of the legal regulation as people were not always involved in planning their care and staff did not always maintain patients' privacy.</p> <p>The service has, and continues to work on improving the quality of care provision including undertaking initiatives to improve the quality of care.</p> <p>Trust process of managing CQC reports is underway to share good practice and learning as well as address gaps with sustainable actions.</p>

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications:			
			Capital £
			Revenue £
			Non Recurrent £
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
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Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Forensic Services / Secure Services CQC Findings

Lead
 Ann Sheridan Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**FORENSIC INPATIENT / SECURE SERVICES CQC****1. PURPOSE OF THE REPORT**

This report provides the Council of Governors with:

1. An overview of the outcome of the CQC Inspection of our forensic inpatient and secure wards.
2. Highlights of good practice noted and work that is underway to address gaps.
3. Assurance against the Trust procedures in managing CQC inspection reports.

2. CQC INSPECTION – FORENSIC INPATIENT / SECURE SERVICES – BROCKFIELD HOUSE

The CQC undertook an unannounced core service inspection of Forensic Services in March 2024 in response to the receipt of information of concern relating to patient care and treatment on these wards. In March 2025, the CQC issued the draft report for factual accuracy and published the final report on the 15 April 2025.

The report highlighted that the wards had enough qualified, skilled and experienced staff to ensure people's safety and meet their needs in a secure setting. It established that:

- The service had a proactive and positive culture of safety and minimised the use of restrictive practices.
- Staff assessed risks to patient's health and safety and mitigated those risks.
- Staff ensured medicines were managed safely.
- The service provided a range of treatments suitable to the needs of the patients cared for on a forensic ward.
- Staff actively sought information and listened to patients.
- The service valued a diverse workforce and worked towards an inclusive and fair culture by improving equality for staff.
- The trust fostered a positive culture where staff felt that they could speak up.
- Leaders worked well with their partners across the local system.
- Concerns about safety were listened to by senior leaders and safety events were investigated and reported thoroughly.

Some areas for improvement were identified pertaining to a breach of the legal regulation as CQC found people were not always involved in planning their care and staff did not always maintain patients' privacy.

The service has maintained its rating of 'GOOD', meaning that it is performing well and meeting the CQC's expectations. The full report for the inspection can be viewed on the CQC website, <https://www.cqc.org.uk/provider/R1L/reports/AP1626/forensic-inpatient-or-secure-wards>.

Overall Rating: Good ●

The service is performing well and meeting our expectations.

Summary

Safe	Good ●	Read this section
Effective	Good ●	Read this section
Caring	Good ●	Read this section
Responsive	Good ●	Read this section
Well-led	Good ●	Read this section

3. SERVICE QUALITY IMPROVEMENT

Prior to, and following the CQC inspection, the service has, and continues to work on improving the quality of care provision. This work addresses the areas for improvement identified in the published report as follows:

Care Planning - Length of Care Plans

It has been acknowledged that the average length of stay for patients accessing the service ranges from 2 to 20 years and this has the potential to result in lengthy care plans. As this issue was previously identified in Older Adult services following a CQC inspection, learning from the actions taken there have been adapted by the service. Currently, service follow a 'my shared pathway' that is reviewed at 6 month intervals and a new care plan started.

The service continues to work at strengthening the monitoring of this process through audits and care plan review in 1-1 support meetings.

The Trust wide implementation of the GAS care plan will also support the service in closing of episodes.

Care Planning - Patient Voice in Care Plans

This has been discussed on the wards by Matron and monitoring takes place as part of routine processes. The service will review the implementation timeframe for the GAS Care plans and review mitigations for current processes.

Patient's Privacy - Entering patients room without knocking

The Trust behavioural framework continues to be discussed within the service and staff communications have been sent reiterating the need to maintain patient's dignity and respect. This will continue to be discussed during daily meetings and at the monthly patient forum.

Patient's Privacy - Disruption to sleep

The rollout of the Oxevision assistive technology has now been completed across services and this has been supporting the night time health checks reducing the disruption to patients at night.

Improvement Opportunities

The Service has also undertaken other initiatives to improve the quality of care. These include:

- Implementation of Sexual Safety Charter
- Reduction of restrictive practices SIP
- Reduction of racial abuse SIP
- Leading training with the NMC & GMC
- Working with universities to support students
- Transgender program
- Autism training
- Rollout of Neurodivergence program.

4. ASSURANCE AGAINST TRUST PROCEDURES

As per approved Trust procedures, the Compliance Team will support the Care Unit Leadership to undertake SEIPS sessions to analyse the good practice identified and understand the causal factors where gaps were identified. Actions to address gaps will be developed with clearly identified leads and associated timeframes. These actions will be added to the Trust improvement plans and overseen to completion by the existing governance structure.

Good practice and learning will be shared with the Lessons Team to cascade Trust wide.

5. RECOMMENDATIONS

The Council of Governors is asked to:

- 1 Note the contents of the report

Report Prepared by:

Amanda Webb
Emergency Planning and Compliance Manager

SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1			21 May 2025		
Report Title:		Governor Composition and Attendance					
Report Lead:		Chris Jennings - Assistant Trust Secretary					
Report Author(s):		Teresa Bradford - Council of Governors & Membership Administrator					
Report discussed previously at:							
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report

This report provides details of any changes to composition, current sub-committee membership and attendance at the Council of Governors.

Approval

Discussion

Information

✓

Recommendations/Action Required

The Council of Governors is asked to:

1. Note the contents of the report

Summary of Key Issues

Composition

Spencer Dinnage has joined as a new clinical staff Governor, taking over the term of Marie Newland who has left the Trust.

Committee Membership

The following sub-committees have vacancies:

- Governance Committee (1 x vacancies)
- Remuneration Committee (2 x vacancy)
- Membership Committee (2 x vacancy)
- Training & Development Committee (1 x vacancy)

The Nominations Committee currently has no vacancies.

Governor attendance

Governor attendance at general meetings is reviewed in line with the agreed procedure for monitoring attendance. A summary of attendance to date is attached at Appendix 3.

Two Governors have missed the last three Council meetings. The Lead Governor has been advised to make contact in line with Stage One of the Meeting Attendance procedure.

Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered

1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Health watch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications			
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
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Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
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Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	✓

Acronyms/Terms Used in the Report

CoG	Council of Governors		
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Supporting Documents and/or Further Reading

Appendix 1: Council of Governors Meeting Attendance

Lead

Chris Jennings
Assistant Trust Secretary

[illegible]

