Essex Partnership University
NHS Foundation Trust

BOARD OF DIRECTORS MEETING
PART 1

BOARD OF DIRECTORS MEETING PART 1

27 September 2023

10:00 GMT+1 Europe/London

Microsoft Teams

Click here to join the meeting

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AGENDA

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Only PDFs are attached

Part 1 BoD Draft Agenda draft Sept 2023 FINAL.pdf

Meeting of the Board of Directors held in Public via Microsoft Teams
Wednesday 27 September at 10:00

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

PART ONE: The meeting will be taking place virtually using Microsoft Teams

AGENDA

1	**APOLOGIES FOR ABSENCE**	SS	Verbal	Noting
2	**DECLARATIONS OF INTEREST**	SS	Verbal	Noting
	PRESENTATION **Heads Up Final Report** **Zephan Trent, Executive Director of Strategy, Transformation & Digital**			
3	**MINUTES OF THE PREVIOUS MEETING HELD ON:** 26 July 2023	SS	Attached	Approval
4	**ACTION LOG AND MATTERS ARISING**	SS	Attached	Noting
5	Chairs Report (including Governance Update)	SS	Attached	Noting
6	Chief Executive Officer (CEO) Report	PS	Attached	Noting
7	**QUALITY AND OPERATIONAL PERFORMANCE**			
(a)	Quality & Performance Scorecard	PS	Attached	Noting
(b)	Committee Chairs Report	Chairs	Attached	Noting
(c)	Board Safety Oversight Group Assurance Report	SS	Attached	Noting
(d)	CQC Update	FB	Attached	Noting
8	**ASSURANCE, RISK AND SYSTEMS OF INTERNAL CONTROL**			
(a)	Board Assurance Framework 2022/23	DG	Attached	Approval
9	**RISK ASSURANCE REPORTS**			
(a)	Trust Response to the Outcome of the Lucy Letby Trial	DG	Attached	Noting
10	**STRATEGIC INITIATIVES**			
(a)	Southend, Essex and Thurrock All-Age Mental Health Strategy	ZT	Attached	Approval
(b)	Social Impact Strategy	NL	Attached	Approval
(c)	EPUT Digital Data Refresh 2023	ZT	Attached	Approval

(d)	Strategic Impact Report	ZT	Attached	Noting
11	**REGULATION AND COMPLIANCE**			
(a)	Annual Review of Governance Documents	DG	Attached	Approval
(a)	Safeguarding Annual Report	FB	Attached	Approval
(b)	Health and Safety Annual Report	DG	Attached	Approval
12	**OTHER**			
(a)	Use of Corporate Seal	PS	Attached	Approval
(b)	New risks identified that require adding to the Risk Register or any items that need removing	ALL	Verbal	Approval
(c)	Reflection on equalities as a result of decisions and discussions	ALL	Verbal	Noting
(d)	Confirmation that all Board members remained present during the meeting and heard all discussion (S.O requirement)	ALL	Verbal	Noting
13	**ANY OTHER BUSINESS**	ALL	Verbal	Noting
14	**QUESTION THE DIRECTORS SESSION** A session for members of the public to ask questions of the Board of Directors			
15	**DATE AND TIME OF NEXT MEETING** Wednesday 29 November 2023, Anglia Ruskin University, Chelmsford, Essex			
16	**DATE AND TIME OF FUTURE MEETINGS**			

Professor Sheila Salmon
Chair

APOLOGIES FOR ABSENCE

Standing item | SS | 2 minutes

DECLARATIONS OF INTEREST

Standing item | SS | 2 minutes

PRESENTATION: HEADSUP FINAL REPORT

Other ZT 15 minutes

REFERENCES

Only PDFs are attached

HeadsUp Final Report.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**HeadsUp Final Report**					
Executive/ Non-Executive Lead:	Zephan Trent, Executive Director of Transformation, Strategy & Digital					
Report Author(s):	Rachel Nedwell, Enable East Communications Manager John Holmes, Enable East Business Development Manager					
Report discussed previously at:	Executive Team					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	
	SR2 People (workforce)	
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report presents an overview and evaluation of Enable East's 'HeadsUp' Programme: a highly successful, 6-year employment support programme for people with minor mental health issues for which Enable East was granted £3.5m funding and that touched the lives of over 1,000 Essex residents and delivered significant, quantifiable social value. The programme was delivered in partnership with EPUT's Employment Services and voluntary sector partners. The purpose of this report is to share outcomes and to document the learning to inform future grant programmes that will be critical to the delivery of EPUT's Social Impact strategy.	**Approval**	
	Discussion	✓
	Information	✓

Recommendations/Action Required
The Board of Directors is asked to: 1. Consider the key outcomes from the 'HeadsUp' programme 2. Discuss the how the learning that can be applied to future initiatives within the Social Impact Strategy.

Summary of Key Issues

- The HeadsUp Report was created to share the positive outcomes from the employment support project and to review the social impact on the community.
- The HeadsUp Report (written in-house by Enable East) draws together the major achievements of HeadsUp staff and the success stories shared by the participants along the way.
- The learning from this project is included in the report, and will enable the sharing of best practice with other teams about our community approach to help inform future programmes
- Enable East is engaged in talks with The National Lottery Community Fund who are positive about receiving a future bid from for a further phase of HeadsUp.

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	**NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
EE	Enable East	SROI	Social Return on Investment

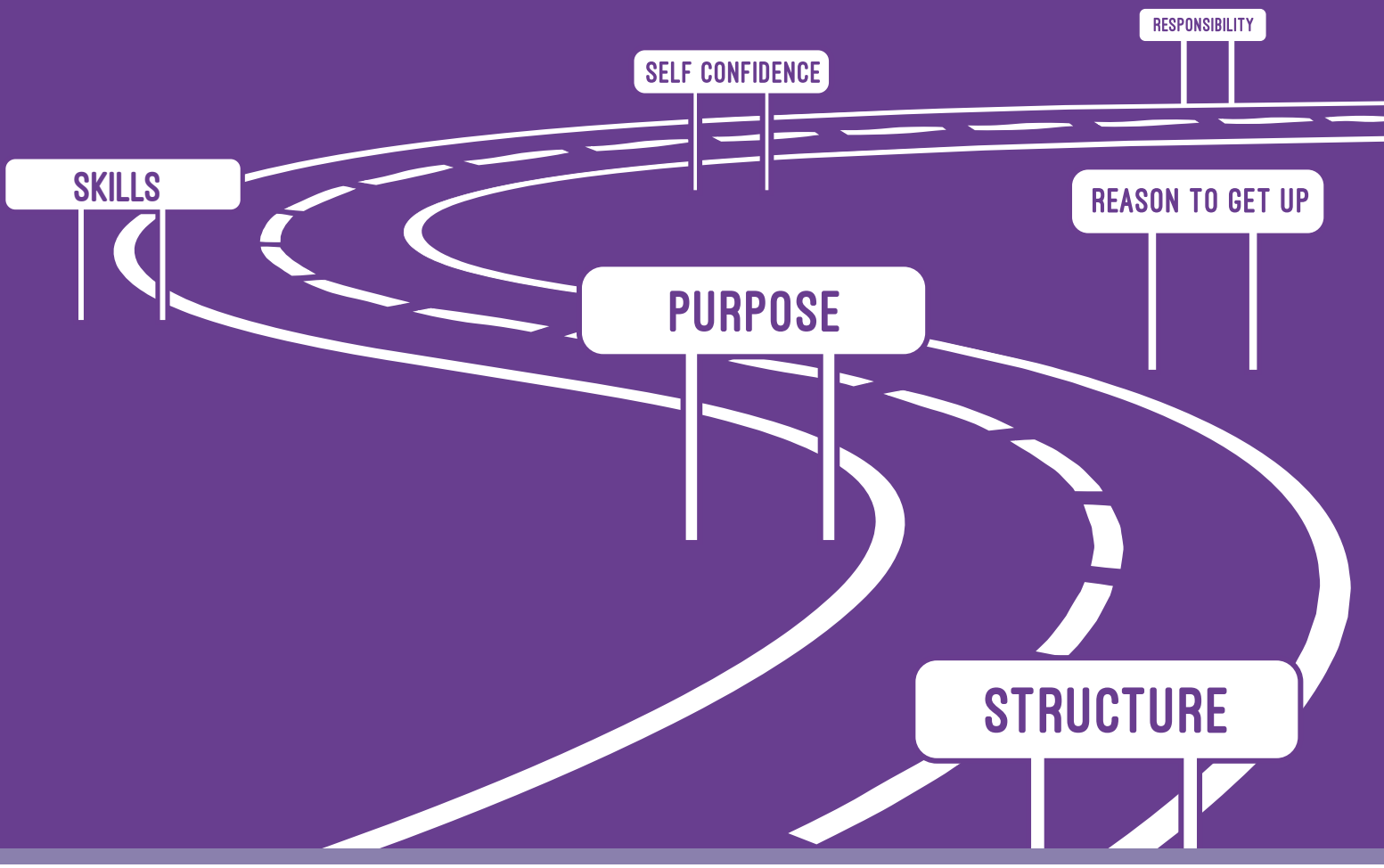
Supporting Reports/ Appendices /or further reading
HeadsUp Report

Lead

Zephan Trent
Executive Director of Strategy, Transformation and Digital

HEADSUP FINAL REPORT

Delivering an employment support project for people with common mental health problems



HeadsUp was funded by the European Social Fund and the National Lottery Community Fund

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INTRODUCTION

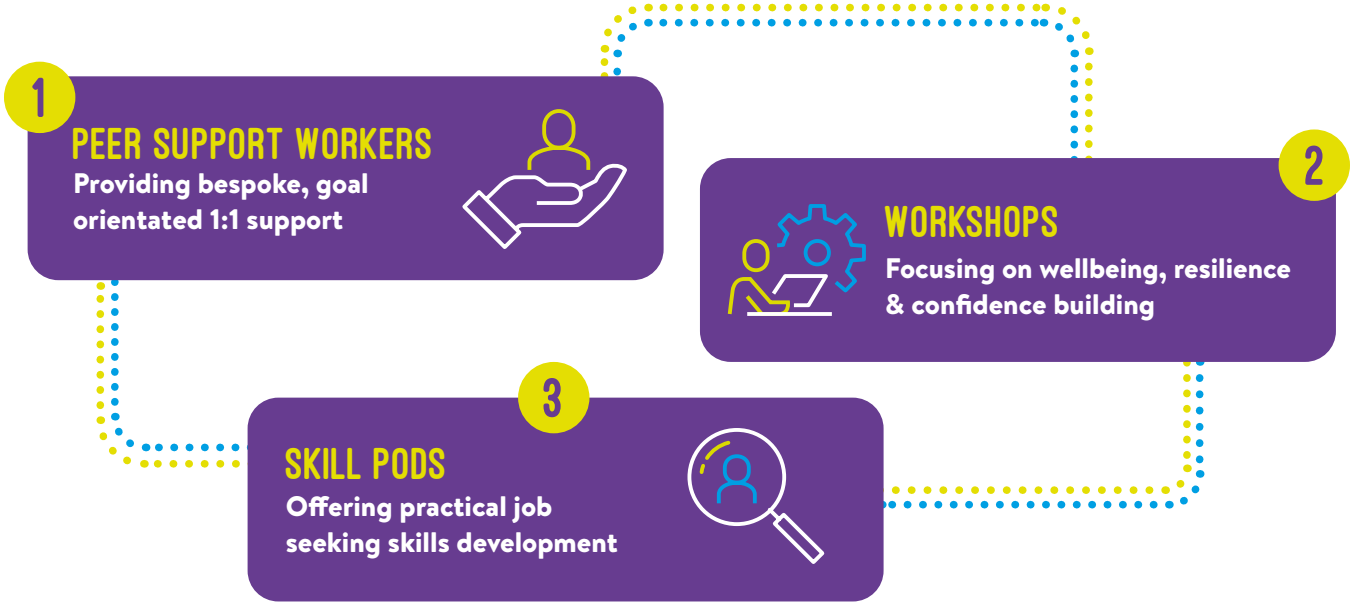
HeadsUp was developed to address unmet need in primary care/statutory employment provision and supported people deemed 'fit for work' but suffering with anxiety, depression or low confidence and self-esteem (common mental health problems). Participants were unemployed or economically inactive but wishing to take steps towards employment, training, or education.

Following our successful application, we were initially awarded £1,787,100 and launched HeadsUp in 2017, funded to run until 2020. Our focus was on members of our community in Essex, Southend and Thurrock, who were struggling to find employment, education or training but were also tackling issues impacting their mental health and wellbeing. We knew that such challenges present significant barriers to taking positive steps to improve lives.

Our holistic approach to supporting participants included a peer support model with a person centred, goal orientated focus to build resilience and improve wellbeing, combined with practical skill development. Feedback through the lifetime of the project has shown that this approach has been the centrepin to the successful outcomes we have seen for our participants.

We were keen to understand the impact of our approach to delivering employment and wellbeing support so developed robust monitoring tools which were implemented from the very start.

SUPPORT MODEL



We were subsequently successful in receiving 2 further tranches raising overall funding to £3.5 million, enabling us to deliver HeadsUp for 6 years until delivery stopped in December 2022. Over the past 6 years our service has been agile to respond to local needs which included adapting our delivery model to continue supporting existing participants, and enrolling new, throughout the Covid pandemic when anxiety and isolation was heightened for so many.

PROJECT OUTCOMES

1030 PEOPLE ENROLLED

490 EXITS of which

124 exited into training and education

201 exited into employment

Of the

555 economically inactive people that enrolled,

247 of them moved in employment, education, training or job search on leaving.

DSOs

Of which:

- Were about CV writing
- Interview Skills
- Deciding your direction
- IT skills for job search
- Other

RECOGNITION

HSJ VALUE AWARDS 2019 PRIMARY CARE INITIATIVE OF THE YEAR - HIGHLY COMMENDED

FESTIVAL OF LEARNING CERTIFICATE OF ACHIEVEMENT 2020 & 2021

PARTICIPANT WELLBEING

85%

of participants reported an **improvement** in their overall wellbeing

Life satisfaction scores **doubled** upon leaving the project

90%

of participants felt more **in control** after attending a workshop

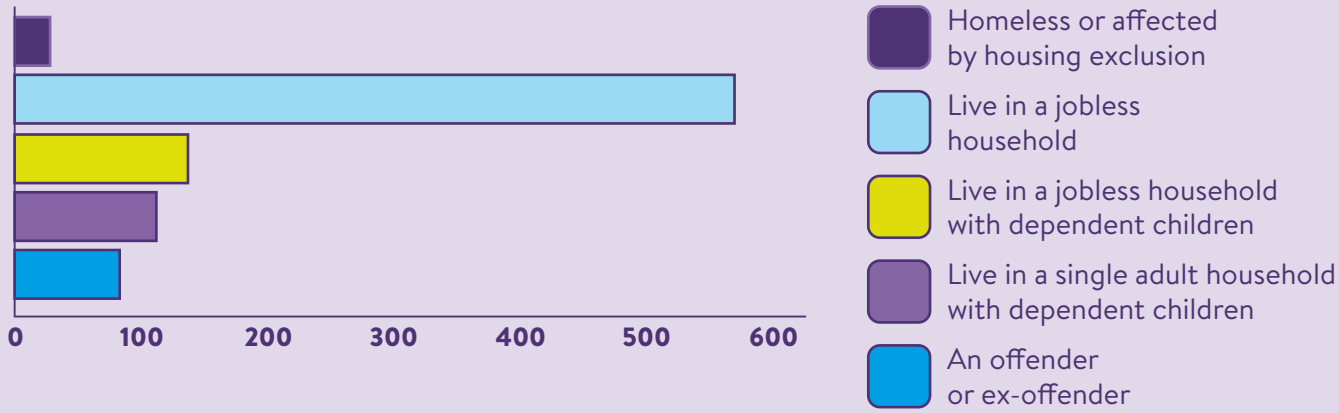
OUR PARTICIPANTS

473 were unemployed

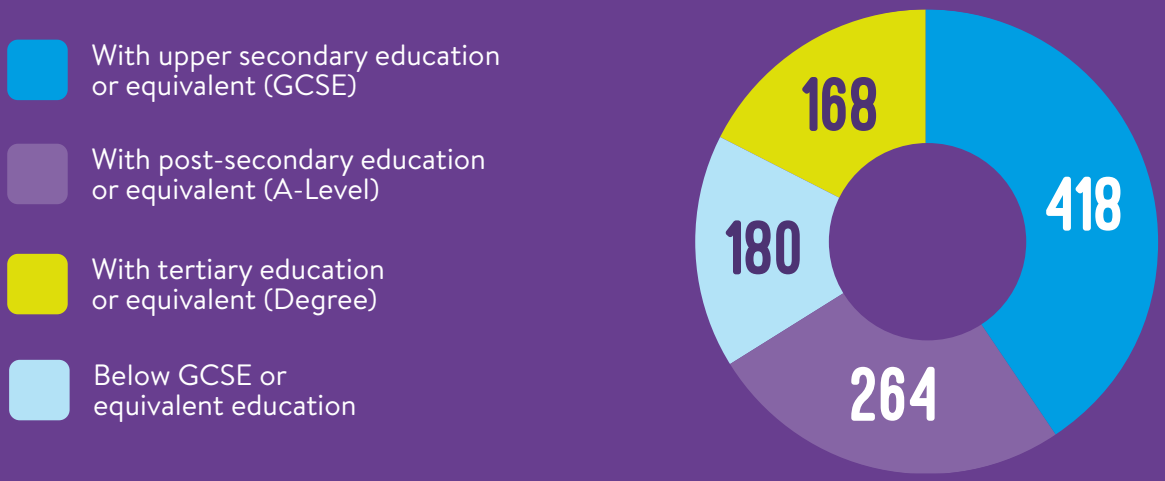
555 were economically inactive

640	533	494	294	78
Had disabilities	Women	Men	Over 50	Ethnic minority

PARTICIPANTS LIVING CIRCUMSTANCES



EDUCATIONAL ATTAINMENT OF PARTICIPANTS



CONTEXT OF DELIVERY

Wrapped around the development and subsequent delivery of HeadsUp was the funding and compliance structure within which the project sat, and the impact of the national landscape in which we were delivering. Both presented significant challenges along the way, but for each that arose we found appropriate solutions which is testament to the team in situ. This report shares some of the ways that delivery evolved, with changes to staffing and delivery methods when participant behaviours, or project demands required.

The administration, financial, branding and reporting requirements for our BBO project were significant due to the European Social Fund (ESF) element of the funding which requires robust compliance and reporting processes. Indeed, these produced the most regular issues presented by our delivery partners who found it challenging providing all that was required for compliance purposes whilst delivering the operational part of the project.

Our finance officer developed a plethora of processes to ensure that HeadsUp fulfilled its financial and compliance responsibilities, but it became apparent that a dedicated compliance role was also needed to ensure we met our funders requirements. These collective efforts have ensured that we have delivered on all tasks associated with reporting and auditing activity.

A big (and very positive) adaptation was in response to the award of two extensions to our funding, bringing the overall grant funding to a significant investment of over £3.5m. Originally due to finish in 2020, the additional funds allowed us to keep applying what we had learnt thus far and provide even more participants with employment support.

Initial fund for delivery was £1,787,100 for 2017-2020.

We were awarded extension funding of £1,218,000 to continue in 2020/2021.

A second extension of £587,787.40 to continue in 2022.

DELIVERY STRUCTURE

HeadsUp is led by Enable East, part of Essex Partnerships University NHS Foundation Trust, which is a mental health trust. Responsibility for overall project management, finance and compliance, communications, evaluation and providing practical skills sessions for participants, sat centrally within the Enable East team.

A project partnership of NHS and voluntary sector organisations across Essex, Southend, and Thurrock provided our local delivery of face-to-face activity with participants. Our partners were EPUT Employment Services, EmployAbility and Signpost. The success of HeadsUp fell to everyone in these teams working collectively to meet our project objectives and the delivery model provided a framework for all involved to do just that.

> "The experience of being a delivery partner has been very positive and I think **there has been a real sense of being united with the other delivery partners** - something that I think can be quite difficult to achieve."
>
> **Sara Kulikowski - Signpost Coordinator**

> "It needs a good lead organisation to co-ordinate this model of working and Enable East have certainly fulfilled this role. The overall result is that there is something to be learnt from every partner in the supply chain and it is **this collective strength that adds far more value** than a disconnected set of individual organisations doing the same role."
>
> **Darren Connew - Head of Service, EmployAbility**

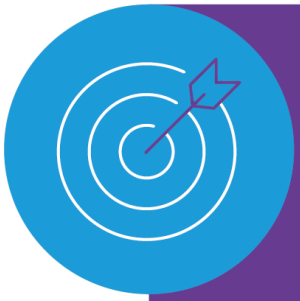
Research showed that providing an opportunity to share experiences could help build trust between our future delivery teams and participants. A Peer Support approach offered this opportunity, and we developed a model that centred around Peer Support Workers (PSWs) with lived experience of common mental health problems themselves, supporting our potential participants and being a role model of how to move forwards. Indeed, this approach is what set HeadsUp apart from any other employment support project.

A flexible delivery model was required with both practical and emotional support available to our participants, in a volume appropriate for their needs and enabling us to provide a bespoke service to our participants. In addition, we also worked with participants on developing practical skills such as CV writing, IT skills and interview techniques, along with workshops focussing on emotional wellbeing and building resilience.

HEADSUP PARTICIPANT JOURNEY

Participant enrols onto HeadsUp

Participant meets with coordinator to find out what their needs are.



Peer Support and Goal Setting

Participant is allocated PSW, who helps identify goals and aspirations.

Wellbeing Support & Practical Skills Development

Participant attends workshop learning resilience tools, and works with Skills Officers on CV, IT, Applications, and Interviews.

Participant exits the project

Supported into employment, education, training or able to job search independently (no longer economically inactive).

RECRUITING PARTICIPANTS

When developing HeadsUp we were aware that one of the biggest challenges we might face would be reaching and engaging our target audience. Whilst self-referral to HeadsUp was welcomed, we knew that enrolments would largely rely upon referrals from relevant organisations who had identified people who would most benefit from the targeted support on offer. Organisations such as Job Centre Plus, Mind, NHS groups such as IAPT services and a breadth of social prescribing networks became regular referrers during the project.

To build the relationships needed to underpin a consistent referral network a broad approach to communications was required. Our plan included the development of a website, social media channels and a suite of hard copy and digital materials. Whilst progress was made, in late 2018 it became obvious that HeadsUp needed a dedicated stakeholder resource to increase momentum and more speedily encourage enrolments if we were to meet targets. A new role, Stakeholder Engagement Coordinator (SEC) subsequently joined the team, to work alongside the Communications Manager.

Sharing information at events

> I'M GETTING REALLY GOOD FEEDBACK FROM MY CLIENTS ABOUT YOUR SERVICE AND YOUR ADVISORS. PLEASE CAN YOU LET THEM KNOW THEY'RE DOING A GREAT JOB IN DIFFICULT CIRCUMSTANCES.
>
> PENNY BELL - STAR WORKER, MID AND NORTH EAST ESSEX MIND

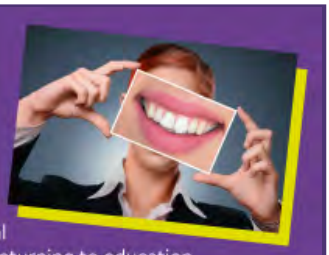
This additional resource allowed attendance at networking and information events across the region, raising the profile of HeadsUp. Creation of our own stakeholder database enabled direct communication with this group. 2257 contacts were made since 2018, allowing consistent digital communications on key messages and project information to be easily shared.

Collective team efforts in communications and profile-raising activity had a significant impact on project referrals and ultimately enrolments. HeadsUp exceeded its overall enrolment target of 984 by the end of the project.

> CONGRATULATIONS ON DELIVERING SUCH BRILLIANT SERVICES.
>
> AUDREY CLARK - ESSEX COMMUNITY TREE (LEAD)

REGULAR ESHOTS SENT TO OUR STAKEHOLDERS

SMILES AND TESTIMONIALS



We love working with a whole variety of organisations across Essex, Southend and Thurrock who refer people to us for our employment support. Our participants experience feelings such as anxiety or low mood but we offer the opportunity to develop practical and emotional skills so that such feelings don't become a barrier to seeking work or returning to education.

Those who refer to us have told us that we are doing a good job and we're proud to share some of this feedback with you.

"I just wanted to say thank you to your team. They have been a beam of hopeful sunshine during the lockdown. Being the sole NEET worker in our service, having the option to signpost/refer some of my young people to your team has been reassuring. I kno the skills and kno them in the best

Liz Digby – The Chil CHOICES NEET Co

"Congratulations on delivering such brilliant services"

Audrey Clark – Essex Community Tree (Lead)

"I'm getting really good feedback from my

Please get in to

To find out more

ENABLEEAST.

HeadsUp is funded by th

heads

an enableeast

THE IMPACT OF OUR PEER SUPPORT WORKERS

Every participant who joins our employment support project works with a dedicated PSW on a 1:2:1 basis. Our participants are all facing challenges with things such as anxiety, depression or low confidence which present as a barrier to seeking work or training. Our PSW's also have lived experience of these things but are further along their journey in finding ways to cope with such challenges, and subsequently found employment themselves.

The lived experience of our Peer Support Workers is fundamental to the success we have seen in our work.

Feedback from 2 of our participants makes this very clear;

"Knowing someone else has been where you are and come out of the other side is priceless. You feel so hopeless standing in a dark tunnel and having someone who has been there who knows the way is absolutely priceless."

"I feel I can be open and honest with her about everything. She listens and offers advice and is never judgemental. I messaged her today as was feeling a bit low and she called me (out of our arranged appointment times). This kindness and genuineness is very hard to come across."

Please get in touch if you would like to refer someone to us!

To find out more please check out our website:

ENABLEEAST.ORG.UK/HEADSUP

/HeadsUpEssex @HeadsUpEssex

headsup@enableeast.org.uk

HeadsUp is funded by the European Social Fund and the National Lottery Community Fund.

heads UP an enableeast programme

COMMUNITY FUND

European Union European Social Fund

PARTICIPANT RECRUITMENT DURING COVID

Covid presented everyone with probably the biggest challenge of a lifetime, for a huge variety of reasons. For our project supporting people with common mental health problems, taking steps towards employment at a time when everyone's mental health was challenged, and the working world was essentially closed, seemed a bit of an impossible task.

The arrival of the global pandemic saw the end of our ability to deliver face to face activity. We had to identify another way to offer our service to a population who needed such support more than ever.

And, with input from the whole team, we managed to continue to offer our service. Our 1:1 support was offered largely by telephone, and our Skills Pods moved to a mix of phone and online provision. We created a series of short films about practical employability skills and developed the subject matter to reflect the new employment world that had emerged i.e. online applications and interview practice.

In April 2020 an emergency communications plan was put in place to share news of our changes in delivery of the project. We even continued to [safely] enrol new participants throughout the whole covid period.

Lockdown also shone a light on the prevalence of digital exclusion and the impact that this can have on those wishing to seek employment. In response we provided appropriate and Covid safe support so that participants could learn how to use a variety of online tools and communicate via Teams. We also provided tablets funded by Essex County Council and paid for dongles to allow internet access.

> "I just wanted to say thank you to your team. They have been a beam of hopeful sunshine during the lockdown. Being the sole NEET worker in our service, **having the option to signpost/refer some of my young people to your team has been reassuring**. I know your team have the skills and knowledge to support them in the best way possible."
>
> **Liz Digby - The Children's Society,**
> **CHOICES NEET Coordinatior**

The project's administrative approach also had to change, with team members needing to identify new ways to gather participant eligibility evidence, and financial evidence for our quarterly reports for our funders.

The National Lottery Community Fund shared our emergency communications plan across the national network of projects as an example of good practice.

ONGOING COMMUNICATIONS DURING LOCKDOWN

EMPLOYMENT SUPPORT CONTINUES DURING LOCKDOWN

HeadsUp have adapted delivery methods so that we can continue to safely offer support to people across Essex, Southend and Thurrock – **and we are enrolling now so please do refer potential participants to us.**

We can offer the following by phone, facetime or other digital means;

1:1 support from our Peer Support Workers

Live **Wellbeing and Confidence Building** workshops

Pre-recorded **Resilience and Confidence Building** films

Pre-recorded films **Job Seeking skills**

To find out more

ENABLEEAST.OR

/HeadsUpEssex

HeadsUp is funded by th

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ONGOING WELLBEING, RESILIENCE AND CONFIDENCE BUILDING SUPPORT

There may be a necessary void in the provision of face to face support for our participants but we're never ones to shy away from finding a solution to a problem. The HeadsUp team have developed a series of short films so that we can still offer our participants the skills development normally accessed by attending our HeadsUp workshops.

Along with practical job seeking skills, it's vital to develop these personal skills to make sure our participants feel ready and able to start looking for the right job or training course, writing strong applications and attending interviews when the opportunities arise.

Click here to see films on the following subjects:

- 6 Keys to Resilience
- 3 Methods of Mindfulness
- Selfcare
- How to Build Resilience and Wellbeing

HeadsUp supports people who have experienced common mental health problems such as anxiety, low self confidence and depression. If you know someone who might benefit from working with us, please refer them.

To find out more please check out our website

ENABLEEAST.ORG.UK/HEADSUP

/HeadsUpEssex @HeadsUpEssex headsup@enableeast.org.uk

HeadsUp is funded by the European Social Fund and the National Lottery Community Fund

heads up an enableeast programme

COMMUNITY FUND

European Union European Social Fund

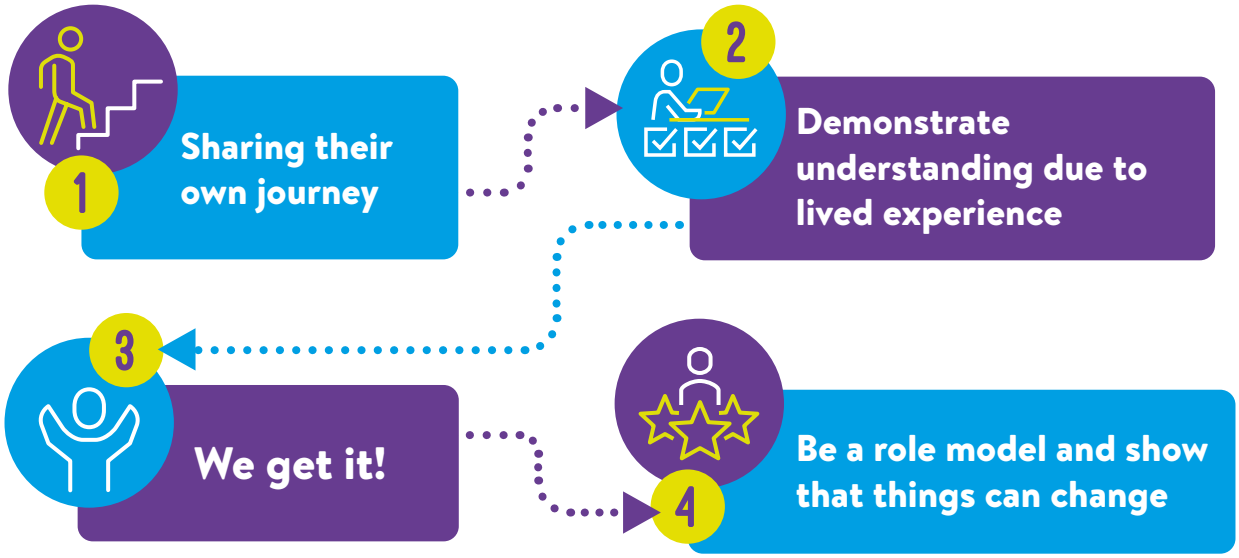
FOCUS ON PEER SUPPORT WORKERS

In developing our PSW support model in 2017, research identified several respected existing models and best practise. We incorporated recommendations and experiences shared in ImROC (Implementing Recovery through Organisational Change) papers' 'Theory and Practice of Peer Support Workers' and 'A Practical Guide to Implementation' in our own delivery framework, following the 8 core principles of these respected papers.

Our team of PSWs each have their own lived experiences of mental health and unemployment bringing an important wealth of experience to the role. The uniqueness of each of their journeys along with their compassion, empathy, resilience, listening and care when working with participants, provides a positive environment impossible to offer without PSW involvement. It's inevitable that the focus of each PSW/participant relationship is completely unique based around the perceived and real challenges faced by each participant. Whilst the HeadsUp model is goal orientated these goals are very much bespoke to the individual so the depth of work undertaken and the length of time that a PSW, and other members of the delivery team might work with a participant, is entirely dependent on need.

All participants suffer from one or more common mental health problem such as anxiety, low self-esteem or confidence and depression. The shared recognition of the impact of these on the participants themselves and their wider lives, is invaluable. Our PSWs know how important it is that they understand what participants are talking about (especially when trying to describe some of the effects of depression/anxiety). This can make the difference between being able to move forward with their lives or not.

KEYS TO PSW IMPACT



THE IMPACT OF PEER SUPPORT WORK

The true voice of the impact of our PSWs is that of the participant, and the strength of this voice is consistently evidenced in the feedback of the hundreds of participants who have worked with us to date. There is a great sense of non-judgement which gives our participants the confidence to share their concerns and anxieties with PSWs, along with discussing their progress and employment goals.

One of our participants Suzanne, explained how hearing about someone's lived experiences and challenges and then seeing their career and achievements, gives those in similar situations hope. Suzanne went on to explain how those who have not had a personal experience of mental health problems can empathise but can never truly understand, whereas our HeadsUp Peer Support Workers can both empathise and understand.

SUZANNE

Suzanne's confidence has grown, and she is now volunteering as a receptionist and has a Saturday job in a Barbers, which involves meeting and greeting people. She is quite rightly proud of these achievements as she has come a long way from where she was. She is now able to talk to people face to face and make conversation, accomplishments that are "pretty special".

> IF IT WASN'T FOR MY PSW I WOULDN'T BE WHERE I AM. I HAVE SO MUCH RESPECT AND ADMIRATION FOR HER. FINDING SOMEONE THAT HAS BEEN THROUGH SIMILAR SITUATIONS GIVES YOU HOPE... AND A GLIMMER AT THE END OF A VERY LONG TUNNEL.

> KNOWING SOMEONE ELSE HAS BEEN WHERE YOU ARE AND COME OUT OF THE OTHER SIDE IS PRICELESS. YOU FEEL SO HOPELESS STANDING IN A DARK TUNNEL AND HAVING SOMEONE WHO HAS BEEN THERE WHO KNOWS THE WAY IS ABSOLUTELY PRICELESS.

PRACTICAL EMPLOYABILITY SKILLS

The development of employability skills was initially planned via direct employer activities such as work visit days and employer led mock interviews. However, once the project started it was apparent that our participants often had poorer mental health than anticipated, often needing much more wellbeing and resilience support. This made it difficult to plan engagement with employers and be confident that participants would be well enough to attend activity once arranged. Whilst positive activity did take place such as an employer information event and workplace visits, this approach was revisited in planning for our first extension period in 2020.

> “ **HeadsUp gave fantastic advice** regarding my CV and also planning for my upcoming interviews. ”

The role of Development and Skills Officer (DSO) was created by merging the existing Stakeholder Engagement Coordinator and Employer Engagement Manager. This allowed the required focus at this stage of the project and supported PSWs to move participants through the support model.

‘Skill Pods’ were designed to develop participants’ practical job seeking skills including CV Skills, Cover Letters, Job Searching skills, Online Applications, Interview Techniques, and basic IT Skills. Whilst the initial plan was a combination of group and 1:1 face to face sessions, the arrival of Covid prevented this. The support was adapted to be delivered remotely, which resulted in DSOs being able to support more people with most participants preferring this option even when Covid restrictions were lifted.

> “ They helped me with technology and my phone **making it accessible for me.** ”

In the final year of delivery there were three DSOs and a 10-week delivery model supporting both wellbeing and employability skills. This allowed engagement with as many participants as possible.

SINCE 2020 DSOs HAVE DELIVERED OVER 1000 SKILL PODS TO 270 PARTICIPANTS.

WELLBEING AND EMOTIONAL RESILIENCE WORKSHOPS

Workshops were designed to help participants identify skills and strategies that supported them to take steps towards starting a course or returning to work.

There have been several iterations of the workshops, from 3 full day sessions to a 'menu' format that allowed PSWs to help participants select a workshop of a depth and time that suited their situation. The change in format reflected that many of our participants were more poorly than had been anticipated so the original concept of a 3-day workshop was often too much.

The adaptable nature of the HeadsUp team continues to be reflected in the evolution of the workshop model and the arrival of Covid meant that all sessions had to move online. An online delivery space is a difficult place to address wellbeing and resilience themes. It's testament to all involved that this activity has continued.

Encouraging participant attendance has been a challenge throughout as many felt daunted with the prospect of joining a session with people that they don't know. To counter this, trainers began to call participants individually a day or so prior to the session, helping to break the ice and noticeably improving attendance numbers. We have also helped participants who were finding using technology a challenge.

> NOT BEING MADE TO FEEL STUPID OR JUDGED IS A BREATH OF FRESH AIR. THE WORKSHOPS ARE A BRILLIANT IDEA!

The HeadsUp workshops have helped participants by identifying what wellbeing means to the individual. Using activity such as a Wellbeing Wheel where participants are asked to score different areas of their wellbeing between 1-5 (such as emotional, physical, spiritual) and then identifying a small step they can take to move the score slightly higher. Such adaptable approaches worked well rather than trying to make big changes, allowing participants to feel in control of moving forwards.

PARTICIPANT WELLBEING OUTCOMES

Supporting participant wellbeing was a vital part of the project. Developing resilience skills and learning to maintain one's own wellbeing are an important backdrop to feeling able to take steps towards the workplace.

As part of the HeadsUp evaluation, the team carried out both the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and collected Office of National Statistics Wellbeing Data. Both via pre and post engagement questionnaires, essentially finding out if the work they had done with HeadsUp had a positive impact on how participants were feeling.

In both cases the outcomes were very positive, for example 85% participants reported an improvement in their overall wellbeing, and life satisfaction scores doubled upon leaving the project.

ONS Data Example

MEASURE	QUESTION
SATISFACTION	Overall, how satisfied are you with your life nowadays?
WORTHWHILE	Overall, to what extent do you feel that the things you do in your life are worthwhile?
HAPPINESS	Overall, how happy did you feel yesterday?
ANXIETY	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

SATISFIED: 53% OF RESPONDENTS IMPROVED THEIR CATEGORY AFTER THE PROJECT

HAPPY: 41% OF RESPONDENTS IMPROVED THEIR CATEGORY AFTER THE PROJECT

WORTHWHILE 45.5% OF RESPONDENTS IMPROVED THEIR CATEGORY AFTER THE PROJECT

ANXIOUS 27% OF RESPONDENTS IMPROVED THEIR CATEGORY AFTER THE PROJECT

*As only a proportion of participants completed both surveys it is likely that the positive outcomes here are in fact an underestimation of the impact of the project.

SOCIAL VALUE – WHAT IS IT?

Social value is a way to quantify how different interventions affect people's lives – the overall impact on people's wellbeing, or their quality of life. Social impact is therefore the difference made to individuals, communities, and society through programmes of work.

Social Return On Investment (SROI) has been calculated using the UK Social Value Bank 2022 which uses measures derived from national datasets which are monetised using wellbeing valuation and calculating (where applicable) net exchequer values (savings to the state). Adding wellbeing and exchequer values together gives us a combined monetary value reflecting personal wellbeing improvements and net savings to the public purse. It's possible to break this value down further so that we can understand the impact on health, and the resulting savings to the exchequer. Once deadweight is factored in (what would have happened anyway in the absence of an intervention), the result is an overall Social Value.

FOR EXAMPLE

The move from unemployment to employment has a Wellbeing Value, and an Exchequer Value

The Wellbeing Value is £11,616

Wellbeing Value is "the amount of money that has the same impact on life satisfaction as the change measured".

The Exchequer Value is £9,844

Exchequer value describes "the amount of money saved for the public purse" - in other words, public money that was NOT spent as a consequence of the intervention's impact.

The Total Cumulative Social Value is £21,460

SOCIAL RETURN OF INVESTMENT – HEADSUP

Whilst the objective for HeadsUp was to help people into work, education or training there were very clear wider positive impacts for each participant and their family, friends and community.

The positive experience of a participant might encourage others to take action, and often a positive step in one part of an individual's life can create an openness to other opportunities. For example many of our participants were able to participate in family life in a way that they hadn't before, take their children to the park on their own, take public transport and interact with school teachers and neighbours.

Using SROI data has allowed us to evidence the impact activity has had on individuals and communities. For organisations delivering projects this approach will also help to drive informed decision making about how and where to improve services in the future, with increased positive results.

HEADSUP CREATED A TOTAL SOCIAL VALUE OF £2,632,635. AND FOR EVERY £1 SPENT ON THE PROJECT. £1.59 OF SOCIAL VALUE WAS CREATED*

*It should be noted that of the 1030 participants registered, 395 reported and recorded both baseline and exit scores, therefore impact shown is likely to be an underestimate of the effectiveness of the project.

PARTICIPANT CASE STUDIES

The very best way to demonstrate the impact of the HeadsUp project is through sharing case studies from some of our participant journeys. Here are stories that show just how different the support required can be.

Catherine from Harwich, referred by Job Centre Plus

On joining HeadsUp Catherine hadn't worked for many years having left her previous role to care for her Mum who unfortunately had recently passed away. She felt quite lost, and whilst she wanted to seek employment, her confidence was very low.

> "Being with HeadsUp has **given me a lot more confidence and I am happy that somebody was taking an interest in me**. I even attended a job fair on my own and my sister noticed how much happier I had become. It's amazing what a bit of self-belief can do for you."

Participant success in Maldon

Debbie hadn't worked for 23 years when she joined HeadsUp and she suffered with Anxiety and OCD. She didn't have a CV and felt anxious about completing one so having someone to go through it with her step by step and offer a range of 1:1 support really helped.

She also went along to our workshops and the confidence she developed allowed her to continue to step out of her comfort zone as she joined ACL Computing and Wellbeing courses. Her friends and family started to notice a change in Debbie's confidence too and she felt proud to tell them about all the new things she was doing. Debbie went from thinking she 'could never do a full-time job' to not only finding a job, but working almost full time, this is such a massive accomplishment.

> "Since 2011 I was housebound with OCD and Anxiety, **to go from that to driving home from work is amazing.**"

Ben accepts a helping hand with great results

In his mid-twenties, Ben had been dealing with mental health difficulties for most of his life and found himself 'unfulfilled, without a purpose or even a reason to get up'. But from his first meeting with a HeadsUp Peer Support Worker he started to feel like he was moving forward.

Ben realised that asking for a helping hand could lead to quite extraordinary results. He was encouraged to attend a NHS Trust recruitment day and after receiving help with his application he is now (rightly) proud to have started in his first ever job as a hospital cleaner.

Ben's journey with HeadsUp didn't end when he started work though, with him choosing to take up the offer of In-Work Support. He's feeling positive and fulfilled.

> "**I absolutely recommend** HeadsUp to anyone who feels they need that helping hand."

Ty moved from one successful career to another

Ty had moved from a successful career in financial services into an even more successful career as a body-builder. He was crowned Mr Universe Musclemania, was a TV host in Kuwait and developed his own fitness and motivational brand in the USA that saw him sing at The White House! But, in 2018 he became unwell, so returned to the UK and was later referred to HeadsUp.

He credits the warmth and empathy of his Peer Support Worker (PSW) with helping him to understand his own mental health. When the time was right, a new CV helped Ty appreciate his achievements. The online wellbeing workshop helped him to learn resilience tools and as part of the process he also learned to use Teams for video calls.

He's proud to be teaching his own high-intensity training class at a local gym and knows that his mum can see a happier, healthier son. Ty has rediscovered his sense of purpose, and hopes his story will motivate others who are facing their own challenges.

> "HeadsUp seemed tailored to me; a programme that **gets your mind back and helps you get back to work.**"

IMPACTS THAT CAN'T BE MEASURED

During HeadsUp it's been important to measure the impact of the support offered. Not only does this demonstrate the effectiveness of different activity and provide feedback to our funders, but it also ensured that we continued to evolve our support focussing on those parts that worked best for our participants.

But of course in a project such as HeadsUp there are impacts that can't really be measured. For the team, be they in a person facing role or not, the experience of working with vulnerable members of society, each with their own experiences and support needs, allowed everyone involved the privilege to understand a small part of what it might be like to walk in the shoes of others.

> I'VE LEARNT A LOT ABOUT THE IMPACT OF POOR MENTAL HEALTH. I HAVE SUCH RESPECT FOR THE EFFORTS THAT SOME OF OUR PARTICIPANTS HAVE HAD TO MAKE TO TAKE STEPS THAT TO MANY MAY SEEM SO SIMPLE.
>
> ENABLE EAST TEAM MEMBER

For participants, there are the tangible aspects of progress made that can be measured quantitatively, such as those associated with wellbeing and the outcomes into work or training. But, there are also aspects that can't be measured such as the impact that their experience has had within their families.

For example, one participant enrolled when his business had folded. He was estranged from his family and at rock bottom. A year after the support received, a team member bumped into him, and as well as volunteering he had re-established a relationship with his children and was getting support from a whole range of services, his life and those of his children, has been transformed.

HeadsUp also had a positive impact on Andrew's family.

> IT'S BEEN THREE MONTHS SINCE JOINING THE PROJECT AND LOADS OF BRILLIANT STUFF HAS HAPPENED! I TOOK THAT FIRST STEP AND FEEL I HAVE TAKEN (AM STILL TAKING) POSITIVE STEPS FORWARD. RECENTLY I HAVE FOUND THE CONFIDENCE TO SPEAK IN GROUPS. I'VE HAD SOMETHING TO SAY AND I'VE SAID IT! THAT'S A HUGE STEP FORWARD FOR ME. I'VE ALSO TAKEN MY TWO CHILDREN OUT ON MY OWN WHICH NOT ONLY AMAZED AND SURPRISED ME, BUT MY WIFE TOO!

ENDING HEADSUP

The gap left at the end of HeadsUp provides huge challenges as there is no other provision that combines both employment and mental health and wellbeing support within one project. We are supporting vulnerable members of society and have become a valued resource across the county. HeadsUp has provided a focal point for organisations to refer people who need support, but don't 'fit' most employment support offers and cannot access that provided via secondary mental health provisions.

> "I know that the **HeadsUp programme provided vital support** to people that we worked with who exited their employment. A gap that is now very noticeable."
>
> **Neville Drysdale - Lead Employment Retention Specialist, IPS**

We transitioned to a 10-week model at the start of 2022 to assist meeting targets and to manage the project close without reducing the support on offer to our participants. However, presenting a hard cut off point for such support, with no alternative option to sign post people to is both difficult to manage on behalf of our participants, but also for our team and the organisations who have come to rely on us.

We have put in place a clear communications plan so that all involved understand what's happening. We have also collated information about an array of organisations who can offer some of the different aspects of HeadsUp support.

> "I am so sorry to hear that [HeadsUp is ending]. **It will be a massive dent in provision support in Essex.**"
>
> **Employment & Skills Adviser, Youth Service, Essex County Council**

> "The effects of the project coming to an end is already seen, with an impact on people who do not have access to secondary mental health employment support, leaving a gap in resources for their participant cohort; **this will undoubtedly have an impact on mental health and wellbeing of those who can no longer access this support.**"
>
> **Holly Cooper - IPS Team Leader**

CONCLUSION

We've worked with over 1000 Economically Inactive or unemployed people in Essex. Achieving some fantastic outcomes that relate not only to formal targets to support people back into work, education/training or job search, but also in the social value that has been evidenced. Impacts have been felt by the participants themselves, but also their family, friends and the communities around them.

HeadsUp filled a gap in support services, clearly improving the health and wellbeing of those who engaged with the project. There are many examples of participants demonstrating how changing behaviours and developing resilience helps to take steps towards employment.

There is no doubt in the value of centring our model on our Peer Support Workers with their own lived experience of common mental health problems and unemployment. The feedback from all involved evidences the strength of this approach. And, working collaboratively with a number of partner organisations delivering support locally, we could provide a strong community approach.

Enable East is part of Essex Partnerships University NHS Foundation Trust, and wellbeing and positive mental health are at the core of practical delivery across all of our projects. Whilst HeadsUp has now ended, resilience and mental health still remain a huge concern in a post pandemic landscape where it's clear that people still have an increased level of financial, employment and mental health needs.

The funding for HeadsUp delivery stopped in December 2022. Enable East are experienced portfolio managers having led cross agency projects worth over £10m over the past 10 years. We continue to seek funding and identify partnership opportunities to ensure that the experience and learning achieved during HeadsUp is not lost.

MINUTES OF THE PREVIOUS MEETING HELD 26 JULY 2023

Standing item | SS | 3 Minutes

REFERENCES

Only PDFs are attached

Minutes Part 1 26.07.2023.pdf

Minutes of the Board of Directors Meeting held in Public
Held on Wednesday 26 July 2023
Held Virtually via MS Teams Video Conferencing

Attendees:

Prof Sheila Salmon (SS)	Chair
Paul Scott (PS)	Chief Executive Officer
Nigel Leonard (NL)	Executive Director of Major Projects and Programmes
Zephan Trent (ZT)	Executive Director of Digital, Strategy and Transformation
Trevor Smith (TS)	Executive Director of Finance and Resources
Denver Greenhalgh (DG)	Senior Director of Corporate Governance
Ruth Jackson (RJ)	Interim Executive Director of People and Culture
Alex Green (AG)	Executive Chief Operating Officer
Milind Karale (MK)	Executive Medical Director
Janet Wood (JW)	Non-Executive Director
Loy Lobo (LL)	Non-Executive Director
Rufus Helm (RH)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Mateen Jiwani (MJ)	Non-Executive Director

In Attendance:

Angela Laverick	PA to Chief Executive, Chair and NEDs (minutes)
Chris Jennings	Assistant Trust Secretary
Clare Sumner	Trust Secretary Coordinator
Angela Wade	Director of Nursing / DIPC (for Executive Nurse)
Mark Travella	Associate Director of Transformation
John Jones	Lead Governor
Pam Madison	Governor
Keith Bobbin	Governor
Paula Grayson	Governor
Mark Dale	Governor
Stuart Scrivener	Governor
Paul Walker	Governor
Megan Leach	Governor
Pippa Ecclestone	Governor
Zoe Tidman	Member of Public

SS welcomed Board members, Governors, members of the public and staff joining this in public Board meeting

The meeting commenced at 10:01

073/23 APOLOGIES FOR ABSENCE

Apologies were received from Natalie Hammond, Stephen Heppell, Frances Bolger (Interim Executive Nurse), Manny Lewis.

074/23 DECLARATIONS OF INTEREST

JW declared a new interest following recent appointment to the position of NED at NELFT. SS congratulated JW on this appointment.

075/23 PRESENTATION – MOVING AWAY FROM CARE PROGRAMME APPROACH

Mark Travella, Associate Director of Transformation was in attendance.

MT advised that a large project was underway across the UK to move away from the Care Programme Approach (CPA), which has many interdependencies. This presentation gave a summary of the depth and breadth of the change and benefits to be realised.

CPA was introduced 30 years ago based on good care coordination and high quality care planning. Some concerns had been raised over the years related to variability of application, a barrier to more personalised care and that it has not evolved to match changing health and social care policy. The NHS Long Term Plan along with significant investment is transforming the way health and social care is delivered. The new approach to whole systems being joined up working requires a new approach to case management and roles and responsibilities, including giving the opportunity to look at roles and responsibilities away from EPUT boundaries, recognising and valuing the role our partners have to play.

The whole systems personalised approach aims to change the culture of empowerment and enable shared decision making; also enabling a default involvement of those that are important to the person (family / carers / friends etc.) and meaningful intervention based care, recognising the value of the role all of our health and social care partners play enabling an accessible, responsible and flexible system to meet people's needs.

The new care plan approach is a one care plan approach for all, with SMART intervention based care for more accountability and transparency of who is doing what by when. The new care plan approach aims to build in outcome measures, helping the person and the people helping them to be collaborative and clear about the journey and the expectation. Building in a national goal based outcome score, which is being rolled out nationally, to help the person receiving care to periodically reflect on their journey and raise any issues / concerns.

A dedicated clinical trainer is in place and engaging with staff. A communications lead has been identified, with a new web page designed and built before being launched in the coming days.

SS stated that it was helpful to hear about this journey, which is central to our corporate strategy with exciting work taking place across the Trust, adding that it is important to embed and change the culture across the organisation as we embed the target operating models with care units.

LL commented that it was good to see the interaction and plans for a whole system / whole person approach. The challenge for the Trust as it looks to implement the data strategy and EPR is how it implements this to enable this kind of care to be delivered effectively. PS agreed that there was a nationwide challenge around maturity of data and systems.

PS commented it was good to see the Trust was taking forward the national initiative, which was aligned with the care unit strategies. The changes were complex and it is important to explain to Board / the population served the positive impact they are having and the outcomes. The Board should be mindful of being able to measure outcomes and keep everyone involved in care informed about how this new service configuration is working. MT advised outcome measures were being built into care plans to demonstrate change and check in with patients.

EL commented shared decision making and culture of empowerment are key to success. EL asked how it is ensured people at different stages of their condition benefit from shared decision making and engagement. MT advised the cultural change is around a personalised approach for all. The aim is to engage through various clinical techniques and adapt as the individuals needs change over time.

RH commended this very exciting piece of work, suggesting that given this was a national programme with pilots carried out, it would be helpful to have evidence particularly around impact on resources and outcomes that can be expected. MJ suggested there may be some learning from other areas including West London and with the challenge in timescale it is important to involve emergency services early.

MK highlighted the national direction with principles of holistic care for everyone, noting the challenge nationally to provide high quality holistic care to everyone and not compromising care to the most vulnerable and in need. MK confirmed that clinical directors were working with MT and team as well as lots of work around lived experience underway which was key to supporting this initiative.

AG noted the complexity of this initiative, with the framework published last year with an ambition to be in place in April. The Trust has frequent regional contact to share conversations and learning and AG was pleased to have clear clinical and operational oversight of the programme. AG flagged the alignment with Trust strategy and care unit strategies as well as the Trust's vision and values, this initiative is also in line with the Southend and Thurrock Strategy which has been refreshed and was currently going through cabinet at the local authority, this would be a key enabler.

SS thanked MT for the presentation.

MT left the meeting.

076/23 MINUTES OF PREVIOUS MEETINGS

The minutes of the meeting held 31 May 2023 were agreed as an accurate reflection of discussions held subject to the following amendment:

- TS noted a point of accuracy in a question from John Jones: this should read £22.9m efficiency requirement, which is circa 4% and in line with national expectations.

077/23 ACTION LOG AND MATTERS ARISING

The action log was reviewed where it was noted that there was one open action due for update in September following presentation at PECC.

The Board discussed and approved the Action Log.

078/23 CHAIRS REPORT

SS presented the report highlighting the following:

- Changes to Board of Directors – Natalie Hammond has been successfully appointed to the role of Chief Nurse at Hertfordshire & West Essex Integrated Care Board, on behalf of the Board, SS wished NH well and thanked her for her huge contribution to support EPUT and services.
- SS also extended thanks and farewell to Sean Leahy, who had left the Trust to take up an exciting opportunity elsewhere, on behalf of the Board SS wished SL well for the future.
- Following the departure of Natalie Hammond and Sean Leahy, an executive recruitment search was now underway. In the interim Frances Bolger would take up the role of Executive Nurse and Dr Ruth Jackson will work with the Trust as strategic adviser while we are in the process of putting in place arrangements to replace SL.

- SS thanked EL for her transition into full a NED role and Chair of Audit Committee. JW's tenure would come to an end in September 2023 following which she would take up post as NED at North East London Foundation Trust, SS extended congratulations to JW and thanked her for the significant contribution to EPUT and the Audit Committee and continued commitment until September.
- Quality and Excellence Awards – a fantastic evening was held with external sponsorship enabling the event. SS was privileged to be able to present colleagues with awards at the event, and extended heartfelt thanks to all involved. There were over 300 nominations, demonstrating the significant amount of innovation taking place across the Trust. Congratulations to all nominees and winners.
- Positive feedback has been received since the opening of the Mental Health Emergency Department at Basildon as well as interest from other NHS organisations to share learning. The service was put forward for four national awards, this exemplar development is strong as was founded with involvement of service users. SS thanked all who participated in the design and delivery of this venture what was testament to how lived experience is so important and crucial to influence our services.
- SS welcome the Trust's new Principal Freedom to Speak-Up Guardian, Bernie Rochford MBE. Bernie brings a wealth of knowledge and understanding of Freedom to Speak-Up, and her freshness and maturity in this area to progress the transparency and openness in our organisation is welcomed.

The Board received and noted the Chair's Report.

079/23 CEO REPORT

The CEO report was taken in combination with Quality and Performance Scorecard.

PS highlighted the following:

- An announcement has been made regarding the change of status of the Essex Mental Health Independent Inquiry to a Statutory Inquiry. PS emphasised the Trust remained committed to working with all parties and committed to working in an open and honest manner.
- Following a CQC inspection earlier in the year, the final report had now been published. This pointed to areas where the Trust must improve but also recognised strengths and areas where the Trust had built culture change. PS was confident improvements had been made and was confident the final action plan would address issues raised in the report. The Board and standing committees will be kept appraised of ongoing work.
- The Quality Awards were a fantastic event, with a huge breadth of services nominated. PS extended thanks to all for organising the event, and thanked all nominated for the outstanding work taking place.
- The RISE leadership development programme is a programme for colleagues from BAME backgrounds. A recent graduation ceremony took place for those that have completed this programme and feedback from the event is colleagues that have been through the programme really valued and felt pride at their achievements. This is a powerful programme to support the leadership journey.
- PS was pleased to note that services across the Trust were increasingly recognised on a national scale, which is a recognition of progress. PS commented there is more to do have, but wanted to celebrate successes and thanked all colleagues for their contribution to improvement of our services.

The Board received and noted the CEO's Report.

080/23 QUALITY AND PERFORMANCE SCORECARD

Operations (AG)

- Assurance was provided that there are no contract performance notices and no contracts rated inadequate
- Rolled out interactive performance dashboard earlier this year, which was beginning to inform our Trust standing committees.
- The Lighthouse children's centre, had significant investment in local leadership made to improving service since the transfer to EPUT.
- The Therapy for you service continues to have good success with improved referral to treatment times and enabling an additional 4000 referrals into the service. IAPT regionally is struggling with access rates since Covid-19, but there is improvement.
- Psychological services, risk calls are in place for people waiting to access the service. A monthly call has also been stood-up and the service are scheduling around 120 review calls every month and continue to see improvement in waiting times. This is monitored robustly through the accountability framework process
- Thanks to all in the challenge of reducing inappropriate Out of Area Placements, with an ambition to reduce further. As well as continuing to deliver actions in an overarching flow and capacity plan, we have been overseeing four clinical task forces.

Questions & Comments

EL congratulated services on progress managing waiting times. EL asked how often waiting times are checked against individuals with protected characteristics to ensure there is a not a greater proportion. ZT advised the release of the interactive dashboard on Power BI had improved oversight and scrutiny and will allow more data driven scrutiny going forward.

MJ asked whether individuals with safeguarding or protection issues had been considered in terms of the waiting list for the Lighthouse Children's Centre, in terms of any risks caused by delays in waiting times or diagnosis. AG advised there is a full multi-disciplinary team that sits behind this and are in contact with families during the waiting period. If there are any specific safeguarding concerns raised this is taken on board during the waiting time and as part of assessment. There has been significant work taken about the experiences of young people and families referred to the service. PS met with families and feedback has been received of the positive changes within the service since the leadership of EPUT.

People and Culture (RJ)

- Vacancy rate was settled at 12% and it was important to note there is good progress in terms of underlying trends and are at a point in in the year where undergraduates should be recruited, supported through local programmes.
- The Trust is adhering to bank trajectory set in the yearly planning round and there is an upward trend in agency usage. The Team are working with the system to drill down and understand usage to enable targeted campaigns to remedy some of the issues.
- The Trust via Emergency Planning are able to provide cover during planned industrial action. It was noted that further dates were planned in August.

Questions & Comments

JW asked whether there was any insight into impact agency usage would have on the Trust given the financial pressures nationally. RJ advised there was increased emphasis at national, regional and system level of agency usage and the need to understand what is driving increased use and how we could be more creative in terms of recruitment for hard to fill vacancies.

SS was encouraged by recent consultant appointment panels and acknowledged the commitment of the team to continue to move from locum to permanent positions, it was encouraging to see colleagues moving to permanent positions in the organisation.

Signed: …… Date: ……

LL queried what provision was in place for flexible arrangements for those wanting to come into substantive roles, and what data tells us about people who leave to take up agency positions. RJ advised the two are linked. Looking at data as to why people leave, this generally related to flexible working. A pilot had commenced in the system to look at self-rostering and this is something EPUT will work on with leads at MSE FT. EL also suggested it would be good to understand if we have long standing locum consultants and what department they are serving at to ensure there was no substantial pay discrimination between locum and in house consultants.

MK highlighted that the Trust had recently made some good appointments, as well as a successful medical recruitment fair. In terms of agency spend, finance had put in place strengthening systems to have fair control over systems but not compromising safety or quality. In terms of flexible working, doctors had been encouraged to join the Trust bank to have greater flexibility. The ICB medical director has held meetings with all system medical directors regarding how at system level agency spend can be controlled.

PS recognised the work of the workforce team and medical leadership steering through the period of industrial action.

Finance (TS)

- Annual report and accounts have been laid before parliament.
- Current year capital investment is on plan.
- Revenue position continues to be challenging, included within that is £22.9m of efficiency requirement. The Trust have identified £19.1m of that with £3.8m efficiency delivered in the first quarter.
- The agenda for change pay award has implemented as directed nationally.

The Board of Directors received and noted the report.

090/23 COMMITTEE CHAIR'S REPORT

This report summarised assurance reports from the Board of Directors standing committees which were crucial for governance and for the Board to be able to discharge responsibility appropriately. The Committee Chairs Report was presented, with each Committee Chair highlighting anything of note to the Board.

Quality Committee (RH)

There had been a number of annual reports presented which was usual for the time of year. The committee received an update on Patient Safety Incident Response Framework (PSIRF) and progress being made around assurance of learning and improvement of patient safety and quality. This demonstrated the legacy NH leaves as she moves on to her new role.

Finance & Performance Committee (LL)

LL commended Lauren Gable and the financial team for engagement with PFI partners regarding the refurbishment of Brockfield House. The committee are an early adopter of integrated performance report and LL attested to the level of clarity in looking at performance in the organisation and the focus on metrics in conversations taking place which is a vital part to moving to a more effective committee process. TS noted that there was a deep dive into the efficiency programme at the end of July.

Audit Committee (EL)

No escalations for board.

People, Equality & Culture Committee (JW – on behalf of Manny Lewis)

No escalation for board.

The Board of Directors:

1. **Received and noted the contents of the report and the assurance provided.**

091/23 BOARD SAFETY OVERSIGHT GROUP ASSURANCE REPORT

SS presented a report providing an update on the work of the Board Safety Oversight Group, as interim chair. The group had oversight of all actions following through on the safety strategy, as well as a regular executive oversight group taking place which feeds into the group. This keeps a regular scrutiny view on all actions being taken forward. There is a particular focus on ligature risk reduction, culture of learning and embedding gold standard operating procedures to ensure consistency and equity across services.

SS noted that the BSOG would now take place to a cycle of bi monthly meetings with ESOG to continue to meet four weekly.

The Board of Directors:

1. **Received and noted the contents of the report.**

092/23 CQC COMPLIANCE REPORT

DG presented a report providing an update on CQC compliance. DG advised the report included the CQC report following the inspection of core services and well led inspection. DG highlighted the following points in the report:

- It is important to recognise the size of the Trust portfolio in relation to findings. 15 core services equating to 75 core domains, excluding two nursing homes as these are inspected through a different inspection process.
- The current inspection, covered 40% of care domains, of those 53% saw no change to rating, and the substance misuse service improved to a good rating. The remaining 40% saw some deterioration.
- There were 45 must do actions identified and 26 should do actions.
- A project has been running for the past four weeks regarding changing how CQC actions are responded to, to strengthen the front line response. The Trust are engaged with front line staff in analysis to look at human and system factors. This has allowed key information to be shared in the development of metrics to measure action completion and impact.
- The Trust is currently in the process of finalising the Trust response to submit to the CQC by 7 August. Discussions are also taking place with Chief Nurses of ICBs ahead of submission to be sighted on the process.
- A query was submitted around medicines management and pharmacy resource, of which the Board are well sighted on in the BAF. The service continues in business continuity mode however a recruitment plan is in place.

LL found the matrix a good attention directing tool to look at important and urgent issues, and would like to see continuation to show how progress is trending over time.

The Board of Directors:

1. **Received and noted the contents of the report.**

093/23 SUMMARY OF THE RAPID REVIEW INTO DATA ON MENTAL HEALTH INPATIENT SETTINGS – FINAL REPORT AND RECOMMENDATIONS

NL presented the outcome of the rapid review with some wider recommendations for mental health in general. There was a focus on data, but drills down how data promotes safety of patients and recognition there is a lot of data collected and the need to make best use of this. It is recognised that front line staff spend lot of time in data collection.

There were 13 recommendations in the report that impact the whole of mental health services nationally, with recommendations 5 – 7 specific to mental health providers and Trust boards. Further guidance is anticipated as part of the response to come from NHS England. In terms of assurance for board, NL confirmed that the Trust had made progress around some of these initiates already, with a lot of intensive work to take place at system, national and provider level. NL advised he would provide an update at a future Board meeting regarding the review of the recommendations.

The Board of Directors:

1. **Received and noted the content of the report.**

Action:

1. **Provide a further update to the Board regarding relevant recommendations from the Rapid Review into Data on Mental Health Inpatient Settings. (NL)**

094/23 BOARD ASSURANCE FRAMEWORK 2022/23

DG presented the Board Assurance Framework and highlighted items with a change in score and risk exposure.

LL commented he was please see the Framework continuing to improve and commended the significant work that had been undertaken LL commented it was a critical report for the Board in terms of understanding risk and it was good to have a visual update to show progress. DG advised a risk management model was being developed to allow an active update on every action once this is in place.

The Board of Directors:

1. **Received and noted the contents of the report.**

095/23 EMERGENCY PREPAREDNESS AND RESILIENCE ANNUAL REPORT

NL presented the Emergency Preparedness & Resilience (EPRR) Annual Report and thanked the Emergency Planning team for their support. NL also thanked JW in her role as NED lead for EPRR.

NL advised there had been a detailed internal audit of emergency preparedness had taken place, with some issues identified from emerging out of the pandemic and a Level 4 incident. There are some structures in place nationally which have stopped and it is important to ensure there is appropriate training in each system to ensure directors receive appropriate gold command training.

EL commented on the importance of allocating resources for training to have skills to react to emergency incidents across all locations. NL advised business continuity plans were in place across the trust, however there was some more work to do around coordination of these plans.

The Board of Directors received and noted the contents of the report.

096/23 INFECTION CONTROL ANNUAL REPORT

AW presented the Infection Control Annual Report and highlighted the following:

- Infection Control learning and transition from the pandemic was noted in the report.
- The approach to education following the national programme for ICP and audit assurance programme.
- EPUT are the provider lead in within the provider collaborative.
- AW noted pride and appreciation of the team to be recognised at the recent quality awards for their work over the past year.

The Board of Directors received and noted the contents of the report.

097/23 LEARNING FROM DEATHS – MORTALITY REVIEW Q4

AW presented the report and advised the Trust have robust review of processes, which includes wider scope to enhance the ability to learn from deaths. AW highlighted a breakdown in the report across care units and noted key themes from learning from deaths in this quarter.

The Board of Directors:

1. **Received and noted the contents of the report.**

098/23 MENTAL HEALTH ACT ANNUAL REPORT

AW presented the report and highlighted the following:

- The Trust continues with close monitoring of ethnicity and noting disparity.
- Within the period of the annual repot 17 MHA CQC assessments were undertaken, showing a number of areas of good practice as well as opportunities to learn and improve.
- There is a positive partnership success through SLA with local acute trusts to support patients detained in an acute settings.

SS was encouraged to note mandatory training compliance and collaboration existing with acute partners to support needs around MHA application and scrutiny.

The Board of Directors:

1. **Received and noted the report.**

099/23 LIGATURE RISK MANAGEMENT ANNUAL REPORT

AG presented the report highlighting the following:

- The Trust continued to hold the ligature risk reduction group (LRRG) with a focus on reducing environmental risk but also clinical management of risk. The group receives a quarterly report on ligature incidents. The group has developed a formal relationship with the lessons learnt team and collaborative, providing a monthly report into LRRG and can commission reports as needed.
- Oxehealth has been embedded into all adult acute and CAMHS units with a plan for the remaining mental health wards within the trust within the refurbishment at Brockfield and time to care programme.

Following a query from EL regarding Oxehealth, AG confirmed in 2020/21 the Board approved a case for change for adult acute wards and CAMHS based on a pilot programme that had significant improvements noted, they were the areas of greatest risk at that time. Rollout was informed by incident data and clinicians on the Oxehealth Board. AG was pleased to say that a programme of work was being taken forward to ensure all mental health wards are covered by Oxehealth, once the Brockfield House refurbishment was completed there would be 7 remaining units, but there are plans in place to implement that technology.

The Board of Directors:

1. **Received and noted the contents of the report.**

100/23 TRANSFORMATION TEAM ANNUAL REPORT

ZT presented the report advising that the team were supporting colleagues and strengthening transformation across the trust. There was now a single point to assess and support new change initiatives and consistent methodology to support change through the change pathway.

SS noted the huge amount of work captured within the report, and was pleased to see mapping across strategic priorities with responsible Executives for each strand of work. It is also helpful to have priorities as stated for 2023/24. SS thanked ZT and team for steering transformation so purposefully.

The Board of Directors:

1. **Received and noted the content of the report.**

101/23 SAFE WORKING OF JUNIOR DOCTORS REPORT

MK presented the report advising that was a requirement to ensure the Trust is compliant with junior doctor contracts. There were five exception reports and all were dealt with appropriately.

MK extended thanks to all doctors, consultants and colleagues for managing patient safety during the recent industrial action

The Board of Directors:

1. **Received and noted the content of the report.**

102/23 A FRAMEWORK OF QUALITY ASSURANCE FOR RESPONSIBLE OFFICERS AND REVALIDATION ANNUAL REPORT

MK presented the report which provided assurance to the higher level responsible officer at NHS England that EPUT is fully compliant with the medical professionals regulation act. The Trust is currently reporting an annual appraisal rate of 98% with no outstanding appraisals. The Trust is fully compliant with all regulations in terms of governance processes and proper employment checks. The Trust also keeps a record of concerns raised around competence and provides appropriate support and mitigation.

An external organisation has been identified to complete an external review of our process, and this will be undertaken in the next 3 – 6 months.

The Board of Directors:

1. **Received and noted the content of the report.**

103/23 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE RISK REGISTER OR ANY ITEMS THAT NEED REMOVING

There were no new risks identified to be added to the Risk Register, nor any items that should be removed that were not discussed as part of the BAF discussions.

104/23 REFLECTION ON EQUALITIES AS A RESULT OF DECISIONS AND DISCUSSIONS

PS noted there had been many items covered in the agenda around inequalities such as the Mental Health Act and proportionate detention due to race in line with population, neuro diversity and strengthen access to services at lighthouse and RISE programme in leadership, as well as good challenges from NEDs around protected characteristics on waiting lists. PS stated that it was good to bring agenda items that help us understand inequality and welcomed the continued challenge to develop our learning.

SS agreed that there had been very rich discussion.

105/23 CONFIRMATION THAT ALL BOARD MEMBERS REMAINED PRESENT DURING THE MEETING AND HEARD ALL DISCUSSION (SO REQUIRMENT)

It was noted that all Board members had remained present during the meeting and heard all discussions subject to the following:

RH – left 11:41 – 11:52
PS – left 11:58 – 12:00
MJ – left 12:16 – 12:20

106/23 ANY OTHER BUSINESS

There was no other business.

107/23 DATE AND TIME OF NEXT MEETING

SS thanked all for joining the meeting.

The next meeting of the Board of Directors is to be held on Wednesday 27 September 2023.

108/23 QUESTION THE DIRECTORS SESSION

Questions from Governors submitted to the Trust Secretary's Office prior to the Board meeting and also submitted during the meeting are detailed in Appendix 1.

The meeting closed at 12:37.

Appendix 1: Governors / Public / Members Query Tracker (Item 108/23)

Governor / Member / Public	Query	Response Provided by the Trust
Paula Grayson, Public Governor	**CEO Report / Quality Performance Scorecards:** The Chief Executive's report notes: "In June there were 10 patients placed in an out of area bed, significantly reduced from a monthly peak of 44 in November 2022" The performance report explains: "There were ten new clients placed OOA (eight Adult & two PICU) in June. Following the repatriation of 18 (17 Adult & one PICU), there were 33 remaining (27 Adult & six PICU) OOA at the end of the month." **Understanding the OOA figures are part of a wider set of targets which include the effect of recovery duration and take account of greater acuity, are the total OOA at the end of June 33 or 43?**	The total at the end of June was 33.
	CEO Report, Section 2.4. Finance "Revenue results at M3 are a Year to Date deficit of £2.8m, £1.4m behind plan. Key overspends are associated with demand and capacity, acuity and associated observations and staffing requirements and non-pay pressures. The Trust continues to forecast a breakeven position with a continued focus on value for money, delivery of efficiency programmes and the development and realisation of opportunities across EPUT and with System partners. Payments relating to the pay settlements for 2022/23 and 2023/34 were processed for our staff in June. " **1a What is the figure for the necessary efficiency savings to contribute to break even?**	**1(a)** The Trust plans to deliver £22.9m (4.4% of operating expenditure) to deliver breakeven. **1(b)** Up until the end of June the Trust had identified £19.1m of savings schemes with a further £2.9m of potential saving opportunities. To date some £3.8m has been delivered against the total efficiency target. **2.** Applicable substantive Agenda for Change staff received both the non-consolidated 2022/23 pay award and the 2023/24 percentage uplift. Bank staff received the percentage pay increase for 2023/24.

Signed: …… Date: ……

In the Chair

Governor / Member / Public	Query	Response Provided by the Trust
	1b What percentage of the necessary efficiency programme savings have been identified between April and June? **2 Did the permanent staff receive both the lump sum and the percentage pay increase? Did our own Bank Staff receive both the lump sum and the percentage pay increase?**	
	CQC Report CQC1 "The most concerning ratings were for acute wards of adults of working age and psychiatric intensive care units. We rated safe and well led as inadequate, the other domains as requires improvement which means this service is still inadequate overall." **What has been put in place to improve this finding?**	As reported at the July 2023 Board meeting the Trust was finalised an improvement plan to address the recommendations to return to the CQC by 11 August 2023. An update on progress against the improvement plan will be provided at the September 2023 meeting of the Board of Directors.
	CQC2: "The arrangements for governance, assurance and performance management did not operate effectively. The CQC recognised the timing of the inspection meant there were multiple examples of new strategies, systems, roles and approaches that were in the early stages of implementation. Examples included the trust safety strategy, the appointment of directors of quality and safety and the implementation of 'Time to Care' and safety dashboards. All of these required further embedding to directly impact the quality of care people received. The pace of change remained a concern along with ongoing and repeated breaches of regulation identified in services that had been highlighted to the trust during previous inspections dating back to 2019." **What is being put in place to improve this finding?**	We continue to deliver the programmes. In terms of the repeated breaches the new trust approach to responding to concerns raised by the CQC will reduce the likelihood of recurrence.
	CQC3: "Data quality affected the trust's ability to monitor and mitigate against poor performance, risk and poor quality. Data provided about key elements of service performance from executive level did not match with information we found at ward level." **What is being done to improve this finding?**	Data at ward level is real time data, whereas data at executive level is point prevalence therefore there is always potential for discrepancy when comparing.

Signed: …… Date: ……

In the Chair

Governor / Member / Public	Query	Response Provided by the Trust
	CQC4: "Medicines optimisation and management across the trust required improvement" **What is being done to improve this high level finding?**	Within our BAF report we describe the risk associated with our pharmacy provision under CRR98. Within the improvement plan there are continued activities to fill vacancies and to move the service back to business as usual.
	CQC5: "Long standing complaints required attention to ensure complainants received responses in good time and knew what was happening with their case. One example showed a complaint being made in August 2021, not resolved and the most recent contact recorded as April 2022" **When will the long standing complaints be resolved?**	The two long standing complaints referenced in the report are both closed. Please note one of these was an administrative error internally whereby the file had not been closed on our system and therefore appeared ongoing. The second was associated with a separate investigation process. Within the report the CQC also recognised the recent implementation of a new complaints process.
John Jones, Lead Governor	1) page 57/539: Re Lighthouse Children's Centre. I am pleased to see that there are now no patients waiting more than 78 weeks for service. **What is the current profile of waiting times for access to service for this group?**	The Trust remain committed to reducing long waits for children and young people and understand the consequences of delays in diagnosis, treatment and support. The current profile for patients currently waiting shows a typical RTT profile where volume is front loaded and tapers off to the longest wait point. The average weeks waiting for these patients is 18wks, by pathway the average for those currently waiting is:- - ADHD - 18wks - ASD Over 5s - 17wks - ASD Under 5s - 21wks - Neuro-Disability - 13wks
	2) page 64/539: Mental Health patients in employment is at 38.9% (with target of 7% set locally). **Are there any plans to revise this target to make it more challenging?**	The Trust had provided written update and graph showing average waiting times to be included. The 7% target is set by the Adult Social Care Framework and is calculated on an ongoing basis, based on

Signed: …… Date: ……

In the Chair

Governor / Member / Public	Query	Response Provided by the Trust
		numbers of people with contact with secondary care mental services in employment over a 12 month basis. As this is serving the Adult Social Care Framework there are no plans to change the target. However, the newly appointed interim Deputy Director of Social Care is liaising with local authorities about the target and they will in turn review. The Trust achievement of the target is positive particularly when considering the move away from CPA, delivering the Southend, Essex and Thurrock strategy which embraces the wider determinants of health.
Pippa Ecclestone, Public Governor	Why is it that EPUT Forensic Wards in Luton & Bedfordshire have not been supplied with the OxeVision units …'which improve patient safety and quality and efficiency of care" in the majority of EPUT inpatient wards in Essex?	This was factored into the Time to Care Business Case and is planned for all acute wards, adult, older adult, CAMHS and secure wards. The initial business case prioritised acute adult and CAMHS wards.

ACTION LOG / MATTERS ARISING

Standing item SS

REFERENCES

Only PDFs are attached

Action Log (Part 1) 27.09.2023.pdf

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Board of Directors Meeting 26 July 2023

Lead	Initials	Lead	Initials	Lead	Initials
Marcus Riddell	MR	Nigel Leonard	NL	Susan Young	SY

Requires immediate attention /overdue for action	
Action in progress within agreed timescale	
Action Completed	
Future Actions/ Not due	

Minutes Red	Action	By Who	By When	Outcome	Status Comp/ Open	RAG rating
093/23 July	Provide a further update to the Board regarding relevant recommendations from the Rapid Review into Data on Mental Health Inpatient Settings.	NL	January 2024		Open	
057/23 May	Referring to the Staff Survey -to consider process for linking with and learning from outstanding organisations.	~~MR~~ SY	~~September 2023~~ January 2024	The Trust will be taking part in the national 'People Promise in Action week' in October when we will be attending sessions designed to share the learning from those organisations which are cited as exemplars across the NHS. Relevant learning and actions will be built into EPUT's new People Strategy.	Open	

CHAIRS REPORT (INCLUDING GOVERNANCE UPDATE)

Standing item | SS | 5 minutes

REFERENCES

Only PDFs are attached

Chairs Board Report 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Chair's Report (Including Governance Update)**					
Executive/ Non-Executive Lead:	Professor Sheila Salmon, Chair					
Report Author(s):	Angela Laverick, PA to Chair, Chief Executive and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report – *mandatory section*		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	~~Yes/~~ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes/~~ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report provides a summary of key headlines and information for sharing with the Board and stakeholders and an update on governance developments within the Trust.	**Approval**	
	Discussion	✓
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report

Summary of Key Issues

The report attached provides information in respect of:

- Changes to the Board of Directors – Farewell to Janet Wood
- Interim NED coverage of Board sub committees
- Farewell to departing Governors
- Essex Mental Health Independent Inquiry
- Freedom to Speak Up – Professional Responsibility
- 2nd annual joint conference EPUT with Anglia Ruskin University
- Suicide Prevention Month and World Patient Safety Day
- Joint Mental Health Response Service

- Your Voice Meetings
- Community Champions Award

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**	

Acronyms/Terms Used in the Report			
CAMHS	Children and Adolescent Mental Health Services	NED	Non-Executive Director
CQC	Care Quality Commission	EMHII	Essex Mental Health Independent Inquiry

Supporting Reports/ Appendices /or further reading
Main report

Lead
Professor Sheila Salmon **Chair**

Board of Directors Part 1
27 September 2023

CHAIR'S REPORT (INCLUDING GOVERNANCE UPDATE)

1.0 PURPOSE OF REPORT

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust.

2.0 CHAIR'S REPORT

2.1 Changes to the Board of Directors – Farewell to Janet Wood

As colleagues will be aware Jane Wood, NED is leaving the Trust at the end of September and moving on to a new role at North East London Foundation Trust (NELFT). Janet has been an integral part of the EPUT Board of Directors since its inception and prior to that, at one of our predecessor organisations. On behalf of the Board, I would like give a heartfelt thanks to Janet for her hard work, commitment and dedication to the Trust and the people that we serve. Janet will be a huge loss to EPUT and will be greatly missed – we wish Janet every success in her future endeavours.

2.2 Interim Board sub-committee membership & NED recruitment

In light of Janet Wood's departure and impending forthcoming vacancies, with agreement from the Council of Governors and the Board of Directors we are currently recruiting to our Non-Executive team.

In order to maintain full functionality across the sub-committees of the Board of Directors, I have agreed the following interim measures which will be reviewed when the recruitment process is completed. The interim measures are enacted forthwith.

Quality Committee – Dr Mateen Jiwani will move from PECC to Quality and act as vice chair, supporting Dr Rufus Helm. This will also strengthen clinical membership. Elena Lokteva will join ex officio as Audit Chair.

Audit Committee – Dr Mateen Jiwani will attend the Audit Committee pro tem (to be reviewed on conclusion of NED recruitment). Dr Rufus Helm will continue to attend Audit (important link with Quality).

Finance & Performance Committee - Loy Lobo continues as Chair, and Manny Lewis (Vice Chair) will continue to cover F&P. Elena Lokteva will join ex officio as Audit Chair and will strengthen finance acumen.

People Equality & Culture Committee - Manny Lewis continues as Chair. Stephen Heppell member but I will also give NED cover pro tem whilst we complete NED recruitment. Elena Lokteva will join ex officio as Audit Chair.

BSOG - I will continue to chair BSOG, with either Dr Rufus Helm or Dr Mateen Jiwani in attendance and to act as Vice Chair (if needed) as the link with quality and safety is pivotal.

Charitable Funds Committee – Dr Mateen Jiwani continues as Chair.

2.3 Farewell to departing governors

At this time of year, we bid a fond farewell to governors who complete their term of office and who are not continuing. I was pleased to host an informal face-to-face meeting for members of the Council of Governors with Non-Executive Directors on 13 September in Great Baddow. We were able to reflect upon the various important and distinctive contributions and celebrate loyal service in the roles of Public, Staff and Appointed governors. We extend our sincerest thanks to those governors who are

stepping down this year. We look forward to welcoming and meeting with newly appointed governors once the results of the elections and partner appointments are finalised.

2.4 Essex Mental Health Independent Inquiry

On Monday 04 September 2023 an announcement was made in Parliament by the Health Secretary, Steve Barclay, that Baroness Kate Lampard CBE had been appointed as Chair of the statutory inquiry. As a Board and a Trust, we remain committed to engaging with the Inquiry Team in an open, honest and transparent way to enable the inquiry to fulfil its terms of reference and deliver the answers that patients, their carer's and families deserve.

2.5 Freedom to Speak Up – Professional Responsibility

The safety of patients and staff is our number one priority, and when things go wrong we need to make sure that lessons are learned and improvements made. The recent Lucy Letby case and the tragedies families experienced has highlighted the importance of speaking up. The Trust is taking actions to strengthen awareness of our Freedom to Speak Up process to ensure all colleagues know how to report concerns. As colleagues will be aware, Bernie Rochford has recently joined EPUT as our new Principal Freedom to Speak up Guardian and will be building on the foundations of our F2SU process to ensure everyone has a voice and feels supported to use it.

2.6 Second Annual joint conference EPUT with Anglia Ruskin University (ARU)

This event was held hosted by Anglia Ruskin University in Cambridge at Hughes Hall on 15th September. Titled "Digital innovations in Health and Care", the well-constructed programme brought together researchers/clinical staff from EPUT with University Professors showcasing specific projects that aim to improve/enhance the quality of care received by the people and communities that we serve. ARU and EPUT colleagues had co-designed and co-produced the event, which was well received by participants. I was delighted to open the conference and Professor Nigel Harrison Pro Vice Chancellor and Dean of the Health Faculty closed the proceedings. There was a keynote address from a Professor at Essex University, which demonstrated the strength of collaboration across the University sector and similarly with ARU professors who are grounded in the commercial sector. The third annual conference will be held in Chelmsford in 2024 and we will ensure that the event is well publicised. I extend thanks to ARU colleagues and members of EPUT who made this event possible.

2.7 Suicide Prevention Month and World Patient Safety Day

September is World Suicide Prevention Month, which aims to create hope through action by reducing stigma, raising awareness and exploring the power of connections in preventing suicide. World Patient Safety Day on 17 September highlights the vital role of patients, families and caregivers in healthcare safety with this year's event theme Engaging Patients for Safety. The Trust will be holding a series of events, discussions and engagement opportunities for staff to be involved.

2.8 Joint Mental Health Response Service

I was delighted to hear that during its first four months in operation, the Mental Health Joint Response Vehicle (MHJRV) attended 308 callouts and treated 40% of patients without them needing to attend A&E. The vehicle is crewed by a paramedic from the East of England Ambulance Services NHS Trust and a mental health nurse from EPUT. This fantastic collaborative piece of work has made a real impact to our local population.

2.9 Your Voice Meetings

It was a pleasure to see members of the public attend the recent face-to-face Your Voice meetings. These meetings are a great way for local residents to find out about our services and meet with the people who make EPUT special, from patients and volunteers as well as Governors and Board members

2.10 Community Champion Award

I was delighted to attend a recent event in Southend, hosted by Anna Firth MP and Southend Mayor Cllr Stephen Habermel to recognise local community champions. Two of our staff, Tracy Reed and Spencer Dinnage were nominated for their service to the NHS and to communities. Tracy has worked in the NHS in Essex for 42 years and is our clinical lead for end of life care. Spencer is our Operational Service Manager for Older People's Community Mental Health, Dementia and Frailty in mid and south

Essex. Congratulations to Tracy and Spencer who were among 16 people to be recognised at the Community Champions Awards ceremony.

3.0 LEGAL AND POLICY UPDATE

Policy Guidance on Recording Patient Safety Events And Levels Of Harm
Please see the link below for a copy of the guidance for users of the new Learn from Patient Safety Events (LFPSE) service, to provide context and guidance on selection of appropriate categories when recording incidents. It focuses on which Event Type is appropriate for different circumstances, and how to select the most appropriate options for the Levels of Harm categorisation required within Patient Safety Incidents. **For Information:** Link

Guidance On The NHS (Pharmaceutical And Local Pharmaceutical Services) (Amendment) Regulations 2023
Please see the link below for a copy of amendment published on 4 September 2023 that provides information on the latest set of amendments contained within the NHS (Pharmaceutical and Local Pharmaceutical Services (Amendment) Regulations 2023. **For Information: Link**

Section 117 Aftercare: U-Turn On Determining The Responsible Social Care Commissioner For Section 117 Aftercare Following The Supreme Court's Judgment On Worcestershire
Please see the link below for a copy of a judgment given on 10 August 2023. The Supreme Court upheld Worcestershire County Council's appeal and concluded that when determining the responsible social care commissioner for section 117 aftercare, bodies must look to where the individual was immediately detained prior to each qualifying detention. The impact of this decision is that responsibility will no longer stick with a local authority where an individual has a subsequent detention under a qualifying provision of the Mental Health Act 1983. **For Information:** Link

Standard General Medical Services Contract 2023/24
Please see the first link below for a copy of Version 1 (currently under review) published on 16 August 2023. The second link is a copy of the Variation Notice. **For Information:** Link; Link

Personal Medical Services Agreement 2023/24 - August 2023
Please see the first link below for a copy of Version 1 (currently under review) published on 16 August 2023. The second link is a copy of the Variation Notice. **For Information:** Link; Link

Alternative Provider Medical Services Contract 2023/24 – August 2023
Please see the link below for a copy of Version 1 (currently under review) published on 16 August 2023. The second link is a copy of the Variation Notice. **For Information:** Link; Link

Supporting Clinical Decisions With Health Information Technology
Please see the link below for a copy of a guide published on 16 August 2023 that sets out the vision for clinical decision support (CDS) uptake across the NHS in England, highlighting its potential to improve the quality of care, outcomes and safety. It assimilates salient points from the literature and shares best practices to guide digital and clinical leaders at local and regional level on the implementation of CDS. **For Information: Link**

5.0 RECOMMENDATIONS AND ACTION REQUIRED

The Board of Directors 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

CHIEF EXECUTIVE OFFICER (CEO) REPORT

Standing item | PS | 15 minutes

REFERENCES

Only PDFs are attached

CEO Report 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Chief Executive Officer (CEO) Report**					
Executive/ Non-Executive Lead:	Paul Scott, Chief Executive Officer					
Report Author(s):	Paul Scott, Chief Executive Officer					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report – *mandatory section*		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	~~Yes/~~ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes/~~ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

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

Recommendations/Action Required

The Board of Directors is asked to:

1. Note the contents of the report

Summary of Key Issues
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**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
CEO Report

Lead
Paul Scott **Chief Executive Officer**

CHIEF EXECUTIVE OFFICER REPORT

1. UPDATES

1.1 New Members to the Executive Team

This month we welcome Susan Young, as Interim Chief People Officer and Frances Bolger, as Interim Executive Chief Nurse. Both Susan and Frances come with a breath of executive and board level experience. We have commenced recruitment process for substantive appointment to both positions.

1.2 Statutory Inquiry Update

Board members will be aware of the announcement from the Secretary of State for Health and Social Care around the granting of statutory powers to the Inquiry into Mental Health Deaths in Essex and the subsequent appointment of Baroness Lampard as Chair. I have written to Baroness Lampard to express our commitment to do all we can to support the Inquiry in delivering its terms of reference so that patients, families and carers get the answers they deserve and to make the offer of a meeting.

This is clearly a difficult time for families, carers and our staff as we await clarity around proposed terms of reference and timescales and we are doing everything we can to support all who are impacted by the Inquiry.

1.3 Awards Nominations

EPUT and our partners have successfully nominated for a number of health sector awards. We have been nominated for five Health Service Journal (HSJ) awards:

Mental Health Innovation of the Year	Essex Partnership University FT	Transitions Psychology Service
Data-Driven Transformation	Mid and South Essex ICS, Essex Partnership University Trust and Arden and Gem CSU	Electronic Frailty Care Co-ordination System (eFraCCS) and Frailty End-of-Life Dementia Assessment (FrEDA)
Place-based Partnership & Integrated Care	Mid and South Essex Community Collaborative	Mid and South Essex Virtual Wards and Urgent Community Response Team (UCRT)
Provider Collaboration of the Year	Mid and South Essex Community Collaborative	Driving consistent and outstanding community health and care services
Integrated Care Initiative of the Year category	Mid and South Essex ICS, EPUT, EEAST, MSEFT, Essex Police, Social Care, Lived Experience and VCSE Co-Production Group	Mental Health Urgent Care Pathway

We have also been nominated for three awards in the Nursing and Midwifery Times awards for our Mental Health Urgent Care Department.

The judging process will take place over the coming months and I will keep you updated, whatever the final outcome, this is however fantastic recognition of the

outstanding work that goes on across the Trust every day and I am sure that Board members will join me in congratulating all those shortlisted.

1.4 Response to the Letby case

Board members will understand the impact that the terrible findings of the Letby case have had across the wider NHS. Nigel Leonard, Executive Director of Major Projects is leading the Trust response and our focus is on encouraging staff to speak up when they see something that concerns them.

Bernie Rochford our new Principal Freedom to Speak Up Guardian is pulling together (working with the Communications team) awareness campaigns for Speak Up Month which starts in October. As an Executive Team we met with Bernie and have endorsed her recommendation to follow this with campaigns and activity to make December Follow Up Month and January Listen Up Month. All too often, we know that staff do not see the actions that result from issues that they have raised. This can naturally act as a disincentive to speaking up so the focus on following up and listening is critical to creating an environment where staff feel they have a voice and can speak up.

In a related issue we have also been reviewing our communications channels across the Trust to ensure they are two way and engaging for all staff. We have rebranded and refocused some of them and have produced the first edition of EPUT TV (a short magazine style round up of news and events) – designed to ensure staff can catch up on information quickly and via lap top, Trust or personal phone.

1.5 Industrial Action

Between April and August 2023 there have been six periods of industrial action by the British Medical Association (BMA) involving Consultants and Junior Doctors. Industrial action is proactively managed through the Trust's emergency preparedness, resilience and response planning process.

There are two further periods of industrial action confirmed, for 19 – 23 September 2023 and 2 – 5 October 2023. These include dates where Consultants and Junior Doctors will be taking combined action. We are working across the Trust to minimise impact on our services and to prioritise safety in our services, which are at risk of reduced cover.

1.6 Quality and Excellence Awards

We are planning to launch this year's Quality and Excellence Awards nominations in early October. The scheme will build on the success of last year's scheme with the focus on celebrating the achievements of our colleagues, partners and volunteers from across the Trust – those who work for us and with us. This year we have set up a working group with representatives from care units and patient experience and are reviewing the awards categories so that we ensure we have more opportunities for the work of those with lived experience to be recognised.

2. Strategy Development

2.1 Transformation Report and Strategic Development

In order to keep track of our strategy implementation we have established a Transformation Group within the Executive team. I am pleased that the Board will

receive a report in today's meeting detailing the plan and progress against delivery of our transformation programme.

We are also progressing well with a number of enabling strategies that are due to come to Board this financial year.

2.2 Electronic Patient Record (EPR)

We are delighted to have received approval from the DHSC to move to Full Business Case (FBC) and start the procurement of a new EPR with our partners in Mid and South Essex FT.

This is an exciting programme of work as it allows us to address some long-standing safety and quality challenges working across multiple EPR's in EPUT. This is also a huge opportunity, due to the scale of the procurement, to develop the market for Mental Health EPR's. We will also be creating a single interface between MH and acute care and the rest of the health and care system in Mid and South Essex ICB which will make sharing records and improving services between organisations easier.

As well as safety and quality improvements, we also expect that the benefits will include improve staff recruitment and retention, better record keeping, more efficient use of clinical time.

This complex project will bring fundamental change to our clinical practice and clinical processes. It is critical that clinicians drive the choice of supplier and the implementation plan and we have made provision for significant clinical time to be protected to deliver this programme.

We have also put joint governance in place with a NED led joint meeting with EPUT and MSE FT to oversee delivery. This will report regularly to EPUT Board.

2.3 Safety First, Safety Always Strategy

We continue with year 3 of our safety strategy implementation. Our current focus is on reducing ligature risk, embedding learning systems, overseeing the implementation of an electronic prescribing system and implementing streamlined and improved operating procedures. We will be introducing a new programme of work that will enhance our systemic oversight of safety and quality (Quality Assurance Framework). This will utilise a lot of the improvements we have made already. The implementation of the safety strategy is overseen by the Board Safety Oversight Group. An assurance report is contained within the Board agenda.

Our environments continue to be brought up to modern standards and we were delighted that the refurbished gardens at the Lakes in Colchester are now fully open to our patients.

2.4 Workforce

Securing the right workforce and creating the best conditions for our staff to care for people is one of our key areas of focus.

Progress with implementing the clinical model, developed through the Time to Care programme continues. Our key priority is to secure short term and long term funding. Conversations have been positive and we hope to update Board before the new calendar year.

The work over the last year to enhance recruitment activities, deliver the programme of overseas recruitment and attract newly qualified students has eased our staffing pressures but Time to Care will be critical to stabilising them for the future. We also are paying attention to retention strategies and responding to what staff are telling us about what it is like to work in EPUT. One major initiative is dedicated resource and focus on supporting staff who report being racially abused whilst at work.

Our clinical staff are now also augmented by a growing number of people with lived experience contributing to the decision making and development of services. New roles promoted recently have included focus group members for Personalised Care and Supporting Planning development, Reducing Restrictive Practice panel speakers for the October summit and I Want Great Care URL testing volunteers. The inpatient peer support team launched as part of the Time to Care pilot, continues to make a positive impact on patients within the Linden centre.

3. PERFORMANCE AND OPERATIONAL ISSUES

3.1. Operations – Alex Green, Executive Chief Operating Officer

During August, the Trust proactively operated under OPEL 4 principals across our inpatient adult and older adult services to mitigate risk and appropriately manage continued pressure. Occupancy rates increased throughout the month, however average length of stay reduced. Admission pressures did result in an increase in new out of area placements, particularly due to a spike in those detained under the Mental Health Act, however month on month the number remaining in an out of area bed has reduced, again demonstrating a healthy flow and capacity management. There were 21 patients newly placed out of area in August, at month end there were 34 in out of area beds. 17 patients were repatriated back to an EPUT bed in the month.

Our 111 Crisis Line service is experiencing an increasing volume of calls, with August seeing 15% more calls than the same time in 2022. A total of 4,449 calls were received during the month, and 4,067 (91.4%) were answered within 60 seconds. Whilst not achieving the 95% target, it is worthwhile noting the average time to answer a call was 24 seconds, and 22% more calls are being answers in 60 seconds when comparing the same period last year.

IAPT services in Southend and Castle Point and Rochford achieved their respective access targets. The North East Essex service also improved its access rate. This is projected to improve, but remain below target.

At the end of August, NHS England stood down the need for weekly assurance meetings for the Lighthouse Paediatric Service wait lists. There continues to be no patients waiting over 78 weeks. The service continues to improve the position of all those waiting as they cleanse and validate the open referrals.

The West Essex Urgent Community Response Team have improved their 2-hour response time. Work has been undertaken to improve referral processes and data quality, which has resulted in a recovered position, exceeding target.

3.2. Workforce – Susan Young, Interim Chief People Officer

We continue to welcome our new international nurses on a monthly basis. We have 77 domestic registered nurses with start dates spanning September through to

December and 68 newly qualified nurses joining us through to the end of December. We also have a forecast of 78 health care assistants joining our trust with start dates spanning the rest of September through to December. We are pleased our new colleagues have all chosen to develop their careers at EPUT and we hope they will thrive here. These new appointments will help to reduce our vacancy rates, which remain challenging although our turnover rate is within the target range.

We continue to utilise agency and bank staff colleagues to cover vacancies, secondments and redeployments, support observation levels and patient acuity. Since April 2023, we have seen a month on month decreasing trend in agency use. However, agency use is currently above our planned threshold.

We continue to work with the system to deliver a set of locally agreed actions to address the short and medium term workforce hotspots. A number of areas where enduring vacancies, demographic variations and pipeline shortfalls were identified where EPUT has had challenges to recruit successfully – centred on registered nursing, health care assistants and medical vacancies.

3.3. Finance – Trevor Smith, Executive Chief Finance and Resource Officer

The YTD revenue deficit is £4.9m, £3.1m adverse to plan. Key drivers include the direct and indirect costs of inpatient acuity and associated observations together with demand and capacity challenges that have led to higher than planned pay and out of areas placement costs. The Trust also remains below planned levels of efficiency and has incurred costs due to Consultant and Junior Doctor industrial action activity.

The underlying position between months has improved slightly including reduction in agency costs in inpatient areas resulting from the deployment of International recruits.

Capital expenditure remains on plan and totals £2.5m.

In readiness for 2024/25 planning and beyond the System is currently drafting a Medium Term Financial Plan.

3.4. Quality and Safety – Frances Bolger, Interim Executive Chief Nurse

Unfortunately, this month we have seen an increase in the number of falls in the older adult inpatient areas. The Harms Free Group has been working to address the key themes identified from incidents over the last 2 years. Improvement actions are focussed on staffing, risk assessments, the ward environment and footwear. We also continue to focus on reducing restrictive practice although there has been an increase in the number of reported incidents.

The Reducing Restrictive Practice Group has an identified annual work plan, and are holding a Reducing Restrictive Practice event on 3 October to educate staff and improve practice.

QUALITY AND OPERATIONAL PERFORMANCE

QUALITY & PERFORMANCE SCORECARD

Discussion Item | PS | 5 minutes

REFERENCES

Only PDFs are attached

Quality & Performance Scorecard 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27th September 2023

Report Title:	EPUT Quality & Performance Board Report (Power BI)					
Executive/Non-Executive Lead:	Paul Scott Chief Executive Officer					
Report Author(s):	Janette Leonard Director of ITT					
Report discussed previously at:	Finance and Performance Committee Quality Committee					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	All inadequate and requiring improvement indicators.	
State which of the following Strategic risk(s) this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	✓
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register?	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	Continued monitoring of Trust performance through integrated quality and performance reports.	

Full Report
To view the EPUT Quality & Performance Board Report (Power BI dashboard) click **HERE**.

Purpose of the Report		
This report provides the Board of Directors • The Board of Directors report present a high level summary of performance against quality priorities, safer staffing levels, and NHSI key operational performance metrics. • The report is provided to the Board of Directors to draw attention to the key issues that are being considered by the standing committees of the Board. The content has been considered by those committees and it is not the intention that further in depth scrutiny is required at the Board meeting.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required
The Board of Directors is asked to: 1. Note the contents of the reports. 2. Request further information and / or action by Standing Committees of the Board as necessary. As part of our data strategy to enable EPUT to become a data insight driven organisation, the September Board meeting sees the first instance of using the Power BI version.

The word document has now been translated into a Power BI dashboard to measure against the indicators and will look and feel similar to the word document to support a smooth transition but with an enhanced user experience and much greater functionality.

Who can access the new Power BI Board Report?
The report has no access limitations to allow for publication to the Trust website and public viewing. KPIs have been developed with the same level of detail as the previous word document, and no further.

How do I open the report in Power BI?
You can open the Board report via the following link: EPUT Quality & Performance Board Report.

Summary of Key Issues

This report to Board provides an interactive and detailed summary of performance across the Trust. It incorporates items from the NHS System Oversight Framework, Safer Staffing, CQC. Each Key Performance Indicator (KPI) can be selected and viewed alongside trend analysis and informative narrative. Each KPI within this report is RAG rated (red, amber, green) and this rating logic has now be refreshed to align more closely with Accountability Frameworks. As a result, you may notice an increase in the number of KPIs presented, and in the number highlighted red.

Within performance for August there were 33 KPIs achieving targets and therefore RAG rated Green, there were 4 KPIs requiring improvement and therefore RAG rated Amber, and there were 18 KPIs off target and therefore RAG rated Red.

Of these KPIs highlighted to Board, the following were escalated through the Trust's Committees most recently:

Inpatient Capacity
Whilst OPEL 4 was not hit in August, the Trust operated under OPEL 4 principals to mitigate any risk and appropriately manage the additional pressures being witnessed within inpatient services. Occupancy rates across adult and older adult services increased in August when measuring against commissioned beds. Adult occupancy rose to 96.8% against a target of <93%, whilst older adult rose to 92.7% against a target of <86%. Whilst this measure is against commissioned beds, it's important to note that the occupancy rate against actual available beds in the month would be higher than this.

PICU occupancy remains stable at 82.6%, within the target of <88%. Adult average length of stay for those patient discharged in the month reduced. The benchmark against this is <35 days; this performance is run both excluding the assessment units (58 days in August), and including the assessment units (42 days in months). In addition, the average length of stay for older adults reduced from 134 days in July to 105 days in August, against a benchmark of <74 days. PICU average length of stay remains within target at 3.5 days, against a benchmark of <50 days. The Trusts Flow & Capacity Team works alongside ward staff to ensure those patients with an extended length of stay are still in active treatment, and where there are barriers to discharge, these are mitigated against and resolved.

Therapy for You Access Rates
In August both Castle Point & Rochford, and Southend on Sea achieved their respective access rate targets. North East Essex access rates have shown improvement in August; the first time we have seen improvement for this KPI since March. The projection for next month shows a very slight improvement, but that the KPI is likely to remain below target. The trend over the previous 12 months does show an upward trajectory, which shows positive steps are being made. The service continues to see high numbers of referrals through Limbic Access which was deployed on to the Therapy for You website in December 2022. This software allows patients to self-refer and book their own assessment appointments, resulting in improved engagement. Since roll out, there have been 5,711 referrals made through Limbic, equating to 56% of all referrals. 2,000 of these were made out of office hours, which demonstrates a need which is now being met through this new technology. The Trust is currently exploring the use of Limbic Care which could be used to provide some virtual support and interventions. A Clinical Advisory Group was established and met for the first time in August. The group will continue to meet to better understand how service pathways will operate and gather baseline data.

Inappropriate Out of Area Placements

There were 21 new clients placed out of area in August, 18 of these placements were adult beds and 3 were for PICU beds. During the month EPUT repatriated 17 patients, and at the end of August there remained 34 patients in an out of area bed (32 Adult & 2 PICU). In August EPUT experienced a spike in the numbers of patients detained under the Mental Health Act which totalled 51 patients in 10 days from 29/07/23 to 07/08/23. Demand outstripped available capacity within EPUT through this period, which led to the increased utilisation of out of area beds. 25% of these were patients with organic conditions, circa 50% of these were from care homes which could no longer manage the patients care, whilst a further 25% had a diagnosis of Emotionally Unstable Personality Disorder (EPUD). Projections continue to predict improvements in the coming three months.

Lighthouse Children's Centre
At the end of August, NHS England stood down the need for weekly assurance meetings for the Lighthouse Paediatric Service wait lists. There continues to be no patients waiting over 78 weeks, as was reported in the KLOE return for the 13th September. The longest wait is currently 69 weeks (as at 11th September) and the service continues to improve the position as they cleanse and validate the open RTTs.

Temporary Staffing
There were 1,607 agency price cap breaches in August. The highest staff groups contributing to this were Nursing 53%, and Medical at 37%. In addition, there were 858 breaches of shift framework guidelines. All non-medical agency cap and shift framework breaches have Service Director approval. All medical breaches have been signed off by the Chief Medical Officer and the Chief Executive Officer. When turning our attention to the proportion of Trust spend on agency staff, this equates to 8%, which continues the positive trend of reduction seen since November 2022. Medical and Inpatient & Urgent Care are consistently the care units with the highest proportion of agency staff.

CQC Action Plans
The Trust received the final CQC report on 12 July 2023; identifying 45 'Must do' actions and 26 'Should do' actions. In developing the Trust improvement plan, a review of existing CQC action plans has been undertaken and all outstanding actions have been combined into the new plan. This ensures there is a single improvement framework and simplifies assurance reporting. Oversight of the improvement plan is through a newly formed CQC Action Leads Meeting, which reports to the Executive Operational Committee on a monthly basis. The Trust is currently in the 'Action Plan Delivery' phase of the CQC Action Plan Process and this is scheduled to run through until March 2024. As of the 14th September 2023, there were no actions past timescale.

Financial Summary
Income and Expenditure:
The 23/24 approved revenue budget is to deliver a break-even plan. The plan requires an efficiency target of £22.9m to be met. M5 results are a £4.9m deficit, £3.1m adverse to plan. The adverse variance includes pay overspends in Inpatient areas associated with acuity, observations and capacity. In addition the cost of strike action impacted results. Shortfalls on efficiency plan are being offset by vacancies across the Trust. During the month the underlying position improved slightly, the Trust continues to forecast a breakeven outturn position whilst it completes its in-depth review and re-forecast.
Total temporary staffing spend in the month was £6.6m; bank spend £4.2m and agency spend £2.4m. For 23/24, the increased deployment of International Recruitment nurses and increased financial controls are supporting the reduction in temporary staffing costs. Temporary staffing costs YTD total is £33.3m, 22% of pay costs.
Capital Resources:
The Trust has incurred capital expenditure of £2.6m at M5 which is in line with plan. The total forecasted spend of £17.3m for the year excludes the £1.4m of discretionary capital with release of these funds to be agreed via the System Investment Group.
Cash Balance:
The cash balance as at end of M5 is £62.8m.

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**	

Acronyms/Terms Used in the Report			
ALOS	Average Length Of Stay	FRT	First Response Team
AWoL	Absent without Leave	FTE	Full Time Equivalent
CCG	Clinical Commissioning Group	IAPT	Improving Access to Psychological Therapies
CHS	Community Health Services	MHSDS	Mental Health Services Data Set
CPA	Care Programme Approach	NHSI	NHS improvement
CQC	Care Quality Commission	OBD	Occupied Bed days
CRHT	Crisis Resolution Home Treatment Team	OT	Outturn

Supporting Documents and/or Further Reading
EPUT Quality & Performance Board Report **HERE**.

Lead
Paul Scott **Chief Executive Officer**

COMMITTEE CHAIRS REPORT

Decision Item | Chairs of Standing Committees | 10 minutes

REFERENCES

Only PDFs are attached

Chairs Committee Report 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Committee Chair's Report**					
Executive/ Non-Executive Lead:	Chairs of Board of Director Standing Committees					
Report Author(s):	Chairs of Board of Director Standing Committees					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
	SR9 Digital	✓
Does this report mitigate the Strategic risk(s)?	~~Yes/~~ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes/~~ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report provides a summary of key assurance and issues identified by the Board of Director Standing Committees.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the report and assurance provided
2 Provide feedback for any identified issues for escalation
3 Note the Audit Committee Chair's Annual Report for the Accounting Period April 2022 to March 2023

Summary of Key Issues

The Board of Directors regularly delegates authority to the Standing Committees in line with Trust Governance documents (SoRD, SFI's etc.). Standing Committees are expected to provide regular reports to the Board of Directors, providing assurance on the key items discussed and any progress made to resolve identified issues.

Each Board meeting, Chairs of Standing Committees will provide details of meetings held and:

- Any key assurance to be provided to the Board
- Any issues identified for noting where the Standing Committee is taking action (Alerts)

- Any issues / hotspots for escalation to the Board for further action (Escalation)
- Any issues previously identified which have now been resolved, including the identification of lessons learnt.

The attached report provides updates in relation to the following Standing Committees:

- Audit Committee (Elena Lokteva)
- Quality Committee (Rufus Helm)
- Finance & Performance Committee (Loy Lobo)
- People, Equality & Culture Committee (Manny Lewis)

The Audit Committee received the Audit Committee Chair's Annual Report for the Accounting Period April 2022 to March 2023 and this is attached to this report as Appendix 1 for noting.

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**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Committee Chair's Report Audit Committee Chair's Annual Report for the Accounting Period April 2022 to March 2023

Lead
Elena Lokteva, Chair of Audit Committee Dr. Rufus Helm, Chair of Quality Committee Loy Lobo, Chair of Finance & Performance Committee Manny Lewis, Chair of People, Equality & Culture Committee

NHS
Essex Partnership University
NHS Foundation Trust

Committee Chairs Report

September 2023

EPUT

1. INTRODUCTION

Purpose of the report

The Board of Directors regularly delegates authority to standing committees of the Board in line with the Trust's governance arrangements (SoRD, SFI's, etc.)

Standing committees provide regular reports to the Board of Directors, providing assurance on the key items discussed and any progress made to resolve any identified issues.

For each Board meeting, the Chairs of standing committees will provide details of meetings held and report:

- **Assurances** - Any key assurances to be provided to the Board
- **Alerts** - Any issues / hotspots for escalation to the Board
- **Action** - Any issues identified for noting where the standing committee is requesting or taking action
- **Information** – Any issues previously identified which have now been resolved, including the identification of lessons learned

2. AUDIT COMMITTEE

Chair of the Committee: Elena Lokteva (Non-Executive Director)

Committee meeting held: 14 September 2023

Assurance

Internal Audit

- **Internal Audit Progress Report -** The following report was issued as final: Independent Inquiry: Review of action taken to identify patient deaths. Good progress has been made with outstanding recommendations.
- **Anti Crime -** An update was provided on the progress against FY23/24 plan and referral cases.
- **Fraud Survey** - in the process of being rolled out across the Trust**.**

External Audit - The draft Charitable Fund Accounts for 2022/23 are in the process of being reviewed.

Cyber Security and Information Governance Assurance Report - The Committee received a comprehensive update and agreed required enhancement – risk score gap

Action

Annual Review of Standing Orders - The Committee approved the minor changes to the above and agreed to recommend the Standing Orders to the Board of Directors for approval.

Annual Review of Scheme of Reservation & Delegation (SoRD) - The Committee approved the minor changes to the above and agreed to recommend the SoRD to the Board of Directors for approval.

Annual Review of SFI's and Detailed Scheme of Delegation - The Committee approved the minor changes to the above and agreed to recommend the SFIs and DSoD to the Board of Directors for approval.

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AUDIT COMMITTEE

Chair of the Committee: Elena Lokteva (Non-Executive Director)

Committee meeting held: 14 September 2023

Information

Finance Procedures - The Committee approved the CP40 Operating Cash Management Policy, subject to the Finance and Performance Committee approving the thresholds.

Waiver of Standing Orders - During the period from 1 July 2023 to 31 August 2023, competitive quotations were waived on 16 occasions totalling £441,899 (including VAT). This is an increase in volume compared to the same period last year where 12 competitive quotations were waived, but a reduction in value as waivers for this period in 2022/23 totalled £501,132 (including VAT).

Audit Committee Chair's Annual Report - The above report was discussed and noted. Please see attached appendix 1.

Work plan 2023/24 and Future Agenda Items - The above was discussed and noted.

Alert

No alerts for the Board of Directors this month

3. QUALITY COMMITTEE

Chair of the Committee: Rufus Helm (Non-Executive Director)

Committee meeting held: 14 September 2023

Assurance

Sub-Committees Combined Assurance Report

- The Committee received and discussed the combined assurance report, requesting action and updates on progress where required.
- The Committee sought assurance that all sub-committees are meeting regularly and attendance is quorate, noting this is not consistent for all sub-committees. In response the Chair is to lead discussion on the new Quality Assurance Framework. Clearer guidance will be provided to sub-committee leads on the assurance required. Guidance will also include clear routes for escalation of risk.
- The Committee requested action on the attendance of medical staff at relevant sub-committees (e.g. Safeguarding) and at all future Quality Committees.
- It was noted that the under performance of the Cardio-Metabolic standard is being actioned through a Task and Finish Group which includes commissioners.

CQC Assurance Report - The Committee noted the CQC improvements plan has been widely shared including with the Chief Nurses in the ICBs. A CQC Evidence Review Group will be established involving the ICBs

HSSC Annual Report - The Committee noted that an issue has been identified with the completion of workplace risk assessments. Further work is underway to ensure staff awareness and engagement with the process. Assurance was provided that an escalation of risks to the Committee remains in place.

SIRO Annual Report - The Committee noted the content of the report and the achievement of Cyber Essential Certification. The annual report was approved.

Quarterly Learning from Deaths Data - The Committee welcomed the strengthened report, with updated PSIRF data and added narrative. Noted the report includes an overview of EPUT's position against the outcomes of the review undertaken by Grant Thornton of Norfolk and Suffolk NHSFT mortality recording and reporting. The Committee were assured the report enhances the Learning from Deaths arrangements and has brought a larger number of deaths into scope, enhancing the Trust's ability to learn from death. Members of the Committee were assured that medical staff are involved in the analysis of data and shared learning.

Safeguarding Annual Report

- A comprehensive and detailed report presented to the Committee for approval, which included a clear description of the safeguarding structure and reporting mechanisms
- Noted that safeguarding forms part of the core business of the Trust
- The Committee were made aware of the increase in case activity and complexity and the pressure this places on the Safeguarding Team
- Significant work takes place in raising awareness of safeguarding and MCA
- The Committee members were assured that concerns regarding the teams capacity for increased activity are being managed and that staff well-being is acknowledged and support provided
- The Safeguarding Team were thanked for their continued effort

QUALITY COMMITTEE

Chair of the Committee: Rufus Helm (Non-Executive Director)

Committee meeting held: 14 September 2023

Assurance (continued)

EPPR Report

- The Committee noted that the risk previously reported of access to NHS England training is now resolved
- The Trust is self assessed as 98% compliant with EPPR Core Standards
- Live EPPR incidents planned for, include, Junior Doctors Strike , COVID-19 and June Heatwave
- Assurance was provided that the Trust has now received feedback on participation in table top exercises
- Assurance that the loggist issue previously reported as a risk is being resolved, including an on-call list

BAF Action Plan

- The Committee received an updated plan for strategic and corporate risks
- Noted a Risk Oversight Committee is to be established to ensure outstanding risks are effectively resolved
- The Committee requested an update on progress with the outstanding issues impacting on 'I Want Great Care' which will require further investment
- The Committee was assured that outstanding issues related to suicide prevention were part of a Trust recovery plan
- Noted the IG Framework and Tool Kit are in place along with strengthened Cyber Security
- Further checking of the report is required before final approval

Infection Prevention and Control BAF

- Assurance given that the MRSA outbreak at Epping is under review and mitigating actions in place
- Noted that a Task and Finish Group has been put in place to resolved the current low staff compliance with FFP3 mask fitting. The fitting process has to ne undertaken every 2 years
- Assurance given on work to define competencies for cleaning staff
- Assurance given that a process for infection surveillance is being investigated with Power BI

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QUALITY COMMITTEE

Chair of the Committee: Rufus Helm (Non-Executive Director)

Committee meeting held: 14 September 2023

Information

Noteworthy good practice within the Safeguarding Team and the comprehensive and detailed CQC Action Plan

The Committee thanked Janet Wood for her valued support and challenge at the Quality Committee, this meeting being her last for EPUT

Action

No actions this month

Alert

No alerts for the Board of Directors this month

4. FINANCE AND PERFORMANCE COMMITTEE

Chair of the Committee: Loy Lobo (Non-Executive Director)

Committee meeting held: 21 September 2023

Assurance

Quality & Performance
Quality and Performance updates were provided by the Executive Chief Operating Officer. Assurance was given that whilst the Trust was not at OPEL 4 level, teams worked to those principals through August as a preventative measure to mitigate any risk and appropriately manage the additional pressures being witnessed within inpatient services. Further highlights and risks discussed covered occupancy, length of stay, out of area placements, Therapy for You, psychological service waiting times, the Lighthouse Children's Centre, and 111 calls answered within 60 seconds.

Estates & Facilities Assurance
This agenda item was provided by the Senior Director of Estates & Facilities who noted this report is to provide assurance the Trust is managing its estates as it should, highlight any risks, and confirm the various national returns are in hand. Confirmation was provided that the Trust has entered its Premises Assurance Model (PAM) to NHS Estates, as well as submitted its Estates Returns Information Collection (ERIC) return. A 6-facet survey took place and the details of the survey are currently being assessed in terms of risk, proximity, prioritisation and planning. In addition, some 15 policies have been reviewed in recent months and taken to the relevant committees. The Estates team are now fully staffed.

Strategy Impact Report & Transformation Delivery Framework
In January 2023, the Board approved the new EPUT Strategic Plan 2023/4-2027/8. EPUT's new approach to progressively monitoring and assessing delivery of its Strategic Plan was agreed by the Board at its development session in June. The Executive Director of Strategy, Transformation & Digital confirmed a strategic impact report will be prepared and presented to the Board three times per year. This current report focuses on three care units within the Trust with a summary of major programmes underway, the remaining three care units will be the focus of the next report. Assurance was provided that the Operational Planning process is being launched this month, following a lessons learnt piece which identified this as an improvement from the previous year.

National Cost Collection Pre-Submission Report
The Director of Operational Finance provided an update to the National Costs Collection data. This data has been collated in line with the National Approved Costing Guidance. The Collection submission window is the 16th October to the 7th November. The Trust has reviewed and completed NHSE's information and standards gap analysis and there are no areas for concern. The Trust remains on track for this submission with assurance provided that the results will be brought back in Q4.

FINANCE AND PERFORMANCE COMMITTEE

Chair of the Committee: Loy Lobo (Non-Executive Director)

Committee meeting held: 21 September 2023

Assurance (continued)

MSE ICS Medium & Long Term Plan
There is a national requirement for systems to produce medium and long term financial plans. The Director of Operational Finance noted the systems are due to submit the Medium Term Financial Plan (MTFP) to the Regional Finance Lead on the 30th September, and the team are therefore working towards this. Colleagues noted this is a good lead to contractual discussions. The Executive Chief Finance Officer informed the committee the team will return with the results, and aims to use these in longer term planning.

Contracts and Commissioning Update
The Director of Contracting provided an updated informing the committee of the recent bid for the Suffolk Integrated Drug and Alcohol Service, noting this was a challenging bid however the outcome will be known by November. Efforts are ongoing to conclude contract negotiations for 2023/24 and colleagues are actively engaged with Commissioners. Preparatory work is in progress in anticipation of award for the Urgent Treatment Centre Princess Alexandra Hospital. An ICB Board meeting will be taking place shortly which will discuss further financials related to this. Committee members praised the Contracts Team and Operational colleagues for the collaborative work involved and for striving to be clinically led, corporately enabled.

EPR Procurement Evaluation
The Executive Director of Strategy, Transformation & Digital confirmed the procurement process has commenced and provided assurance of the large scale involvement of clinical staff. These clinical colleagues have been provided at least six weeks notice and processes ensure all decision making must be made as a collective. Members further informed the group that both organisations involved were undertaking their own due diligence and working collaboratively.

Banking & Cash Management Update
The Trusts Operating Cash Management Policy (CP40) is due for its 3 year review and approval. The Director of Operational Finance confirmed the Trust is looking to maximise opportunities and will look to review authorisation limits and thresholds. The Executive Chief Finance Officer confirmed an update will be provided to the committee over the coming three months, with a more in depth review at the end of this financial year.

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FINANCE AND PERFORMANCE COMMITTEE

Chair of the Committee: Loy Lobo (Non-Executive Director)

Committee meeting held: 21 September 2023

Information

None for information only this month.

Action

Digital Strategy Refresh
The Executive Director of Strategy, Transformation & Digital advised the group this is a refresh and evolution of the previous strategy, which is enabled by the new EPR plans, however not the totality of opportunities identified. The Trust has received it's Digital Maturity Assessment which was carried out by BT, this identified positive scores for infrastructure, and areas of improvement for analytics and electronic records. Discussions covered the use of national funding, planning for the coming 5 years, and the Trusts aspiration to score highly across each Digital Maturity Assessment domain.
The chair of the committee recommends the plan for approval by the Board.

Alert

No alerts for the Board of Directors this month

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6. PEOPLE EQUALITY AND CULTURE COMMITTEE

Chair of the Committee: Manny Lewis (Non-Executive Director)

Committee meeting held: 21 September 2023

Assurance

New Executive Directors – The Committee welcomed Susan Young (Interim Chief People Officer) and Frances Bolger (Interim Executive Chief Nurse) to the meeting.

Workforce Update – Received a report providing an overview of workforce challenges both nationally and locally and the agreed actions with system partners to address workforce challenges. The action covered improvements in temporary staffing, a strategy to 'grow our own' workforce and reduce dependency on international recruitment beyond 2023/34.

Recruitment and Retention Update – Received an update on our recruitment pipeline, noting that year to date the Trust has welcomed 800 new staff members and had internal promotions of over 400. The future pipeline presented was optimistic with 77 nurses, 78 HCA's and 115 AHPs planned to join the Trust.

People Strategy – Received a framework for the development of the EPUT People Strategy, with plan for review at November '23 PECC and presentation to Board in January '24 for approval.

Industrial Action - The Committee received an update on the business continuity plans in place to manage the impact of ongoing industrial action involving the Trust, noting the combined Medical Consultant and Junior Doctor action. The Board is asked to acknowledge the work of HR team for their thoughtfully planning and management of the action. This showed that the Trust had good plans also in place for any future action.

Action

Terms of Reference – The Committee commenced a process to review it's terms of reference, which will be presented to the Board for approval in due course.

Board Assurance Framework Risks - The Committee reviewed the BAF risks aligned, with plans to undertake a deep dive now that the interim Chief People Officer is in place and there were new members to the committee.

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PEOPLE EQUALITY AND CULTURE COMMITTEE

Chair of the Committee: Manny Lewis (Non-Executive Director)

Committee meeting held: 21 September 2023

Information

Time to Care - The Committee received the update noting now in mobilisation phase 1 (2023/24) which is focus on the staffing model and filling vacancies. Risk of future year funding is being review by the executive with potential of a corporate risk being raised.

People Promise in Action Week – The Committee were informed of a focused promotion week for the NHSE People Promises for the week of 9 October 2023, with planned showcasing of exemplar organisations from which to learn.

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) – received the data and the framework for the development of next years plan. Noted that the plan is required to be published by the 31 October `23 on the Trust website.

Alert

Trust Response to the Outcome of the Lucy Letby Trial – The Committee received an overview of the governance and actions being taken by the executive in response to a letter received from NHSE, which detailed the two aspects of Freedom to Speak Up and the new Fit and Proper Person guidance for Board members. There is a full agenda item on this at the Board meeting this month.

Appendix 1

Agenda Item No: 13

SUMMARY REPORT	AUDIT COMMITTEE PART 1	Meeting: 14.09.23

Report Title:	**Audit Committee Chair's Annual Report for the Accounting Period April 2022 to March 2023**					
Executive/Non-Executive Lead:	Janet Wood					
Report Author(s):	Janet Wood					
Report discussed previously at:	-					
Level of Assurance:	**Level 1**		**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	x
	SR2 People (workforce)	
	SR3 Systems and Processes/ Infrastructure	x
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	x
	SR6 Cyber Attack	x
	SR7 Capital	
	SR8 Use of Resources	x
Does this report mitigate the Strategic risk(s)?	Yes/ **No**	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	Yes/ **No**	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
To provide an annual review of the work of the Audit Committee	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required

The Audit Committee is asked to:

1. Approve the contents of this report.

Summary of Key Issues

This report provides the Board of Directors with a review of the progress undertaken in dealing with Audit Committee matters covering the 2022/23 financial year.

The Audit Committee is comprised of four Non-Executive Directors, I was the Chair of the Audit Committee for the period covered.

Appendix 1

Apart from the Committee's regular work which is identified in a later section, there were five areas which required additional input from the Committee.

HFMA Checklist
All NHS organisation were mandated to complete a checklist produced by HFMA (Healthcare Financial Management Association) – *Improving NHS financial sustainability; are you getting the basics right?* The checklist covered the following key areas of financial control.

- business and financial planning
- budget setting
- budget reporting and monitoring
- forecasting
- cost improvement/efficiency plans
- board reporting
- financial governance framework
- culture, training and development

The completed checklist was subject to review by internal audit. The Audit Committee received and reviewed the self-assessed checklist and the subsequent audit. No areas of concern were identified from this work – some areas for improvement were identified and plans are in place to address these.

System Finance arrangements
The Audit Committee has received assurance updates on the governance arrangements for funding and reporting of both revenue and capital under in line with national regime for system finance and planning.

National Cyber Security Incident
In August 2022, Advanced, third party supplier to the NHS providing EPUT access to eProc and eFinancials, were the victim of a ransomware attack which caused a major outage across their system and services. The trust engaged its business continuity plans to maintain critical business functions. The systems were reconnected after a period of three weeks. The Audit Committee sought assurance on the controls in place in the three week down period, the managing of the risks and the lessons to be learnt from the incident. Arrangements were also reviewed by both internal and external audit.

I**ndependent inquiry**
The Audit Committee has taken on a governance oversight role in relation to the Essex Mental Health Independent Inquiry. Members are regularly updated on progress by both the Project Director and Independent Director, covering information requests, project plan, risks, learning and costs.

Internal Audit and Local Counter Fraud Services Tender
A market testing process for internal audit and Local Counter Fraud services took place in December 2022, with TIAA being appointed following an evaluation panel consisting of Audit Committee members and officers of the Trust.

Regular Work and Other Issues
During the year one further regular report has been added to the workplan of the Audit Committee:

- regular redesigned governance update (including new policy group arrangements)

The remaining work of the Audit Committee can be summarised as follows:

- consideration and agreement of the Trust's external and internal audit plans
- reviews of internal and external audit reports
- consideration of the Trust's financial accounts before presentation to the Trust Board
- receiving the Annual Governance statement from the Chief Executive
- review of risk management and assurance arrangements
- consideration of the Trust's charitable fund accounts for presentation to the Board
- consideration of the annual audit results report issued by the Trust's external auditors

Appendix 1

- monitoring of recommendations from both internal audit and external audit reports
- review of the Standing Financial Instructions and related documents
- reviewing bad debt write offs and waivers to standing orders and standing financial instructions
- the receipt and debate of regular assurance reports
- receipt and debate of counter fraud reports from the counter fraud specialist
- receipt and debate of local security management services reports
- Clinical Governance, Clinical Audit, whistleblowing and Freedom to Speak Up reports presented to the Committee as appropriate
- Approval of financial policies and procedures
- regular review of the Audit Committee's terms of reference
- regular update on the Audit Committee Chair's activities
- Review the use of management consultants, legal advisors, losses and compensations and Directors expenses

The Audit Committee Chair continues to meet with the Trust's Accountable Officer regularly to discuss any issues arising from Audit Committee meetings. The Audit Committee Chair also meets with the appropriate Directors to review matters associated with assurance in relation to patient safety, quality, risk and assurance and governance. The Audit Committee Chair also meets regularly with both sets of Auditors for private discussions.

Relationship to Trust Strategic Priorities	
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	✓

Relationship to the Board Assurance Framework (BAF)	
Are any existing risks in the BAF affected?	No
If yes, insert relevant risk	n/a
Do you recommend a new entry to the BAF is made as a result of this report?	No

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 £**			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**	

Appendix 1

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
None

Lead
Janet Wood **Former Chair of the Audit Committee**

BOARD SAFETY OVERSIGHT GROUP ASSURANCE REPORT

Information Item | SS | 5 minutes

REFERENCES

Only PDFs are attached

BSOG Assurance Report 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Board Safety Oversight Group Assurance Report**					
Executive/ Non-Executive Lead:	Professor Sheila Salmon, Chair					
Report Author(s):	Alison Ives, Deputy Director of Transformation					
Report discussed previously at:	Executive Safety Oversight Group Board Safety Oversight Group					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	~~Yes~~/ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes~~/ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
This report provides the Board of Directors with an update on the progress of projects, programmes and activities linked to the safety priorities within the safety strategy.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Trust Board is asked to:

1 Note the contents of the report
2 Request any further information or action

Summary of Key Issues

This report provides an update on the progress of the following projects, programmes and activities linked to the safety priorities within the safety strategy:

- Ligature Risk Reduction
- EPUT Culture of Learning
- Embedding Gold Standard SOPs
- Electronic Prescribing and Medicines Administration (ePMA)

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**	

Acronyms/Terms Used in the Report			
ESOG	Executive Safety Oversight Group	BSOG	Board Safety Oversight Group
SOP	Standard Operating Procedure	ePMA	Electronic Prescribing and Medicines Administration
LCP	Learning Collaborative Partnership	LRRG	Ligature Risk Reduction Group
ESLMS	EPUT Safety and Lessons Management System	EMIS	Egton Medical Information Systems
SRO	Senior Responsible Officer		

Supporting Reports/ Appendices /or further reading
Board Safety Oversight Group Assurance Report

Lead
Professor Sheila Salmon Chair of the Board Safety Oversight Group Chair of the Trust

Board of Directors Part 1
27 September 2023

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

BOARD SAFETY OVERSIGHT GROUP ASSURANCE REPORT

This report is provided as assurance to the Trust Board on the progress of projects, programmes and activities linked to the safety priorities within the Safety Strategy.

In this period the key areas of focus for the ESOG and BSOG remains with Ligature Risk Reduction, EPUT Culture of Learning, Embedding Gold Standard SOPs and Electronic Prescribing and Medicines Administration (ePMA)

Ligature Risk Reduction

The focus of the ligature risk reduction programme remains the environment of our in-patient estate, the pilot of the ligature related training programme, and the analysis of ligature incidents within the Trust.

Environment

The Brockfield House settlement deed has been signed following Care Unit and Executive approval. The schedule and scope of works has increased and the expanded programme is now planned to complete in March 2024.

The garden project at Ardleigh Ward completed mid-July and Gosfield Ward completed at the end of August. There have been a number of snagging issues at Gosfield that are being resolved ahead of final sign-off which is now scheduled for mid-September.

Contractor availability has slightly delayed the door closure installation work. This has been escalated to the Estates team who are awaiting one final quote. We have agreed the schedule of work and timescale for hinge replacement which starts in mid-September and is estimated to take 6 weeks.

Work on curtain tracks across all wards completed in August. This spotlight action has been added to the detailed list of all completed environmental works relating to ligature risk reduction and is included in Part 2 of this report.

Training

The internally designed ligature risk reduction training pilot took place in July. The training team will now produce a report incorporating feedback from this session along with feedback from a training drill and will present this to the Executive team. Further dates will be agreed with the training team in line with trainer availability. The imperative of the training rollout was emphasised and will be closely monitored by ESOG and BSOG.

Practice

The lessons team will now provide an update on identified lessons from the Learning Collaborative Partnership (LCP) (a joint forum for partners to share their learning and see if anything can be used elsewhere or partners can provide support to each other when looking at solutions) and other workstreams to the Ligature Risk Reduction Group (LRRG) on a monthly basis.

In addition, the lessons team have completed some detailed analysis around ligatures and will present this to LRRG before taking to the Executive Safety Oversight Group (ESOG) and Board Safety Oversight Group (BSOG) at the next meeting (November).

EPUT Culture of Learning (ECOL)

All outstanding technical issues regarding the movement of data between Datix and the new ESLMS power app have been resolved and Sprint 1 was able to complete at the end of July. The team are working towards presenting the ESLMS database at the end of September.

In addition, previous identified issues with data automation from HealthRoster have been resolved and the development team are able to commence their work on visualisation of this information.

The Trust-wide ECOL training slides are being redeveloped in line with the ECOL handbook and once completed a voice-over will be included ahead of release on the oracle learning management (OLM) system in November.

Embedding of Gold Standard Operating Procedures (SOPs)

Work continues alongside Carradale futures to develop 10 key SOPs and progress these through EPUTs governance processes.

SOP	DETAIL
Local Induction	Local induction for temporary staff
	Induction for medical staff
	Induction for nurse in charge
Transfers	Internal transfers
	Transfers to private hospital
	Transfers from out of area
Clinical Risk Assessment	
Admissions	Pre-admissions pathway
	Admissions on Mobius ward SOP
	Admissions on Mobius ward Checklist
	Admissions on Paris ward SOP
	Admissions on Paris ward Checklist
	Under 18's transition Inpatient to Inpatient
	Under 18's transition Inpatient to community
	Under 18's transition community to community
Post Discharge Follow-up	
Record Keeping	
Disengagement	
Management of Deterioration	Mental deterioration
	Physical deterioration
	Medical Devices Procurement
	Medical Devices decommissioning
Management of Falls	Prevention of falls
	Falls in ward
	Falls in community
RAG rating for Care Coordinators	SOP
	MaST SOP

Work is taking place to simplify the sign-off process and to make sure we complete the majority of SOPs by the end of November 2023

Electronic Prescribing and Medicines Administration (ePMA)

Work continued to develop the detailed project implementation plan in collaboration with EMIS and the steering group approved this at the end of August. The project is now at "green" status.

The minimum project team required in order to commence implementation has been appointed with any outstanding roles progressing as a priority. Interviews have taken place for ePMA trainers with one candidate already offered. The Systems Manager has been appointed and started on the 11th September.

EMIS have now completed the pre-production environment and have commenced the build of the test environment. The business continuity specification has been defined and is now awaiting sign-off from the Director SRO ahead of submission to the Steering Group for final approval.

Report prepared by

Alison Ives,
Deputy Director of Transformation

On behalf of
Professor Sheila Salmon
Chair

CQC COMPLIANCE UPDATE

Information Item | FB | 10 minutes

REFERENCES

Only PDFs are attached

CQC Report 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**CQC Compliance Update**					
Executive/Non-Executive Lead:	Denver Greenhalgh, Senior Director of Corporate Governance and Affairs					
Report Author(s):	Nicola Jones, Director of Risk and Compliance					
Report discussed previously at:	Executive Operational Committee and Quality Committee					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	Maintaining ongoing compliance with CQC registration requirements	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
The purpose of this report is to provide an update on the key Care Quality Commission (CQC) registration requirements and related activities within the Trust. The report provides details of guidance/updates that have been received since the previous report up and to the end August 2023.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report
2 Note the progress update on the Improvement Plan (14 September 2023)

Summary of Key Issues

- EPUT is registered with the CQC.
- On 12 July 2023, the Trust received the final version of the CQC Comprehensive and EPUT Well Led inspection report. The CQC rated the overall Trust as Requires Improvement.

- The CQC identified 45 'Must do' actions and 26 'Should do' actions, all actions identified by the CQC have been reviewed and a new Trust CQC improvement plan has been developed.

- The plan was developed using new methodology with a focus on engagement, ownership and sustainability. The process included undertaking cause analysis and solution planning.

- The CQC action plan was presented to our ICB partners on 10 August 2023 and was submitted to the CQC on 11 August 2023.

- As part of the development of the CQC action plan, a review of existing plans has been undertaken and all outstanding actions have been combined into one action plan. This ensures there is a single improvement framework and simplifies assurance reporting. Action plans that have been reviewed and included are as follows:
  - Initial Action Plan –S29 improvement notice October 2022 (Willow and Galleywood Wards)
  - Intra-inspection feedback of acute wards for adults and PICU, (November 2022)
  - The Acute Wards for Adults and PICU Inspection report (published April 2023)
  - Internal Inquiry for 2 Adult Acute Wards (Jan 2023)

- The new Trust Improvement Plan is being overseen by the CQC Action Leads Meeting, which reports to the Executive Operational Committee, with both meetings being part of the sign off processes.

- Good progress continues to be made with implementation of actions

- The CQC has undertaken 5 MHA inspection during August 2023

- The Compliance Team annual compliance testing programme continues to be taken forward. Work is underway to develop a new way of reporting findings, to mirror changes being made by the CQC to their ratings metrics as part of the wider CQC change from Key Lines of Enquiry to Quality Statements.

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**	

Acronyms/Terms Used in the Report			
CQC	Care Quality Commission	EPUT	Essex Partnership University Trust
EOT	Executive Operational Team	CCG	Clinical Commissioning Groups
PICU	Psychiatric Intensive Care Unit	PIR	Provider Information Return
MHA	Mental Health Act		

Supporting Documents and/or Further Reading
CQC Compliance Report Appendix 1 – Improvement Plan Update September 2023 Appendix 1a – Full Master Improvement Plan September 2023

Lead
Denver Greenhalgh **Senior Director of Corporate Governance**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CQC COMPLIANCE UPDATE

1. INTRODUCTION

The purpose of this report is to provide an update on the key Care Quality Commission (CQC) registration requirements and related activities within the Trust. The report provides details of guidance/updates that have been received since the previous report up and to the end August 2023.

2. CQC REGISTRATION REQUIREMENTS

EPUT is fully registered with the CQC.

2.1 Overall Trust Rating

On 12 July 2023, the Trust received the CQC final report for the CQC Core Services and Well Led inspection.

The CQC have rated the Trust overall as Requires Improvement

Overall trust quality rating	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive?	Requires Improvement
Are services well-led?	Requires Improvement

2.2 Executive Team members CQC Registration

Regulations require all Executive Team members (both voting and non-voting) to be registered with the CQC, therefore both Frances Bolger (Interim Executive Nurse) and Susan Young (Interim Chief People Officer), have both been registered. And, Natalie Hammond (Executive Nurse) for EPUT and Sean Leahy (Executive Director of People and Culture) were deregistered.

2.3 Looking Forward - Provider Information Return (PIR) for Rawreth Court

The Trust is expecting to receive the routine CQC request for an Adult Social Care Provider Information Return (PIR) for Rawreth Court nursing home, during November 2023. The deadline to complete the PIR and submit to the CQC is 1 calendar month from the receiving date.

Once the PIR is completed, the Executive Operational Team will be asked to review and approve, prior to submission.

3. CQC INSPECTIONS

3.1 Core Inspection November 2022 & Well Led Inspection January 2023

As reported at the last board meeting, the Trust received the final CQC report on 12 July 2023; identifying 45 'Must do' actions and 26 'Should do' actions.

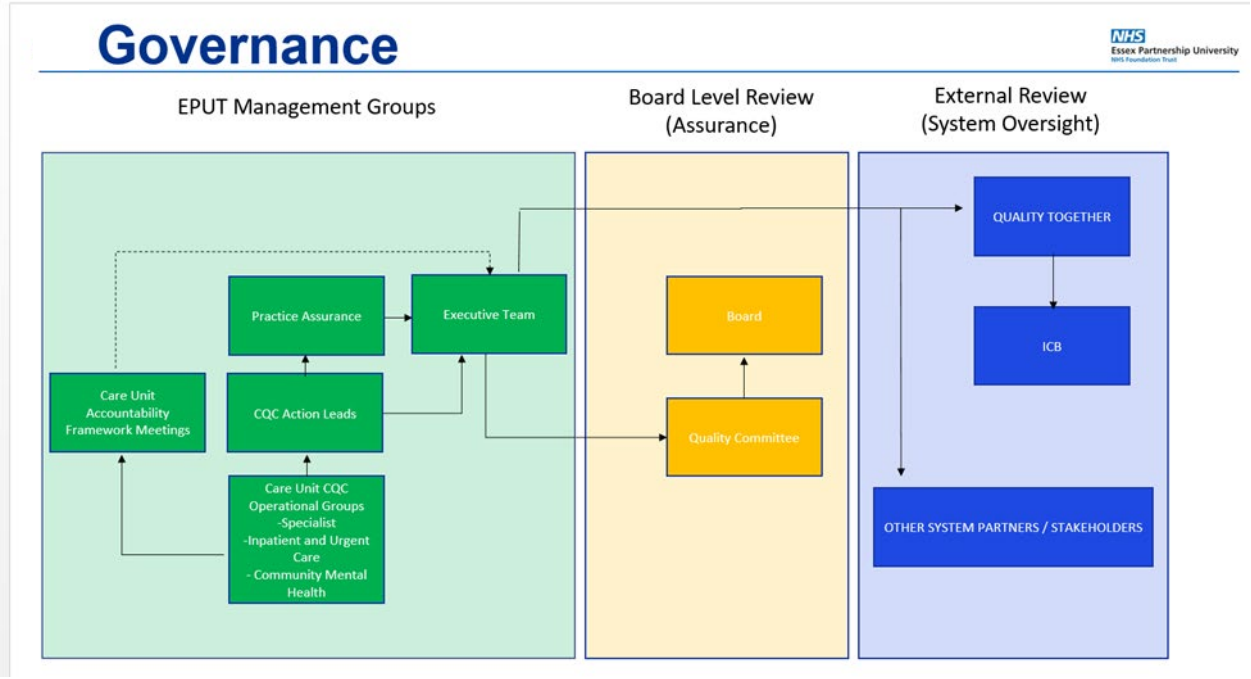
In developing the Trust improvement plan, a review of existing CQC action plans has been undertaken and all outstanding actions have been combined into the new plan. This ensures there is a single improvement framework and simplifies assurance reporting. Action plans that have been reviewed and included are as follows:

- Initial Action Plan – Section 29 improvement notice October 2022 (Willow and Galleywood Wards)
- Intra-inspection feedback of acute wards for adults and PICU, (November 2022)
- The Acute Wards for Adults and PICU Inspection report (published April 2023)
- Internal Inquiry (January 23) for 2 Adult Acute Wards

As previously reported, the plan was developed using new methodology with a focus on engagement, ownership and sustainability. The process included undertaking cause analysis and solution planning.

The CQC Action Plan was presented to our ICB partners on 10 August 2023 and was submitted to the CQC on 11 August 2023.

Oversight of the improvement plan is through a newly formed CQC Action Leads Meeting, which reports to the Executive Operational Committee on a monthly basis.



The Trust is currently in the 'Action Plan Delivery' phase of the CQC Improvement Plan Process and this is scheduled to run through until March 2024. As of the 14th September 2023, there were:

- 67 Must do / Should do actions (note some of the original actions have been combined)
- 275 Sub-Actions identified as at 14 September 2023
- 1 Must do action closed in the last month (3 closed in total 4%)

See appendices for further information.

3.2 CQC Mental Health Act (MHA)

The CQC has undertaken five MHA inspections during August 2023, this was Forest Ward, Lagoon Ward, Dune Ward, Causeway Ward and Finchingfield Ward. The Provider Action statement is currently being processed

Following each inspection, a monitoring report is received by the ward with recommendations for improvement. All wards develop action plans to address these recommendations supported by the MHA Office and will report to the Committee through this route.

4 ANNUAL PROGRAMME 2023-24

The Trust annual plan to promote and monitor adherence to the fundamental standards of care (CQC registration requirements) continues to be taken forward for 2023/24.

The following key activity has taken place during July and August 2023:

The 2023/24 CQC Compliance Programme of internal CQC compliance visits has continued, with the main purpose of the visits being to review core services against the standards and to recognised compliance and identify any gaps. The scheduled has been broken down by core service for 2023/24, as show below:

CQC Compliance Programme

Visit	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Internal CQC Compliance Inspection	CHS end of life Mother and Baby	CHS Inpatient Services Forensic and Secure Services	CAMHS CHS Inpatient Services	Adult CHS Community MHS Adult	Crisis Services and HBPoS	Adult CHS Community MHS Adult and Older People	Children's CHS MH Liaison Services	Specialist Treatment and Recovery Services	LD Rehab Inpatient Nursing Homes	Adult MH Inpatient and PICU	Older People MH Inpatient	Year end review

Following each visit, a report is created for each service capturing the good practice and any areas for improvement. This is shared with the Service and Care Unit leadership for review, implementation of change in order to provide assurance.

Work is underway to develop a new way of reporting findings, to mirror changes being made by the CQC to their ratings metrics as part of the wider CQC change from Key Lines of Enquiry to Quality Statements.

The Compliance Team have initiated a pilot looking at practice assurance governance from wards / teams. The aim is to have a toolkit that can be used by all areas to record their assurance showing embedding of actions.

5 ACTION REQUIRED

The Board of Directors Committee is asked to:

1 Receive and note the content of the report
2 Note the progress update on the Improvement Plan (14 September 2023)

Report Prepared by:
Nicola Jones
Director of Risk and Compliance

Appendix 1:

CQC Improvement Plan Update

14 September 2023

CONTENTS

01 Introduction

02 Process Update

03 Action Progress Update

04 Appendix 1a Action Plan

1. Introduction

Level of Assurance: Level 1

The purpose of this report is to provide an update on implementation and assurance status against the Trust CQC improvement plan (the plan).

The plan has been developed in line with new trust process which focused on engagement, sustainability and ownership of actions developed. The final plan was submitted to the CQC on 11 August '23 following Executive review and sharing with ICB colleagues.

Work has been undertaken to bring together core CQC and other related plans into one document to ensure consistency of delivery, avoidance of duplication and consistent assurance routes. This includes:

- Initial s29 plan (Willow and Galleywood Wards – Oct '22)
- Intra-inspection feedback of acute wards for adults and PICU (Nov '22)
- CQC report Acute Wards for Adults and PICU (published Apr '23)
- Internal report for 2 Adult Acute Wards (Jan '23)

Key Messages

There are 67 'must do' / 'should do' actions being taken forward (Note: combination of some actions into one), with 275 sub-actions (as at 14 Sept '23) associated with CQC activity.

There are 52 actions associated with EPUT internal inquiry following the Dispatches Programme.

Overview:

- 3 'must do' actions have been completed and 109 sub-actions have been completed
- 38 internal inquiry sub actions have been completed

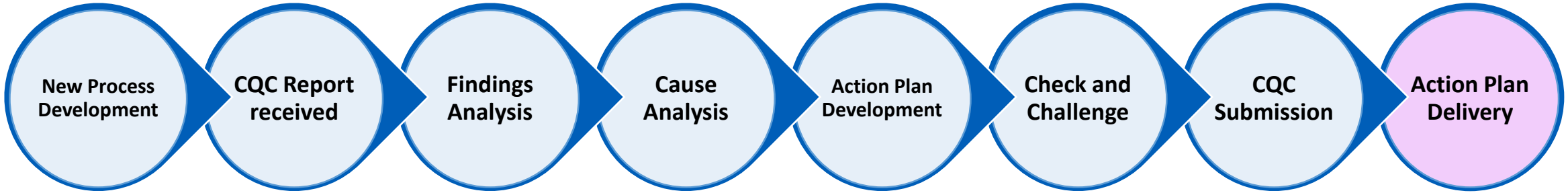
Before actions are formally closed a review of evidence is undertaken.

1 sub-action is past timescale:

- S22.1 – Older Adult Inpatient review process of escalation from nurse in charge to ward manager where gaps (in monitoring) are identified. Initial work has been undertaken with the ward and regular checking is now in place by the ward leadership team via Tendable. The next step is to review how the information is used. The overall action remains on plan.

The CQC Action Leads meeting continues to hold action owners to account for delivery. The meeting is chaired by the Senior Director of Corporate Governance (who is independent) and attended by Executive Chief Nurse and Executive Chief Operating Officer.

2. Process Update



- Process designed
- SOP developed

- Draft CQC Report received April 23
- Factual accuracy check completed
- For note final report published 12th July 2023

- 45 Must do actions
- 26 Should do actions

Findings grouped
30 'Just do it'
42 'Solution analysis (inc Cause Identification)'

Finding owners identified (must do / should do action lead)

- Cause analysis undertaken using mix of SEIPS and Fishbone

Note: large group of stakeholders were met with (>100 individuals) and encouraged to share the 'truth and reality' behind the findings

- Solution sessions held looking at cause analysis

Solution sessions held looking at just do actions

For each action considered
action type (Remedial / Corrective / Preventative)
Action timescale
Action lead
Action Metric

- Compliance Team check and challenge

Actions presented to CQC Action Lead Group

Action plan shared with Executive Team

Action plan shared with ICBs

- Action Plan submitted to CQC

- CQC Leads Meeting
- CQC Operational Groups
- Metric Monitoring

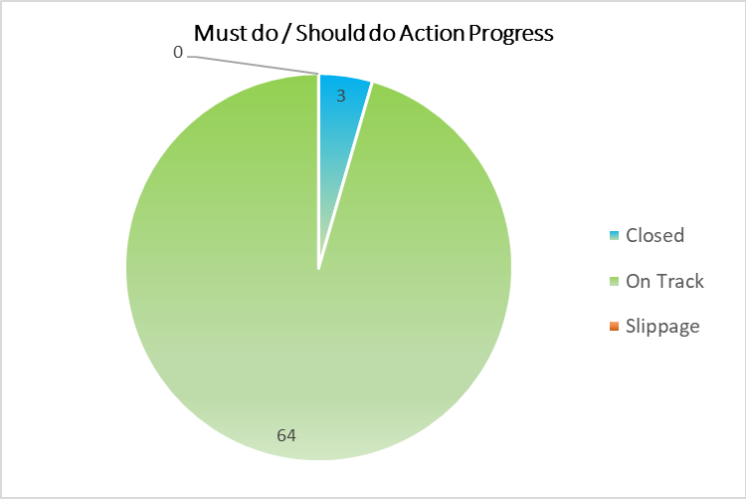
We are here

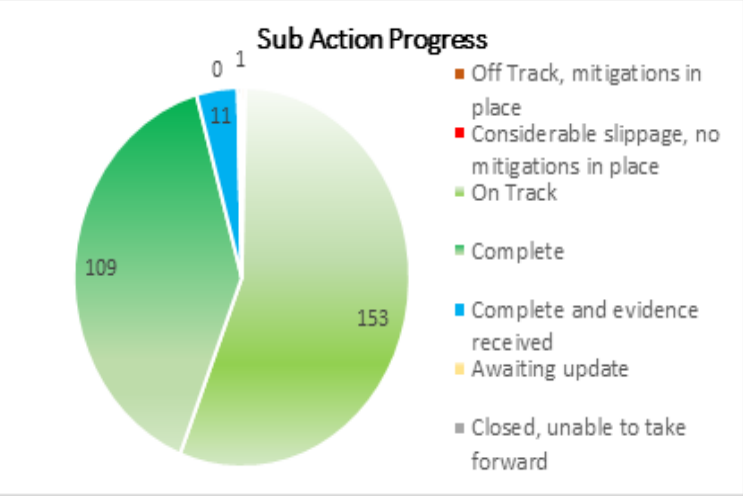
March	April	May	June	July	August – March 24

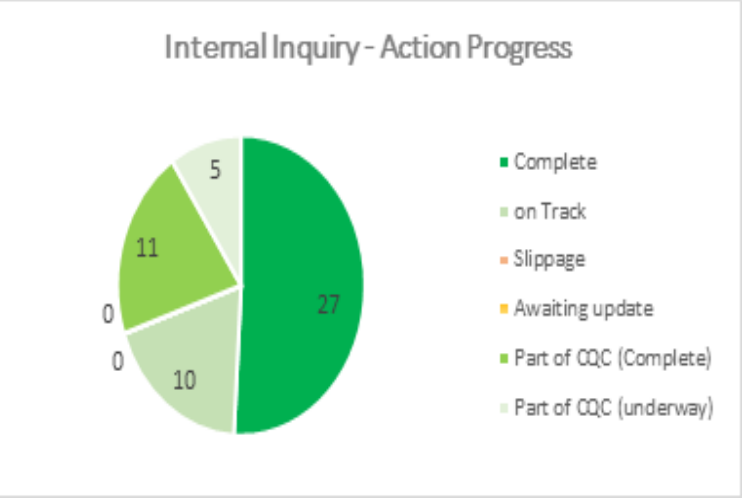
3. Action Progress Update

Summary of implementation status

- 67 ‘must do’ / ‘should do’ actions, with 1 Must do action closed in the last month (3 closed in total 4%)
- 275 Sub-Actions identified as at 14 Sept ’23. 109 sub-actions complete (next step evidence review before closure) and 11 sub-actions are closed (39% Complete)
- 52 internal inquiry actions, with 27 complete and a further 11 complete as part of the CQC actions (a total of 38 sub actions).
- 1 sub actions off plan with mitigations for recovery in place (overall action remains on track)







Summary of activities and highlights

NHS
Essex Partnership University
NHS Foundation Trust

Summary of activities completed in the last month:

- CQC Leads Group continues to focus on action plan delivery
- CQC Operational Groups for Inpatient & Urgent Care, Specialist Services Care and Community Care Units in place to provide feedback and assurance on implementation of actions
- Specialist Services closed off one (1) of their Actions, providing sufficient evidence and assurance of implementation. Action M40: see below.

Actions Closed in month

M40 The service must ensure it has enough permanent regular nursing and support staff to keep patients safe (Regulation 18(1)). Evidence has been received that the following key actions have been completed and signed off as closed by CQC Action Leads Meeting

- Recruitment Programme for: Establishment 3 x FTE overseas qualified nurses; 1 x FTE nurse associate and 1 x FTE newly qualified nurse (currently on boarding)
- Band 6FTE recruited and employed

Key Risks

1 sub-actions are past timescale

S22.1 The trust should ensure all wards follow its governance systems and processes to maintain patient safety, in particular for clinical equipment monitoring, assessment and management of patient risk, and medicines management (Older Adults).
Sub-Action of plan: Initial work has been undertaken with the ward and regular checking is now in place by the ward leadership team via Tendable. The next step is to review of how the information is used. The overall action remains on plan.

Summary of activities and highlights

NHS Essex Partnership University NHS Foundation Trust

Highlights and successes

- M3 – eSOP for data entry approval process updated and sent to stakeholders for comment.
- M3 - EPR Procurement was launched on 25 August 2023 and the invitation to tender will close on the Thursday 19 October 2023.
- M7 – Observation Policy review complete and going through CG&S for sign off. Podcast, including people with lived experience has been filmed and undergoing final edit.
- M19 – Corridor nurses implemented on Peter Bruff Unit, achieving consistency across the assessment units.
- M21 – Weekly pharmacy checks reinstated on Adult Acute and PICUs. Audit scores on Tendable.
- M22 – The commissioned 6 facet survey looking at condition and quality of EPUT properties has been completed. A long term Estates plan to address the actions is being developed (noting this is a multi-year programme of work).
- M25 – Additional Psychological services in place on Willow and Galleywood wards.
- M28 – Mandatory training, 1-1 Support and Appraisal recovery plans, including 3 month forward view in place for all service managers in Adult acute and PICUs.
- S11 – Safe storage and management of prescription pads communication sent to all Medical and Non-Medical prescribers. Discussions included in medical staff induction and professional supervision.
- S15 – Process time being expedited, where possible, to promote efficient recruitment.
- 1.02 – Enhanced monitoring of safer staffing with proportion of regular staff in place.
- 1.03 – Utilising a range of communication methods to inform staff of training available.

Focus in the next month

- CQC Leads Group to continue receiving evidence for completed actions to undertake check and challenge
- Further development of Metrics report to ensure monitoring the impact changes we are making
- Implementation of practice assurance toolkit for wards/services to provide assurance of delivery and change at local level

Appendix 1:

CQC Improvement Plan

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
		TEMPLATE LINE TO ADD NEW ACTION **Insert new row in correct location on Master Action Plan (Right click mouse and select new row)** **Insert new row in same place on Weekly Progress Report (Right click mouse and select new row)** **Copy Line 2 On Master Action** **Control V into new line** **Copy Line 2 on Weekly Progress Report** **Control V into new line** **Do for all new entries**					
M1.1	Trust wide	The trust must ensure they have a robust process for implementing and monitoring improvement processes. Such as breaches identified in core service reports in a timely and effective way. (Regulation 17(1)).	Director of Risk and Compliance	Internal Inquiry (implementation of learning) Quality Assurance Framework (QAF)	Development of new EPUT response to CQC breaches	Complete	30/07/2023
M1.2	Trust wide	The trust must ensure they have a robust process for implementing and monitoring improvement processes. Such as breaches identified in core service reports in a timely and effective way. (Regulation 17(1)).	Director of Risk and Compliance	Internal Inquiry (implementation of learning) Quality Assurance Framework (QAF)	Development and Implementation of EPUT Quality Assurance Framework (QAF)	On Track	31/12/2023
M1.3	Trust wide	The trust must ensure they have a robust process for implementing and monitoring improvement processes. Such as breaches identified in core service reports in a timely and effective way. (Regulation 17(1)).	Director of Risk and Compliance	Internal Inquiry (implementation of learning) Quality Assurance Framework (QAF)	Link quality issues through accountability framework	On Track	30/09/2023
M2.1	Trust wide	The trust must ensure that the governance systems are further embedded and reviewed to enable the identification of issues affecting the quality of care being delivered. (Regulation 17(1)).	Director of Nursing and Infection prevention and control	Quality Assurance Framework (QAF)	Review current arrangements including safety dashboard and Quality & Safety meetings and incorporate any Quality of Care issues identified from the CQC report	Complete	30/08/2023
M2.2	Trust wide	The trust must ensure that the governance systems are further embedded and reviewed to enable the identification of issues affecting the quality of care being delivered. (Regulation 17(1)).	Director of Nursing and Infection prevention and control	Quality Assurance Framework (QAF)	Accountability meetings to oversee Quality including reporting from CQC Leads Meeting	On Track	30/09/2023
M2.3	trust wide	The trust must ensure that the governance systems are further embedded and reviewed to enable the identification of issues affecting the quality of care being delivered. (Regulation 17(1)).	Director of Nursing and Infection prevention and control	Quality Assurance Framework (QAF)	Launch and implement the Quality of Care Strategy to ensure staff have clarity on EPUT Quality priorities. This includes launch of Quality Assurance Framework (QAF)	On Track	30/12/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M3.1.1	Trust wide	Includes M3 and M5 - M3 The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). - M5 The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	e-Standard Operating Procedure Project	Development of e-Standard Operating Procedures to support data entry	On Track	30/03/2024
M3.1.2	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	Nil	Training guides and support is readily available on the trust intranet, a communications campaign will be launched to make their existence better known and signpost training sessions. Campaign also to include "**the importance of data quality**"	On Track	30/11/2023
M3.2.1	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	NII	Training and education of the importance of live data input and the implications of paper record/scanning on the timeliness of record keeping (also links to M3.1.2)	On Track	30/11/2023
M3.2.2	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	NII	Paper record amnesty and discovery - Investigation into the use of paperwork on wards to support a change/re-education programme for input directly into the electronic systems	Complete	30/07/2023
M3.2.3	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	NII	Centralised scanning pilot for Paris to improve the timeliness of scanned record input into the record.	Complete	30/07/2023
M3.2.4	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	Data Quality governance and assurance programme	Development of existing data quality governance and assurance - Review of the Terms of Reference of the Data Quality Committee and its assurance reporting pathways	On Track	30/03/2024

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M3.2.5	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	Accreditation to BS10008	Accreditation to BS10008 - (Evidential weight and legal admissibility of electronic information) Standard. Support the timeliness and quality of paper records converted to electronic formats in Electronic Patient Records (EPR). Phase one - Mobius	On Track	30/03/2024
M3.3	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	Digital Strategy	Delivery of EPUT digital strategy to develop a single Electronic Patient Records (EPR) in partnership with Mid and South Essex Foundation trust (MSEFT).	On Track	30/04/2026
M3.4.1	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	Nil	Complete Paris upgrade which will include waiting list management	On Track	31/12/2023
M3.4.2	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	HIE Programme Development	Deliver existing programme of development of content and awareness raising of EPUT Health Information Exchange (HIE).	On Track	30/04/2026
M3.5.1	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	Nil	Enhancement of the Shared Care Record (SCR) to increased richness of the shared record through publication of additional content (System driven programme)	On Track	30/03/2024
M3.5.2	Trust wide	The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. (Regulation 17(1)). The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (Regulation 17(1)).	Director of ITT, Business Analysis & Reporting (Chief Information Officer (CIO))	Nil	Team meeting agendas at all levels to reflect Accountability Framework domains to provide performance and workforce actions/assurance back to Care Unit meeting.	On Track	30/09/2023
M4.1	Trust wide	The trust must ensure they embed quality improvement methodologies across services to encourage ongoing improvements for people who use them. (Regulation 17(1)).	Director of Nursing and Infection prevention and control	Internal Inquiry (Quality Assurance) Quality Assurance Framework (QAF)	Review of Quality Improvement (QI) including development and implementation of new processes	On Track	31/12/2023
M4.2	Trust wide	The trust must ensure they embed quality improvement methodologies across services to encourage ongoing improvements for people who use them. (Regulation 17(1)).	Director of Nursing and Infection prevention and control	Internal Inquiry (Quality Assurance) Quality Assurance Framework (QAF)	Development and Implementation of EPUT Quality Assurance Framework (QAF) (Please see M1.2)	N/A	
M5	Trust wide	Combined with M3				N/A	

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M6.1	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Link between Datix (incident management system) and Paris (Electronic Patient Records system) not working, temporary fix to be put in place	Complete	30/04/2023
M6.2	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Link between Datix (incident management system) and Paris (Electronic Patient Records system) not working, permanent fix to be completed for Datix to link into Paris	Complete	30/07/2023
M6.3	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Review causes and survey feedback relating to completion of incident form and revise incident reporting form both Datix Incident Form 1 (Dif1) and Datix Incident Form 2 (Dif 2) to go back to pure function and purpose of incident management system.	On Track	30/12/2023
M6.4	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Develop and implement process for using Body Worn Camera (BWC) for training / learning	Complete	30/07/2023
M6.5	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Identify solution to current technical barriers which prevent wide access to closed-circuit television (CCTV) to enable use for training / learning	On Track	30/04/2024
M6.6	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Enhance systems for ensuring staff review a patients risk assessment following an incident	Complete	30/05/2023
M6.7	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Project to put up screens on wards which will enable display of Datix dashboards to Staff	On Track	30/03/2024
M6.8	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Review of equipment available on each ward and increase based on analysis of need	On Track	30/10/2023
M6.9	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Undertake analysis of staff survey results to understand barriers to reporting	Complete	30/09/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M6.10	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Develop and implement process for advertising changes made following incidents	On Track	30/10/2023
M6.11	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Explore automatic feedback from Datix to reporters, rather than current system where staff have to tick a box	On Track	30/10/2023
M6.12	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Incident Handlers to develop and implement process for saying thank you to their staff and giving feedback	On Track	30/10/2023
M6.13	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Awareness raising for handlers of importance of completing key fields so staff get feedback	On Track	30/10/2023
M6.14	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Review of learning sections on Datix as part of Datix form review (see action 6.3)	N/A	
M6.15	Adult Acute& PICU	M1 (April 2023) and M6 (May 2023) The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for the recording and reporting of incidents	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Incident Review Group Initial action plan (Ref 1 and 12) / CQC April M1	Review process for identifying handlers to ensure considers the whole Multidisciplinary Team (MDT)	On Track	30/09/2023
M7.1	Adult Acute& PICU	Includes M7 and first part of M8 The trust must ensure staff follow the provider's policy and procedures on the use of enhanced support when observing patients who have been assessed as being at higher risk harm to themselves or others and observe patients in a way that maintains the patients' safety. (Regulation 12(1)). The trust must ensure staff fully engage with patients when undertaking enhanced observations (Regulation 12(1)).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	QI Project Initial action plan (Ref 9) CQC April M2	Immediate action taken following S29 including: Strengthening leadership across services, E-observation further roll out, initiated Quality Improvement (QI) projects	Complete	31/12/2023
M7.2	Adult Acute& PICU	Includes M7 and first part of M8 The trust must ensure staff follow the provider's policy and procedures on the use of enhanced support when observing patients who have been assessed as being at higher risk harm to themselves or others and observe patients in a way that maintains the patients' safety. (Regulation 12(1)). The trust must ensure staff fully engage with patients when undertaking enhanced observations (Regulation 12(1)).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	QI Project Initial action plan (Ref 9) CQC April M2	Observation Policy to be reviewed and fully socialised. Review to ensure significant focus on engagement. To include providing engagement skills, prompts and engagement tools. To include empowers nursing staff to decrease obs. To be co-produced.	On Track	31/12/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M7.3	Adult Acute& PICU	Includes M7 and first part of M8 The trust must ensure staff follow the provider's policy and procedures on the use of enhanced support when observing patients who have been assessed as being at higher risk harm to themselves or others and observe patients in a way that maintains the patients' safety. (Regulation 12(1)). The trust must ensure staff fully engage with patients when undertaking enhanced observations (Regulation 12(1)).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	QI Project Initial action plan (Ref 9) CQC April M2	Complete the roll out of E-Observations	On Track	31/12/2023
M7.4	Adult Acute& PICU	Includes M7 and first part of M8 The trust must ensure staff follow the provider's policy and procedures on the use of enhanced support when observing patients who have been assessed as being at higher risk harm to themselves or others and observe patients in a way that maintains the patients' safety. (Regulation 12(1)). The trust must ensure staff fully engage with patients when undertaking enhanced observations (Regulation 12(1)).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	QI Project Initial action plan (Ref 9) CQC April M2	To delivery the Therapeutic Engagement and Observation Quality Improvement (QI) Project.	On Track	30/12/2023
M8.1	Adult Acute& PICU	Includes M2 from April 23 action plan and M8 from May 23 M2 The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for patient observations and engagement. The trust must take immediate action to ensure that staff do not fall asleep when undertaking patient observations. M8 The trust must ensure that staff do not fall asleep when undertaking patient observations. (Regulation 12 (2).	Director of Mental Health Urgent Care & Inpatient Services	Sleeping on Duty Task Force Initial action plan (Ref 3) CQC April M2	Establishment of new band 7 night site officers at Rochford Hospital and Linden Centre	Complete	30/05/2023
M8.2	Adult Acute& PICU	Includes M2 from April 23 action plan and M8 from May 23 M2 The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for patient observations and engagement. The trust must take immediate action to ensure that staff do not fall asleep when undertaking patient observations. M8 The trust must ensure that staff do not fall asleep when undertaking patient observations. (Regulation 12 (2).	Director of Mental Health Urgent Care & Inpatient Services	Sleeping on Duty Task Force Initial action plan (Ref 3) CQC April M2	Review process for managing sleeping on duty and rescind current to replace with management under disciplinary processes as potential gross misconduct (noting that this process continues to pick up on staff wellbeing in phase 1)	Complete	30/05/2023
M8.3	Adult Acute& PICU	Includes M2 from April 23 action plan and M8 from May 23 M2 The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for patient observations and engagement. The trust must take immediate action to ensure that staff do not fall asleep when undertaking patient observations. M8 The trust must ensure that staff do not fall asleep when undertaking patient observations. (Regulation 12 (2).	Director of Mental Health Urgent Care & Inpatient Services	Sleeping on Duty Task Force Initial action plan (Ref 3) CQC April M2	Issue Safety Learning Alert / Communication to launch change	Complete	30/05/2023
M8.4	Adult Acute& PICU	Includes M2 from April 23 action plan and M8 from May 23 M2 The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for patient observations and engagement. The trust must take immediate action to ensure that staff do not fall asleep when undertaking patient observations. M8 The trust must ensure that staff do not fall asleep when undertaking patient observations. (Regulation 12 (2).	Director of Mental Health Urgent Care & Inpatient Services	Sleeping on Duty Task Force Initial action plan (Ref 3) CQC April M2	To deliver the Sleeping on Duty Safety Improvement Plan	On Track	30/09/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M8.5	Adult Acute& PICU	Includes M2 from April 23 action plan and M8 from May 23 M2 The trust must ensure that systems and processes are in place to assess, monitor and ensure staff follow the trusts' policies and procedures for patient observations and engagement. The trust must take immediate action to ensure that staff do not fall asleep when undertaking patient observations. M8 The trust must ensure that staff do not fall asleep when undertaking patient observations. (Regulation 12 (2).	Director of Mental Health Urgent Care & Inpatient Services	Sleeping on Duty Task Force Initial action plan (Ref 3) CQC April M2	To deliver the Therapeutic Engagement and Observation Quality Improvement (QI) Project (Please see M7.4).	N/A	
M9.1	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Completion of restrictive practice reduction plan for each ward following review of restrictive practices in place undertaken following the CQC visit.	Complete	30/10/2023
M9.2	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Review of the trust's process for systematic and regular review of identified restrictions, which includes regular review of all restrictions to consider necessity and proportionality and if a plan is in place to reduce.	Complete	30/07/2023
M9.3	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Undertake the Culture Of Care Review Tool across our acute inpatient services.	Complete	30/10/2023
M9.4	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Safe wards training across the trust to reduce conflict and containment	Complete	30/05/2023
M9.5	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	A learning event for staff will be held focusing on restrictive practice, understanding what is in place and what we want to prioritise reducing	Complete	30/06/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M9.6	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Review availability of information outlining identified restrictions on the wards for patients to ensure patients have awareness of the any restrictions and the reasons for them being in place.	On Track	30/10/2023
M9.7	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Establish and implement reducing restrictive practice collaborative	Complete	30/03/2024
M9.8	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Increase platforms for patients to be involved in decisions around restrictive practice	On Track	31/12/2023
M9.9	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Install a Fob system for patient bedroom access (Willow Ward)	Complete	30/07/2023
M9.10	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report • M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). • M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Review of trust Garden Protocol	Complete	30/08/2023
M9.11	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group Initial action plan (Ref 4 and 12) CQC April M3 Internal inquiry (restrictive practice)	Undertake piloting use of IPad to reduce administration time including review of options for how the 'Reducing restrictive practice decision making tool' could be added to the iPad enabling users to use more freely	On Track	30/10/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M9.12	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group	Establish process for people with lived experience to review restrictions on wards	Complete	31/12/2023
M9.13	Adult Acute& PICU	Includes M3 from April 23 action plan and M9 from May 23 report M3 The trust must take immediate steps to review and reduce all blanket restrictions on the wards, where it is safe to do so. (Regulation 12 (1). M25 The trust should ensure they have effective systems and process to identify, and where risk allows, mitigate and review restrictive practice. (Regulation 17 (1))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Restrictive Practice Group	Consider and review options for enabling patient to self-report incidents. Implement agreed option.	On Track	30/01/2024
M10.1	Adult Acute& PICU	Includes M4 from April 23 action plan and M10 from May 23 The trust must ensure there are sufficient numbers of regular staff working on the wards who are familiar with individual service user needs. (Regulation 12 (1).	Head of Clinical Education and Safer Staffing	Time to care Imitative / Workforce Plan Initial action plan (Ref 10) CQC April M4 Inquiry (Safe Staffing and Workforce)	Time To Care (TTC) business case to be presented to trust Board (TB)	Complete	30/05/2023
M10.2	Adult Acute& PICU	Includes M4 from April 23 action plan and M10 from May 23 The trust must ensure there are sufficient numbers of regular staff working on the wards who are familiar with individual service user needs. (Regulation 12 (1).	Head of Clinical Education and Safer Staffing	Time to care Imitative / Workforce Plan Initial action plan (Ref 10) CQC April M4 Inquiry (Safe Staffing and Workforce)	Presentation and discussion with commissioners to secure commitment for funding the Time To Care (TTC) programme / staffing model.	On Track	30/09/2023
M10.3	Adult Acute& PICU	Includes M4 from April 23 action plan and M10 from May 23 The trust must ensure there are sufficient numbers of regular staff working on the wards who are familiar with individual service user needs. (Regulation 12 (1).	Head of Clinical Education and Safer Staffing	Time To Care (TTC) Initiative / Workforce Plan Initial action plan (Ref 10) CQC April M4 Inquiry (Safe Staffing and Workforce)	Establishment of new band 7 night site officers at Rochford and Linden Centre	Complete	30/05/2023
M10.4	Adult Acute& PICU	Includes M4 from April 23 action plan and M10 from May 23 The trust must ensure there are sufficient numbers of regular staff working on the wards who are familiar with individual service user needs. (Regulation 12 (1).	Head of Clinical Education and Safer Staffing	Time To Care (TTC) Initiative / Workforce Plan Initial action plan (Ref 10) CQC April M4 Inquiry (Safe Staffing and Workforce)	Review and discuss with Optima the capabilities within Healthroster to flag regular temporary workers and record if the bank worker is a substantive staff member working a bank shift.	On Track	30/09/2023
M10.5	Adult Acute& PICU	Includes M4 from April 23 action plan and M10 from May 23 The trust must ensure there are sufficient numbers of regular staff working on the wards who are familiar with individual service user needs. (Regulation 12 (1).	Head of Clinical Education and Safer Staffing	Time To Care (TTC) Initiative / Workforce Plan Initial action plan (Ref 10) CQC April M4 Inquiry (Safe Staffing and Workforce)	Reset Healthroster rules to ensure process is fully robust	Complete	30/09/2023
M11.1	Adult Acute& PICU	M5 (April 23) and M11 (May 23) The trust must ensure that maintenance work is completed to address the inability of staff to observe patients from all areas (blind spots). (Regulation 12 (1).	Senior Director Estates and Facilities	CQC April M5	Review of how overdue ligature estates actions are monitored at Ligature Risk Reduction Group (LRRG)	Complete - evidence received	30/05/2023
M11.2	Adult Acute& PICU	M5 (April 23) and M11 (May 23) The trust must ensure that maintenance work is completed to address the inability of staff to observe patients from all areas (blind spots). (Regulation 12 (1).	Senior Director Estates and Facilities	CQC April M5	Fit mirrors identified to address blind spot in Galleywood Ligature inspection of July 2023	Complete - evidence received	30/11/2022
M11.3	Adult Acute& PICU	M5 (April 23) and M11 (May 23) The trust must ensure that maintenance work is completed to address the inability of staff to observe patients from all areas (blind spots). (Regulation 12 (1).	Senior Director Estates and Facilities	CQC April M5	Undertake review to understand why there was a delay in completing this job	Complete - evidence received	30/04/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M12.1	Adult Acute& PICU	Includes M6 (April 23); M12 (May 23); M18 (May 23) and S1 (April 23) M6/M12 The trust must ensure patients understand the use of the contact-free patient monitoring and management system, including why it is used and how information will be stored and accessed. (Regulation 12 (1). M18 The trust must ensure care and treatment is provided with the consent of the patient around the contact-free patient monitoring and management system. (Regulation 12 (2)). - contesting as don't need consent. (S1) The trust should consider how to manage and record any individual patient objections to the contact-free patient monitoring and management system.	Director of Mental Health Urgent Care & Inpatient Services	Initial Action Plan Ref 11 CQC April M6 and S1	Action taken as part of initial action plan: Ensuring posters available in bedrooms for patients Revision to Oxevision Standard Operating Procedure to strengthen guidance regarding consent process (implied consent) Benchmarked procedure against national guidance released on 3rd Oct 22 and updated Standard Operating Procedure accordingly	Complete	30/11/2023
M12.2	Adult Acute& PICU	Includes M6 (April 23); M12 (May 23); M18 (May 23) and S1 (April 23) M6/M12 The trust must ensure patients understand the use of the contact-free patient monitoring and management system, including why it is used and how information will be stored and accessed. (Regulation 12 (1). M18 The trust must ensure care and treatment is provided with the consent of the patient around the contact-free patient monitoring and management system. (Regulation 12 (2)). - contesting as don't need consent. (S1) The trust should consider how to manage and record any individual patient objections to the contact-free patient monitoring and management system.	Director of Mental Health Urgent Care & Inpatient Services	Initial Action Plan Ref 11 CQC April M6 and S1	Add monitoring of Oxevision discussion documentation to the Matrons Assurance audit to ensure ongoing assurance and testing	Complete	30/04/2023
M12.3	Adult Acute& PICU	Includes M6 (April 23); M12 (May 23); M18 (May 23) and S1 (April 23) M6/M12 The trust must ensure patients understand the use of the contact-free patient monitoring and management system, including why it is used and how information will be stored and accessed. (Regulation 12 (1). M18 The trust must ensure care and treatment is provided with the consent of the patient around the contact-free patient monitoring and management system. (Regulation 12 (2)). - contesting as don't need consent. (S1) The trust should consider how to manage and record any individual patient objections to the contact-free patient monitoring and management system.	Director of Mental Health Urgent Care & Inpatient Services	Initial Action Plan Ref 11 CQC April M6 and S1	To update the My Care My Recovery Plan documentation to include a prompt section for implied consent for Oxevision and capture patient objections to its use. (Ready for the next print run).	On Track	30/03/2024
M12.4	Adult Acute& PICU	Includes M6 (April 23); M12 (May 23); M18 (May 23) and S1 (April 23) M6/M12 The trust must ensure patients understand the use of the contact-free patient monitoring and management system, including why it is used and how information will be stored and accessed. (Regulation 12 (1). M18 The trust must ensure care and treatment is provided with the consent of the patient around the contact-free patient monitoring and management system. (Regulation 12 (2)). - contesting as don't need consent. (S1) The trust should consider how to manage and record any individual patient objections to the contact-free patient monitoring and management system.	Director of Mental Health Urgent Care & Inpatient Services	Initial Action Plan Ref 11 CQC April M6 and S1	To include Oxevision explanation and awareness information into the new trust-wide Inpatient Welcome Pack.	On Track	30/11/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M13.1	Adult Acute& PICU	M8 (April 23) and M13 (May 23) The trust must ensure that all patients have access to nurse call alarms. (Regulation 12 (1). (patient nurse call alarm)	Senior Director Estates and Facilities	CQC April M8	A current state review of alarm calls across the trust to identify the gap in need and size of the solution required	Complete	30/06/2023
M13.2	Adult Acute& PICU	M8 (April 23) and M13 (May 23) The trust must ensure that all patients have access to nurse call alarms. (Regulation 12 (1). (patient nurse call alarm)	Senior Director Estates and Facilities	CQC April M8	Clinical risk review of wards without alarms to identify priority areas	Complete	30/06/2023
M13.3	Adult Acute& PICU	M8 (April 23) and M13 (May 23) The trust must ensure that all patients have access to nurse call alarms. (Regulation 12 (1). (patient nurse call alarm)	Senior Director Estates and Facilities	CQC April M8	Develop a set of trust wide standards for nurse call alarms based on national best practices	Complete	30/06/2023
M13.4	Adult Acute& PICU	M8 (April 23) and M13 (May 23) The trust must ensure that all patients have access to nurse call alarms. (Regulation 12 (1). (patient nurse call alarm)	Senior Director Estates and Facilities	CQC April M8	Options appraisal will be developed to consider how to give patients access to nurse call alarms in areas without them. This will also be considered by Ligature Risk Reduction Group (LRRG) to ensure ligature risks are mitigated.	Complete	30/07/2023
M13.5	Adult Acute& PICU	M8 (April 23) and M13 (May 23) The trust must ensure that all patients have access to nurse call alarms. (Regulation 12 (1). (patient nurse call alarm)	Senior Director Estates and Facilities	CQC April M8	Interim alarm solutions for to be explored due to likely timescale for fitting permanent alarms	Complete	30/07/2023
M13.6	Adult Acute& PICU	M8 (April 23) and M13 (May 23) The trust must ensure that all patients have access to nurse call alarms. (Regulation 12 (1). (patient nurse call alarm)	Senior Director Estates and Facilities	CQC April M8	Roll out of interim alarm solution (To be confirmed)	Complete	30/07/2023
M13.7	Adult Acute& PICU	M8 (April 23) and M13 (May 23) The trust must ensure that all patients have access to nurse call alarms. (Regulation 12 (1). (patient nurse call alarm)	Senior Director Estates and Facilities	CQC April M8	Roll out of permanent alarm solution	On Track	30/05/2024
M14.1	Adult Acute& PICU	The trust must always treat all patients with dignity and respect. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	Review content of dignity and respect training (including privacy and dignity) and update as identified.	On Track	30/09/2023
M14.2	Adult Acute& PICU	The trust must always treat all patients with dignity and respect. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	To implement the Fundamentals of Care Principles	On Track	30/09/2023
M14.3	Adult Acute& PICU	The trust must always treat all patients with dignity and respect. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	To link Fundamentals of Care Principles discussion into individual appraisals / 1-1 support.	On Track	30/10/2023
M14.4	Adult Acute& PICU	The trust must always treat all patients with dignity and respect. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Therapeutic Engagement and Observation Quality Improvement (QI) Project	To deliver the Therapeutic Engagement and Observation Quality Improvement (QI) Project (work stream: 1-2-1 staff / patient time)	On Track	31/08/2024
M15.1	Adult Acute& PICU	The trust must support the autonomy of the patients in line with their needs and stated preferences. Patients admitted informally must be fully informed of their rights and able to leave the ward safely. (Regulation 10. (2) (b))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Review and update operational policy to ensure informal patients can leave at any time.	Complete	30/06/2023
M15.2	Adult Acute& PICU	The trust must support the autonomy of the patients in line with their needs and stated preferences. Patients admitted informally must be fully informed of their rights and able to leave the ward safely. (Regulation 10. (2) (b))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Joint assessment unit meeting, engaging with consultants around this (risk management vs. restrictive practice)	Complete	30/06/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M15.3	Adult Acute& PICU	The trust must support the autonomy of the patients in line with their needs and stated preferences. Patients admitted informally must be fully informed of their rights and able to leave the ward safely. (Regulation 10. (2) (b))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Education with staff and patients regarding informal patients rights to leave at any time	Complete	30/07/2023
M15.4	Adult Acute& PICU	The trust must support the autonomy of the patients in line with their needs and stated preferences. Patients admitted informally must be fully informed of their rights and able to leave the ward safely. (Regulation 10. (2) (b))	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Develop clear information for patients on rights to leave wards that will be included in welcome packs	On Track	30/11/2023
M16.1	Adult Acute& PICU	The trust must ensure patients are always treated with respect and dignity whilst they receive care and treatment. Care plans must be fully complete, personalised, holistic, reviewed regularly and consider the full range of patient's needs. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	To implement the Fundamentals of Care Principles	On Track	30/09/2023
M16.2	Adult Acute& PICU	The trust must ensure patients are always treated with respect and dignity whilst they receive care and treatment. Care plans must be fully complete, personalised, holistic, reviewed regularly and consider the full range of patient's needs. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	To link Fundamentals of Care Principles discussion into individual appraisals / 1-1 support.	On Track	30/10/2023
M16.3	Adult Acute& PICU	The trust must ensure patients are always treated with respect and dignity whilst they receive care and treatment. Care plans must be fully complete, personalised, holistic, reviewed regularly and consider the full range of patient's needs. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	Reinforce the use My Care, My Recovery Plans	On Track	30/11/2023
M16.4	Adult Acute& PICU	The trust must ensure patients are always treated with respect and dignity whilst they receive care and treatment. Care plans must be fully complete, personalised, holistic, reviewed regularly and consider the full range of patient's needs. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	To link case note review (records audit of one set of notes) covering care planning / physical health within 1-2-1 supervision.	On Track	30/10/2023
M16.5	Adult Acute& PICU	The trust must ensure patients are always treated with respect and dignity whilst they receive care and treatment. Care plans must be fully complete, personalised, holistic, reviewed regularly and consider the full range of patient's needs. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Nil	Monthly Service Manager Recovery Plans to include 1-1 supervision with confirmation that case note review has been included.	On Track	30/10/2023
M16.6	Adult Acute& PICU	The trust must ensure patients are always treated with respect and dignity whilst they receive care and treatment. Care plans must be fully complete, personalised, holistic, reviewed regularly and consider the full range of patient's needs. (Regulation 10. (1))	Director of Mental Health Urgent Care & Inpatient Services	Digital Strategy	Links to new Electronic Patient Record (EPR) development to address issues with current barriers and limitations within the Electronic Patient Records (EPR) in use. (PLEASE SEE M3)	N/A	
M17.1	Adult Acute& PICU	The trust must review the current prohibited items lists as these varied from ward to ward. (Regulation 12 (1).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Remove previous restrictive items list from all wards and update with new list	On Track	30/10/2023
M17.2	Adult Acute& PICU	The trust must review the current prohibited items lists as these varied from ward to ward. (Regulation 12 (1).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Posters and lists to be included in the welcome packs	On Track	30/10/2023
M18	Adult Acute& PICU	Combined with M12				N/A	

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M19.1	Adult Acute& PICU	The trust must assess risks to the health and safety of patients receiving care and treatment, including patient's sexual safety; doing all that is reasonably practicable to mitigate such risks. (Regulation 12. (1) (2) (a) (b)).	Associate Director for Safeguarding	Nil	Ward leadership on Peter Bruff to ensure that female lounge is used for intended purpose with no doubling up as a quiet room	Complete	30/08/2023
M19.2	Adult Acute& PICU	The trust must assess risks to the health and safety of patients receiving care and treatment, including patient's sexual safety; doing all that is reasonably practicable to mitigate such risks. (Regulation 12. (1) (2) (a) (b)).	Associate Director for Safeguarding	Nil	To review if there is a space/room on Peter Bruff Unit that can be utilised as quiet room	Closed, unable to take forward	30/08/2023
M19.3	Adult Acute& PICU	The trust must assess risks to the health and safety of patients receiving care and treatment, including patient's sexual safety; doing all that is reasonably practicable to mitigate such risks. (Regulation 12. (1) (2) (a) (b)).	Associate Director for Safeguarding	Nil	Peter Bruff to implement corridor nurses to be consistent with other assessment unit	Complete	30/09/2023
M19.4	Adult Acute& PICU	The trust must assess risks to the health and safety of patients receiving care and treatment, including patient's sexual safety; doing all that is reasonably practicable to mitigate such risks. (Regulation 12. (1) (2) (a) (b)).	Associate Director for Safeguarding	Nil	Set up pop up reminder to update risk assessment and care plan when sexual safety incident is reported on Datix	Complete - evidence received	30/08/2023
M20.1	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	To progress Black and Minority Ethnic (BME) Progression Paper and implementation of Equality, Diversity and Inclusion (ED&I) plan, which includes six high impact actions.	On Track	30/10/2023
M20.2	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	To include all abuse monitoring and improvement within the Accountability Framework	On Track	30/09/2023
M20.3	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	Reviewed Violence and Aggression policy to be ratified and trust wide communication plan developed and implemented to support the changes and expectations	On Track	30/10/2023
M20.4	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	To develop and refine the violence and aggression debrief forms to include all forms of abuse taking into account causes of non-reporting culture	On Track	30/10/2023
M20.5	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	Violence and aggression debrief training to be offered for ward managers/matrons/service managers	On Track	30/12/2023
M20.6	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	Reviewing length and content of violence and aggression debrief form with Datix team	On Track	30/10/2023
M20.7	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	To socialise across the trust the approved Behaviours Framework to reinforce expectations and empower staff to report incidents of abuse	On Track	30/10/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M20.8	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	Undertake program scope to understand the capacity, contents and requirements to support roll out of a cultural transformation programme across the trust – inclusive of targeting leaders and ward managers to ensure they understand the impact of abuse on staff, what their role is and why its important — whilst continuing to build the Equality, Diversity and Inclusion (ED&I) education hub for staff in the short term	On Track	30/11/2023
M20.9	Adult Acute& PICU	The trust must ensure that any episode of abuse is reported, and appropriate actions taken, including incidents of racial abuse to staff; doing all that is reasonably practicable to mitigate such risks (Regulation 12. (1) (2) (a) (b))	Colleague Safety Consultant	Initial Action plan (Ref 2)	Review how incidents of abuse can be reported easily and quickly	On Track	30/12/2023
M21.1	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Undertake scoping exercise to review content, frequency and delivery of medicines management training for nurses and preceptorship	On Track	31/12/2023
M21.2	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Implement revised medicines management training program based on the outcome of the scoping exercise (M21.1)	On Track	30/03/2024
M21.3	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Clarification of the processes, responsibilities and standards expected of individual nursing staff to safely administer, record and store medicines to be undertaken via clinical supervision in 1-1 support	On Track	30/09/2023
M21.4	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Continue with recruitment plan for Pharmacists	On Track	31/12/2023
M21.5	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	To reinstate weekly pharmacy checks to audit and support embedding of processes	Complete	30/12/2022
M21.6	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Management to reinforce requirement for medication and effects reviews in line with trust policy	On Track	30/09/2023
M21.7	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Reinforce to Multidisciplinary Teams (MDT) requirement to complete National Early Warning Score (NEWS) in CG52 (Clinical Guidelines for the Pharmacological Management of Acutely Disturbed Behaviour) in line with policy / guidance to monitor physical and mental health	On Track	30/09/2023
M21.8	Adult Acute& PICU	The trust must ensure staff used systems and processes to safely prescribe, administer, record and store medicines. The trust must ensure that staff regularly review the effects of medications on each patient's mental and physical health. (Regulation 12 (2))	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Ward managers to audit physical and mental health monitoring following rapid tranquilization and address gaps with team	On Track	30/10/2023
M22.1	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Nil	Review cleaning schedule at Christopher Unit to ensure additional cleaning, including hard to reach areas. Assurance from auditing against national health care standards of cleaning and reporting these through trust Governance	Complete	30/08/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M22.2	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Nil	Cedar Ward - Condition survey to be carried out and scope if business case required for any improvements/funding.	Complete	30/08/2023
M22.3	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Nil	Cedar Ward - Completion of works to repair downpipe has remedied puddle formation.	On Track	30/10/2023
M22.4	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Nil	Development of weekly/monthly garden audit for Estates/Facilities Management (FM) staff.	On Track	30/10/2023
M22.5	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Nil	Ardleigh Ward review any outstanding maintenance issues and ensure completed.	On Track	30/10/2023
M22.6	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Ardleigh Refurbishment	Completion of Ardleigh seclusion refurbishment including with new doors.	Complete	01/03/2023
M22.7	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Hadleigh Reburbishment	Completion of full refurbishment of Hadleigh Psychiatric Intensive Care Unit (PICU)	On Track	31/12/2023
M22.8	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Nil	Peter Bruff Unit - Condition survey to be carried out and scope if business case required for any improvements/funding.	Complete	30/10/2023
M22.9	Adult Acute& PICU	The trust must ensure all ward areas are clean, well maintained and well-furnished. This includes the seclusion room at Ardleigh ward. The trust must ensure that ward doors are robust. (Regulation 15. (1))	Senior Director Estates and Facilities	Nil	Peter Bruff Unit - Clock to be added to de-escalation suite	Complete	30/08/2023
M23.1	Adult Acute& PICU	The trust must ensure the premises are suitable for the purpose for which they are being used including patient search rooms for Willow, Cedar and Hadleigh wards. (Regulation 15. (1))	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	Designated search rooms to be identified for Willow, Cedar and Hadleigh Wards	Complete	30/07/2023
M23.2	Adult Acute& PICU	The trust must ensure the premises are suitable for the purpose for which they are being used including patient search rooms for Willow, Cedar and Hadleigh wards. (Regulation 15. (1))	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	Communication to be sent to all staff, reminding of privacy & dignity and search protocol	Complete	30/08/2023
M23.3	Adult Acute& PICU	The trust must ensure the premises are suitable for the purpose for which they are being used including patient search rooms for Willow, Cedar and Hadleigh wards. (Regulation 15. (1))	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	Physical changes to be made to Cedar ward to ensure that the premises are suitable	Complete	30/07/2023
M23.4	Adult Acute& PICU	The trust must ensure the premises are suitable for the purpose for which they are being used including patient search rooms for Willow, Cedar and Hadleigh wards. (Regulation 15. (1))	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	Management team on Willow to ensure that staff make use of designated search room instead of the airlock	Complete	30/08/2023
M23.5	Adult Acute& PICU	The trust must ensure the premises are suitable for the purpose for which they are being used including patient search rooms for Willow, Cedar and Hadleigh wards. (Regulation 15. (1))	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	Hadleigh ward refurbishment to include dedicated search room	On Track	30/10/2023
M24.1	Adult Acute& PICU	The trust must ensure systems and processes established and operate effectively to ensure compliance with inspection requirements. Audit processes effective, pick up and effectively address gaps in care (Regulation 17 (1))	Director of Patient Safety	Nil	Implement the trust new approach to CQC inspection requirements (including the move to one overarching tracker) (PLEASE SEE M1.1)	N/A	
M24.2	Adult Acute& PICU	The trust must ensure systems and processes established and operate effectively to ensure compliance with inspection requirements. Audit processes effective, pick up and effectively address gaps in care (Regulation 17 (1))	Director of Patient Safety	Quality Assurance Framework (QAF)	Development of Quality Assurance Framework (QAF) (PLEASE SEE M1.2)	N/A	

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M24.3	Adult Acute& PICU	The trust must ensure systems and processes established and operate effectively to ensure compliance with inspection requirements. Audit processes effective, pick up and effectively address gaps in care (Regulation 17 (1))	Director of Patient Safety	Nil	Establish risk and escalation process for identified gaps in care quality to ward and care unit level (as identified through clinical governance and ward assurance processes); and oversight through Accountability Framework meetings (risk and issues reporting)	On Track	30/10/2023
M25.1	Adult Acute& PICU	The trust must ensure sufficient numbers of suitably qualified psychology staff deliver care at Willows and Cedar ward. (Regulation 18. (1))	Clinical Director of Psychological Services	Recruitment Programme for Psychological Services	Deliver Psychology recruitment programme within Willow and Cedar Wards: Recruitment plan to minimise vacancies within Psychological Services' Inpatient Wards (Willows and Cedar Wards), including Qualified Psychologists, Assistant Psychologists and Clinical Associate Practitioners (CAPs).	On Track	30/03/2024
M26	Adult Acute& PICU	Combined with M9				N/A	
M27.1	Adult Acute& PICU	The trust must ensure that staff are made aware of the need for professional boundaries. (Regulation 18. (1))	Director of Nursing and Infection prevention and control	Initial action plan (Ref 6)	Additional communication to go out in Wednesday Weekly on professional boundaries	On Track	01/03/2024
M27.2	Adult Acute& PICU	The trust must ensure that staff are made aware of the need for professional boundaries. (Regulation 18. (1))	Director of Nursing and Infection prevention and control	Initial action plan (Ref 6)	Delivery of new professional boundaries training:	On Track	01/06/2024
M27.3	Adult Acute& PICU	The trust must ensure that staff are made aware of the need for professional boundaries. (Regulation 18. (1))	Director of Nursing and Infection prevention and control	Initial action plan (Ref 6)	Identify what other trusts are doing on professional boundaries	On Track	30/09/2023
M27.4	Adult Acute& PICU	The trust must ensure that staff are made aware of the need for professional boundaries. (Regulation 18. (1))	Director of Nursing and Infection prevention and control	Initial action plan (Ref 6)	Incorporate the Professional Boundaries training as part of induction	On Track	30/08/2023
M28.1	Adult Acute& PICU	The trust must ensure staff receive regular mandatory training. This includes Fire compliance, prevention management of violence and aggression, Safeguarding adults and Children, Mental Capacity Act training (Regulation18. (2))	Director of Mental Health Urgent Care & Inpatient Services	Internal Inquiry (Training and Development)	Monthly Service Manager Recovery Plans to include mandatory training with a 3 month forward view and escalations for non-delivery (including barrier to achievement of the plan).	Complete	31/12/2023
M28.2	Adult Acute& PICU	The trust must ensure staff receive regular mandatory training. This includes Fire compliance, prevention management of violence and aggression, Safeguarding adults and Children, Mental Capacity Act training (Regulation18. (2))	Director of Mental Health Urgent Care & Inpatient Services	Internal Inquiry (Training and Development)	To delivery mandatory training recovery plan	On Track	31/12/2023
M28.3	Adult Acute& PICU	The trust must ensure staff receive regular mandatory training. This includes Fire compliance, prevention management of violence and aggression, Safeguarding adults and Children, Mental Capacity Act training (Regulation18. (2))	Director of Mental Health Urgent Care & Inpatient Services	Internal Inquiry (Training and Development)	To set delivery plan for mandatory training for 2024/25 (commencing April 2024)	Complete	30/08/2023
M29.1	Adult Acute& PICU	The trust must ensure staff receive regular supervision and appraisals. (Regulation 18. (2))	Director of Mental Health Urgent Care & Inpatient Services	Nil	To undertake a data cleansing exercise to remove any individuals who would not be due an appraisal (e.g. international recruits who have not been in post for 12 months) and six monthly checks thereafter.	Complete	30/08/2023
M29.2	Adult Acute& PICU	The trust must ensure staff receive regular supervision and appraisals. (Regulation 18. (2))	Director of Mental Health Urgent Care & Inpatient Services	Nil	Monthly Service Manager Recovery Plans to include appraisals and 1-1 Support with a 3 month forward view and escalations for non delivery of sessions.	Complete	30/08/2023
M29.3	Adult Acute& PICU	The trust must ensure staff receive regular supervision and appraisals. (Regulation 18. (2))	Director of Mental Health Urgent Care & Inpatient Services	Nil	Deliver recovery plan to ensure all staff (noting exclusions e.g. maternity leave) are up to date with appraisals.	On Track	30/09/2023
M29.4	Adult Acute& PICU	The trust must ensure staff receive regular supervision and appraisals. (Regulation 18. (2))	Director of Mental Health Urgent Care & Inpatient Services	Nil	To set delivery plan for appraisals for 2024/25 (commencing April 2024)	On Track	30/10/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
M30.1	MH Crisis Services & HBPoS	Includes M30 and S8: NOTE FINDING WAS FOR HBPoS ROCHFORD NOT HOME TREATMENT TEAM M30: The trust must ensure that staff in the home treatment team east manage, store and monitor controlled drugs in line with trust policy.(Regulation 12 (2)) S8: The trust should ensure the Home First East team manage and store medication in line with the trust's medication management policy.	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	As part of review of the Medicines management policy, clear guidance will be included on storage and monitoring of controlled drugs. This will also provide A4 double sided quick reference guides on these topics	On Track	31/12/2023
M30.2	MH Crisis Services & HBPoS	Includes M30 and S8: NOTE FINDING WAS FOR HBPoS ROCHFORD NOT HOME TREATMENT TEAM M30: The trust must ensure that staff in the home treatment team east manage, store and monitor controlled drugs in line with trust policy.(Regulation 12 (2)) S8: The trust should ensure the Home First East team manage and store medication in line with the trust's medication management policy.	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	To communicate and socialise reviewed Medicines Management Policy through the Medicine's management newsletter, Manager's Brief and other trust wide communication	Complete	30/09/2023
M30.3	MH Crisis Services & HBPoS	Includes M30 and S8: NOTE FINDING WAS FOR HBPoS ROCHFORD NOT HOME TREATMENT TEAM M30: The trust must ensure that staff in the home treatment team east manage, store and monitor controlled drugs in line with trust policy.(Regulation 12 (2)) S8: The trust should ensure the Home First East team manage and store medication in line with the trust's medication management policy.	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	Service checks to be inclusive of controlled drugs (CD) checks	Complete	30/08/2023
M31.1	Community MH	The trust must ensure that they are compliant with all aspects of medicines management including. That there are no gaps in clinic room fridge and room temperature records. that there is always a robust system in place to ensure the security of all doctors FP10 prescription pads. That all out of date medicines are disposed of immediately. (Regulation 12(2)(g))	Director of Community MH Services - NE Essex	Nil	Update of policy and procedure to advise staff of the need to continue monitoring fridge temperatures on trust monitoring sheet	Complete	30/09/2023
M31.2	Community MH	The trust must ensure that they are compliant with all aspects of medicines management including. That there are no gaps in clinic room fridge and room temperature records. that there is always a robust system in place to ensure the security of all doctors FP10 prescription pads. That all out of date medicines are disposed of immediately. (Regulation 12(2)(g))	Director of Community MH Services - NE Essex	Nil	Auditing of fridge temperature monitoring	On Track	30/10/2023
M31.3	Community MH	The trust must ensure that they are compliant with all aspects of medicines management including. That there are no gaps in clinic room fridge and room temperature records. that there is always a robust system in place to ensure the security of all doctors FP10 prescription pads. That all out of date medicines are disposed of immediately. (Regulation 12(2)(g))	Director of Community MH Services - NE Essex	Nil	Ensure process in place so operational teams can respond to an alert when there's an issue with fridge temperature out of range	On Track	28/02/2024
M31.4	Community MH	The trust must ensure that they are compliant with all aspects of medicines management including. That there are no gaps in clinic room fridge and room temperature records. that there is always a robust system in place to ensure the security of all doctors FP10 prescription pads. That all out of date medicines are disposed of immediately. (Regulation 12(2)(g))	Director of Community MH Services - NE Essex	Nil	Send communication to medical staff reminding of processes to ensure security of FP10 pads	Complete	30/07/2023

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M31.5	Community MH	The trust must ensure that they are compliant with all aspects of medicines management including. That there are no gaps in clinic room fridge and room temperature records. that there is always a robust system in place to ensure the security of all doctors FP10 prescription pads. That all out of date medicines are disposed of immediately. (Regulation 12(2)(g))	Director of Community MH Services - NE Essex	Nil	Review process for management of out of date medicines at community settings	On Track	30/09/2023
M32.1	Community MH	The trust must ensure that all patients have fully completed discharge plans and that there are systems and processes in place to secure timely discharge for patients using the recovery and wellbeing part of the service as part of their recovery. (Regulation 17(2)(b))	Director of Community Delivery and Partnerships South East Essex/ Deputy Director, Quality & Safety – Mid and South Essex Community Delivery	Nil	Change care plans to prompt clinicians to set discharge date	On Track	31/12/2023
M32.2	Community MH	The trust must ensure that all patients have fully completed discharge plans and that there are systems and processes in place to secure timely discharge for patients using the recovery and wellbeing part of the service as part of their recovery. (Regulation 17(2)(b))	Director of Community Delivery and Partnerships South East Essex/ Deputy Director, Quality & Safety – Mid and South Essex Community Delivery	Nil	Create clear identification for cases where there are factors that limits the patients from being discharged and extends length of time on caseload	On Track	31/12/2023
M32.3	Community MH	The trust must ensure that all patients have fully completed discharge plans and that there are systems and processes in place to secure timely discharge for patients using the recovery and wellbeing part of the service as part of their recovery. (Regulation 17(2)(b))	Director of Community Delivery and Partnerships South East Essex/ Deputy Director, Quality & Safety – Mid and South Essex Community Delivery	Nil	Benchmark workforce establishment to understand resourcing and availability to complete discharge	On Track	31/12/2023
M32.4	Community MH	The trust must ensure that all patients have fully completed discharge plans and that there are systems and processes in place to secure timely discharge for patients using the recovery and wellbeing part of the service as part of their recovery. (Regulation 17(2)(b))	Director of Community Delivery and Partnerships South East Essex/ Deputy Director, Quality & Safety – Mid and South Essex Community Delivery	Nil	Training needed to identify when and how to have goal setting and discharge conversations and also the tactical preparation for discharge planning. Connect this in with the work already on the safety improvement planning work.	On Track	30/03/2024
M33.1	Community MH	The trust must ensure that managers at Colchester EIP and Colchester wellbeing and recovery teams use effective systems for auditing patients' care records when they transfer between care co-ordinators. (Regulation 17(2)(b)).	Director of Community MH Services - NE Essex	Nil	Establish process for quality audit of Care Programme Approach (CPA) transfer meetings, establish that each transfer on system has an associated Care Programme Approach (CPA) care plan review.	Complete	31/12/2023
M33.2	Community MH	The trust must ensure that managers at Colchester EIP and Colchester wellbeing and recovery teams use effective systems for auditing patients' care records when they transfer between care co-ordinators. (Regulation 17(2)(b)).	Director of Community MH Services - NE Essex	Nil	Meeting with leadership team to establish requirements under Care Programme Approach (CPA) policy. Roll out to all teams.	Complete	30/08/2023
M33.3	Community MH	The trust must ensure that managers at Colchester EIP and Colchester wellbeing and recovery teams use effective systems for auditing patients' care records when they transfer between care co-ordinators. (Regulation 17(2)(b)).	Director of Community MH Services - NE Essex	Nil	Productivity Team to scope if a report can be run from EPR to demonstrate care programme approach (CPA) review against transfers of care in community teams.	Complete	30/08/2023
M34.1	Community MH	The trust must ensure that their electronic recording system/s can link up historical and current patient information. To ensure that staff can easily access all this information and ensure that no patient information is lost when transferring from one system to another. (Regulation 17(2)(f))	Director of Community MH Services - NE Essex	See action M3.3 and M3.41.2	Please see action M3.3 and M3.4	N/A	
M34.2	Community MH	The trust must ensure that their electronic recording system/s can link up historical and current patient information. To ensure that staff can easily access all this information and ensure that no patient information is lost when transferring from one system to another. (Regulation 17(2)(f))	Director of Community MH Services - NE Essex	e-Standard Operating Procedure Project	Automated transfer process with new Standard Operating Procedure for transfer of patients	Complete	01/10/2023
M35.1	Older Adults	The trust must ensure that emergency equipment is managed in line with trust policy (Regulation 12(2)(b)).	Director of Nursing and Infection prevention and control	Nil	Ward Managers/Matrons to ensure daily checks (CLPG14A Appendix 10) and weekly checks (CLPG14A Appendix 9 and 11) are carried out as audited on Tendable (Ward Managers Audit).	Complete	30/08/2023

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M35.2	Older Adults	The trust must ensure that emergency equipment is managed in line with trust policy (Regulation 12(2)(b)).	Director of Nursing and Infection prevention and control	Nil	Identified gaps and actions to be discussed at team level and escalations shared with the Quality & Safety (Q&S) meeting; and the Resuscitation and Deteriorating Patient Group	On Track	30/10/2023
M35.3	Older Adults	The trust must ensure that emergency equipment is managed in line with trust policy (Regulation 12(2)(b)).	Director of Nursing and Infection prevention and control	Nil	Pilot electronic emergency equipment checks (QR codes with MS forms) with selected wards to include Henneage and Meadowview.	On Track	31/12/2023
M36.1	Older Adults	The trust must ensure all Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) information and recording is correct (Regulation 12(2)(b)).	Director of Nursing and Infection prevention and control	Nil	Information reviewed and corrected at time of visit	Complete	01/11/2022
M36.2	Older Adults	The trust must ensure all Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) information and recording is correct (Regulation 12(2)(b)).	Director of Nursing and Infection prevention and control	Nil	Review and revise current process of recording Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) with ward managers to ensure consistent and across all areas of recording (Record and Whiteboard)	Complete	30/08/2023
M37.1	Older Adults	The trust must ensure staff on Henneage Ward maintain trust standards when observing and interacting with patients (Regulation 12(2)(b)).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Leadership Team to undertake review at Henneage ward using 15 steps challenge	Complete	30/07/2023
M37.2	Older Adults	The trust must ensure staff on Henneage Ward maintain trust standards when observing and interacting with patients (Regulation 12(2)(b)).	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Henneage ward is part of wider observation improvement actions please see M7 and M8	N/A	
M38.1	Older Adults	The trust must ensure that medicines are managed in line with trust policy, in particular medicines reconciliation and covert medicines administration (Regulation 12(2)(g)).	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Review options for change of trolley assessors from ward manager/matron to peer assessor (preventing failure to fail)	On Track	30/11/2023
M38.2	Older Adults	The trust must ensure that medicines are managed in line with trust policy, in particular medicines reconciliation and covert medicines administration (Regulation 12(2)(g)).	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	To establish simple process which ensures pharmacy are alerted when a transfer takes place and ensures medical review following transfer of a patient	On Track	30/11/2023
M38.3	Older Adults	The trust must ensure that medicines are managed in line with trust policy, in particular medicines reconciliation and covert medicines administration (Regulation 12(2)(g)).	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	To review process following transfer to consider completing full rewrite of drug chart on patients return	On Track	30/11/2023
M38.4	Older Adults	The trust must ensure that medicines are managed in line with trust policy, in particular medicines reconciliation and covert medicines administration (Regulation 12(2)(g)).	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Review options for medical Staff to access and make use of summary care records for medicine reconciliation	On Track	30/11/2023
M38.5	Older Adults	The trust must ensure that medicines are managed in line with trust policy, in particular medicines reconciliation and covert medicines administration (Regulation 12(2)(g)).	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Review process for assessment and checklist for covert medicines which should be completed (this identifies pharmacy involvement)	On Track	30/11/2023
M38.6	Older Adults	The trust must ensure that medicines are managed in line with trust policy, in particular medicines reconciliation and covert medicines administration (Regulation 12(2)(g)).	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Medical staff to ensure that medicines to be administered covertly are prescribed covertly with any specific details added	On Track	30/11/2023
M38.7	Older Adults	The trust must ensure that medicines are managed in line with trust policy, in particular medicines reconciliation and covert medicines administration (Regulation 12(2)(g)).	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Staff to ensure covert medicines are care planned with details of instructions for staff to follow	On Track	30/11/2023
M39.1	Older Adults	Includes M39 and S20 The trust must continue its work to recruit psychologists as part of the multidisciplinary team. (Regulation 18(1)). The trust should continue its work to recruit psychologists as part of the multidisciplinary team.	Clinical Director of Psychological Services	Recruitment Programme for Psychological Services	Deliver recruitment programme within older adult inpatient wards: Recruitment plan to minimise vacancies within Psychological Services'	On Track	31/12/2023
M40.1	LD	The service must ensure it has enough permanent regular nursing and support staff to keep patients safe (Regulation 18(1)).	Interim Modern Matron, Byron Court	Nil	Continue with recruitment program for Byron Court	Complete - evidence received	30/07/2023

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M40.2	LD	The service must ensure it has enough permanent regular nursing and support staff to keep patients safe (Regulation 18(1)).	Interim Modern Matron, Byron Court	Nil	Establishment of an additional Band 6 FTE post	Complete - evidence received	30/07/2023
M41.1	LD	The service must ensure that blood glucose machines are fully calibrated (Regulation 12(2) (e)).	Interim Modern Matron, Byron Court	Nil	Datix alert (INT GEN 2022 11) issued on 22/12/2022 with attached calibration record log	Complete	30/07/2023
M41.2	LD	The service must ensure that blood glucose machines are fully calibrated (Regulation 12(2) (e)).	Interim Modern Matron, Byron Court	Nil	Form to record calibration blood glucose machines, weekly to be added to clinic management book located within the clinic room.	Complete	30/07/2023
M41.3	LD	The service must ensure that blood glucose machines are fully calibrated (Regulation 12(2) (e)).	Interim Modern Matron, Byron Court	Nil	Instruction for new form completion task to be allocated to be added to handover book weekly tasks	Complete	30/07/2023
M41.4	LD	The service must ensure that blood glucose machines are fully calibrated (Regulation 12(2) (e)).	Interim Modern Matron, Byron Court	Nil	To purchase extra control solution and add prompt for staff to reorder when fluid levels are running low.	Complete	30/07/2023
M41.5	LD	The service must ensure that blood glucose machines are fully calibrated (Regulation 12(2) (e)).	Interim Modern Matron, Byron Court	Nil	Ward manager / Matron to audit completion of form and stock of fluid monthly for assurance. Question relating to the weekly checking of the Blood Glucose Monitor Record to be added to the ward managers audit.	Complete	30/08/2023
M42.1	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	Increase qualified staff to enable allocation of minimum 1 substantive qualified on every shift	Complete	30/07/2023
M42.2	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	Ensure all regular bank staff have full access to Electronic Patient Record (EPR)	Complete	30/08/2023
M42.3	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	The service are liaising with IT the possibility of short-term guest logins to enable agency staff access to EPR when they are on shift	Complete	30/10/2023
M42.4	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	The service to introduce Care Programme Approach (CPA) paperwork scrutiny in team meetings and individual 1-1 Support	Complete	30/08/2023
M42.5	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	Positive Behaviour Support (PBS) training for staff facilitated by Hertfordshire Partnership Foundation trust (HPFT) and EPUT (3, ½ day sessions)	On Track	30/03/2024
M42.6	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	Psychology to review and update behavioural therapy pathway to ensure Positive Behaviour Support (PBS) plans are reviewed.	On Track	30/03/2024
M42.7	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	All risk assessments to be reviewed by Leadership Team in line with Datix incidents for each patient	Complete	30/07/2023
M42.8	LD	The provider must ensure that all care and treatment records are complete and accessible (Regulation 17(2)(c)).	Interim Modern Matron, Byron Court	Nil	Establish new process for ward manager to check Antecedent Behaviour Consequence (ABC) completed following a Datix being completed and holding Antecedent Behaviour Consequence (ABC) chart session as part of Away Day	Complete	30/11/2023
M43.1	LD	The service must ensure that staff accurately record administration of medications, and that consent to treatment forms are easily accessible (Regulation 12(2) (g)).	Interim Modern Matron, Byron Court/ Deputy Medical Director - Specialist Services Care Unit	Nil	Medication cards to be checked for missing signatures or codes in both handover and safety huddles. Any discrepancies are clarified with staff immediately on identification.	Complete	30/07/2023

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M43.2	LD	The service must ensure that staff accurately record administration of medications, and that consent to treatment forms are easily accessible (Regulation 12(2) (g)).	Interim Modern Matron, Byron Court/ Deputy Medical Director - Specialist Services Care Unit	Nil	Medication Administration Record (MAR) to be developed and added to front of medication folder for completion when a new medication chart is written.	Complete	30/08/2023
M44.1	LD	The service must ensure that staff record patient vital signs on the physical health observation charts, in line with trust policy. (Regulation 12(2)(a)).	Interim Modern Matron, Byron Court	Nil	Discuss in team meeting the importance of completing NEWS charts accurately, including marking refusal with an 'R' and the vital signs observations that can be completed if the patient refuses.	Complete	30/08/2023
M44.2	LD	The service must ensure that staff record patient vital signs on the physical health observation charts, in line with trust policy. (Regulation 12(2)(a)).	Interim Modern Matron, Byron Court	Nil	Physical health nurse to audit National Early Warning Score (NEWS) charts weekly. Any discrepancies will be bought to attention of ward manager so support can be offered.	Complete	30/08/2023
M44.3	LD	The service must ensure that staff record patient vital signs on the physical health observation charts, in line with trust policy. (Regulation 12(2)(a)).	Interim Modern Matron, Byron Court	Nil	Physical health nurse to ensure health action plans are completed yearly and hospital passports are up to date	Complete	30/10/2023
M45.1	LD	The service must ensure that staff have access to specialist learning disability and autism training. (Regulation 12(2) (c)).	Interim Modern Matron, Byron Court	Filling of vacancies to support staff time for training (see M40)	Development of Learning Disability (LD) specific training strategy (including Training needs analysis)	Complete	30/09/2023
M45.2	LD	The service must ensure that staff have access to specialist learning disability and autism training. (Regulation 12(2) (c)).	Interim Modern Matron, Byron Court	Filling of vacancies to support staff time for training (see M40)	Staff to attend Oliver McGowan training which is now available on online training platform for staff.	Complete	30/08/2023
M45.3	LD	The service must ensure that staff have access to specialist learning disability and autism training. (Regulation 12(2) (c)).	Interim Modern Matron, Byron Court	Filling of vacancies to support staff time for training (see M40)	Offer tier 2 (focused on Learning Disabilities population) training (one day face to face) to all clinical staff on the ward delivered externally (experts by experience).	On Track	30/11/2023
M45.4	LD	The service must ensure that staff have access to specialist learning disability and autism training. (Regulation 12(2) (c)).	Interim Modern Matron, Byron Court	Filling of vacancies to support staff time for training (see M40)	Positive Behaviour Support (PBS) training for staff facilitated by Hertfordshire Partnership Foundation trust (HPFT) and EPUT (3, ½ day sessions)	On Track	30/03/2024
M45.5	LD	The service must ensure that staff have access to specialist learning disability and autism training. (Regulation 12(2) (c)).	Interim Modern Matron, Byron Court	Filling of vacancies to support staff time for training (see M40)	Learning Disability (LD) & Autism, training from psychological services (a couple hours)	On Track	31/12/2023
M45.6	LD	The service must ensure that staff have access to specialist learning disability and autism training. (Regulation 12(2) (c)).	Interim Modern Matron, Byron Court	Filling of vacancies to support staff time for training (see M40)	Makaton training (external) 1 day and 2 day offerings.	On Track	30/03/2024
M46	Adult Acute& PICU	Note this is action M7 from April 2023 action plan The trust must ensure ligature cutters are stored in line with trust policy	Director of Mental Health Urgent Care & Inpatient Services	Initial action plan ref ..	No further action to be taken, under initial action plan checked all wards	Complete - evidence received	30/11/2022
S1	trust wide	The trust should ensure they continue to work on the organisational culture, including addressing the recommendations made from the inquiry linked to recent television broadcasts.	Director of Patient Safety	Internal Inquiry Action Plan	Completion of internal inquiry action plan	On Track	31/12/2023
S2.1	Adult Acute& PICU	The trust should ensure the new vison and values are reviewed across wards to ensure staff understand their role and contribution to providing high quality care.	Director of Mental Health Urgent Care & Inpatient Services	Nil	Site / Service environmental review to identify and remove old values / brandings and replace with new ones.	On Track	30/09/2023
S2.2	Adult Acute& PICU	The trust should ensure the new vison and values are reviewed across wards to ensure staff understand their role and contribution to providing high quality care.	Director of Mental Health Urgent Care & Inpatient Services	Nil	To link vision and values discussion into individual appraisals / 1-1 Support.	On Track	30/10/2023

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S2.3	Adult Acute& PICU	The trust should ensure the new vison and values are reviewed across wards to ensure staff understand their role and contribution to providing high quality care.	Director of Mental Health Urgent Care & Inpatient Services	Digital Screen Roll out	To roll out Digital Screens at all the inpatient units to facilitate easy display of digital posters to highlight vision, values and strategic objectives.	On Track	30/03/2024
S3.1	Adult Acute& PICU	The trust should ensure that staff are provided with clear guidance regarding how to hold patient forums.	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Senior leadership team to work with Ardleigh to review how they are implementing their patient forums	Complete	30/09/2023
S3.2	Adult Acute& PICU	The trust should ensure that staff are provided with clear guidance regarding how to hold patient forums.	Deputy Director, Quality & Safety - Inpatient & Urgent Care Unit	Nil	Ensure there is robust guidance to support process.	Complete	30/10/2023
S4.1	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First Mid, and Home First East teams are up to date with their mandatory training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Monthly Service Manager Recovery Plans to include mandatory training with a 3 month forward view and escalations for non-delivery (including barrier to achievement of the plan).	On Track	31/12/2023
S4.2	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First Mid, and Home First East teams are up to date with their mandatory training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	To delivery mandatory training recovery plan	On Track	30/12/2023
S4.3	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First Mid, and Home First East teams are up to date with their mandatory training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Standardised business meeting agendas to ensure training compliance is discussed	Complete	30/08/2023
S4.4	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First Mid, and Home First East teams are up to date with their mandatory training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Ensure process in place for team and service managers to escalate identified barriers to completing training to care unit leadership for oversight and support	Complete	30/08/2023
S4.5	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First Mid, and Home First East teams are up to date with their mandatory training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Review of barriers to completing care certificates and processes in place (e.g. complete during probation period)	On Track	31/12/2023
S4.6	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First Mid, and Home First East teams are up to date with their mandatory training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Implement recovery plan for completing care certificate	On Track	01/01/2024
S5.1	MH Crisis Services & HBPoS	The trust should ensure that teams do not have excessively high caseloads.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	To undertake urgent care review of home first teams' operational model against Royal College of Psychiatry benchmarks to ensure meeting standards of caseloads	On Track	30/09/2023
S5.2	MH Crisis Services & HBPoS	The trust should ensure that teams do not have excessively high caseloads.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	To set maximum case load plan based on review with escalation process where limits exceeded.	Complete	31/12/2023
S5.3	MH Crisis Services & HBPoS	The trust should ensure that teams do not have excessively high caseloads.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Current mitigation – Escalate excessive caseloads via daily situation report (sitrep) meetings	Complete	30/07/2023
S5.4	MH Crisis Services & HBPoS	The trust should ensure that teams do not have excessively high caseloads.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Action: To continue work on improving flow to reduce and maintain appropriate home first team caseloads.	On Track	31/12/2023

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S6.1	MH Crisis Services & HBPoS	The trust should ensure teams monitor physical health where necessary.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	To undertake an audit of current assessment of physical health against the Royal College of Psychiatrists - Access and Assessment criteria 20 and CG55 (Physical Healthcare Guidelines) and amend process as identified.	On Track	30/10/2023
S6.2	MH Crisis Services & HBPoS	The trust should ensure teams monitor physical health where necessary.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	To link case note review (records audit of one set of notes) covering the criteria 20 and CG55 (Physical Healthcare Guidelines) into individual 1-1 Support sessions.	On Track	30/10/2023
S6.3	MH Crisis Services & HBPoS	The trust should ensure teams monitor physical health where necessary.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Monthly Service Manager Recovery Plans to include 1-1 Support with confirmation that case note review has been included.	On Track	30/10/2023
S6.4	MH Crisis Services & HBPoS	The trust should ensure teams monitor physical health where necessary.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Audit that equipment (physical health bags) to ensure all necessary kit is available to staff.	On Track	30/09/2023
S7.1	MH Crisis Services & HBPoS	The trust should ensure that care plans are personalised and individualised and demonstrate patient involvement.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	To implement the Fundamentals of Care Principles	On Track	30/09/2023
S7.2	MH Crisis Services & HBPoS	The trust should ensure that care plans are personalised and individualised and demonstrate patient involvement.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	To link Fundamentals of Care Principles discussion into individual appraisals / 1-1 Support.	On Track	30/10/2023
S7.3	MH Crisis Services & HBPoS	The trust should ensure that care plans are personalised and individualised and demonstrate patient involvement.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Benchmark My Care, My Recovery Plans against the Royal College of Psychiatrists - Standards for Crisis Resolution and Home Treatment teams and amend to be service specific.	On Track	30/11/2023
S7.4	MH Crisis Services & HBPoS	The trust should ensure that care plans are personalised and individualised and demonstrate patient involvement.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Roll out 'My Care, My Recovery' plans for Home First / Home Treatment Teams	On Track	31/12/2023
S8	MH Crisis Services & HBPoS	Combined with M30				N/A	
S9.1	MH Crisis Services & HBPoS	The trust should ensure that vacancy rates are reduced so that teams are adequately staffed.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Analysis of current vacancy data to be undertaken with representatives from the Team	Complete	30/08/2023
S9.2	MH Crisis Services & HBPoS	The trust should ensure that vacancy rates are reduced so that teams are adequately staffed.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Deliver recruitment drive including linking with Marketing. Recruitment and Service Representatives to introduce and kick-start a drive for advert promotion. The goal to direct potential applicants to apply.	On Track	30/09/2023
S9.3	MH Crisis Services & HBPoS	The trust should ensure that vacancy rates are reduced so that teams are adequately staffed.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Recruitment team to ensure recruitment is expedited where possible for relevant candidates.	On Track	31/12/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
S10.1	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First East and Crisis Resolution and Home Treatment west teams are up to date with staff supervision.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Highlight and enable the need for supervision by Clinical managers prioritising the clinical supervision one to ones	On Track	31/12/2023
S10.2	MH Crisis Services & HBPoS	The trust should ensure that the Home First West, Home First East and Crisis Resolution and Home Treatment west teams are up to date with staff supervision.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Highlight and enable the need for 1-1 Support by having regular agenda item at the monthly business meetings to ensure the meetings are booked in	Complete	30/09/2023
S11.1	MH Crisis Services & HBPoS	The trust should ensure that doctors in the Home First Team East keep prescription pads stored securely.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Development of A4 double sided quick reference guides on these topics.	On Track	31/12/2023
S11.2	MH Crisis Services & HBPoS	The trust should ensure that doctors in the Home First Team East keep prescription pads stored securely.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Communication to be sent out to all prescribing staff reminding on procedure and responsibility of securely storing prescription pads.	Complete	30/08/2023
S11.3	MH Crisis Services & HBPoS	The trust should ensure that doctors in the Home First Team East keep prescription pads stored securely.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Professional supervision for prescribers to include discussions of responsibilities pertaining to the safe storage and management of prescription pads in accordance with trust Policy	Complete	30/09/2023
S11.4	MH Crisis Services & HBPoS	The trust should ensure that doctors in the Home First Team East keep prescription pads stored securely.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Induction of Medical staff to include the safe storage and management of prescription pads in accordance with trust policy.	Complete	31/12/2023
S12.1	MH Crisis Services & HBPoS	The trust should ensure the Home First East team complete audits to monitor the effectiveness of the service.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Set an annual clinical Audit plan which is reported to the Patient Quality and Safety meetings and includes outcome measures and actions.	On Track	30/11/2023
S13.1	Community MH	The trust should ensure that all patient care plans are individualised and holistic.	Director of Community MH Services - NE Essex	Nil	Improve training on care plans (including at induction)	On Track	30/03/2024
S13.2	Community MH	The trust should ensure that all patient care plans are individualised and holistic.	Director of Community MH Services - NE Essex	Nil	Meeting with Community Directors and Deputy Directors to agree narrative around personalised care planning in short term. Training and instruction to be provided to all community staff through care groups.	Complete	30/08/2023
S13.3	Community MH	The trust should ensure that all patient care plans are individualised and holistic.	Director of Community MH Services - NE Essex	Nil	Roll out community briefing training and auditing of personalised care and support plans within current EPR systems with local auditing through flow and capacity supervision.	On Track	30/09/2023
S13.4	Community MH	The trust should ensure that all patient care plans are individualised and holistic.	Director of Community MH Services - NE Essex	Transformation Project	Long term development of personalised community care and support plans through mental health framework (Roll out of GAS care plans)	On Track	30/04/2024
S14.1	Community MH	The trust should ensure that they address the waiting lists for psychological therapy.	Clinical Director of Psychological Services	Recruitment Programme for Psychological Services	Deliver recruitment programme within community mental health: Recruitment plan to minimise vacancies within Psychological Services' Adult Community Teams (ACPs), including Qualified Psychologists, Assistant Psychologists and Clinical Associate Practitioners (CAPs).	On Track	31/12/2023
S14.2	Community MH	The trust should ensure that they address the waiting lists for psychological therapy.	Clinical Director of Psychological Services	Recruitment Programme for Psychological Services	Continue clinical risk management of patient safety whilst people are waiting for psychological therapy	On Track	31/12/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
S15.1	Older Adults	The trust should ensure that work continues to recruit permanent staff to reduce vacancy levels.	Associate Director of Resourcing	Nil	Analysis of current vacancy data to be undertaken with representatives from the Team	Complete	30/08/2023
S15.2	Older Adults	The trust should ensure that work continues to recruit permanent staff to reduce vacancy levels.	Associate Director of Resourcing	Nil	Initiate recruitment drive including linking with Marketing. Recruitment and Service Reps to introduce and kick off a drive for advert promotion. Goal to direct potential applicants to apply.	On Track	30/09/2023
S15.3	Older Adults	The trust should ensure that work continues to recruit permanent staff to reduce vacancy levels.	Associate Director of Resourcing	Nil	Recruitment team to ensure recruitment is expedited where possible for relevant candidates.	Complete	31/12/2023
S16.1	Older Adults	The trust should consider arrangements for formally monitoring meaningful activities for patients on each ward.	Chief Allied Health Professional (Interim)	Nil	Carry out a scoping exercise to establish existing activities	On Track	30/10/2023
S16.2	Older Adults	The trust should consider arrangements for formally monitoring meaningful activities for patients on each ward.	Chief Allied Health Professional (Interim)	Nil	Develop a set of meaningful activities safe and appropriate for older adult	On Track	30/11/2023
S16.3	Older Adults	The trust should consider arrangements for formally monitoring meaningful activities for patients on each ward.	Chief Allied Health Professional (Interim)	Nil	Provision of evidence based safe activity tools	On Track	30/11/2023
S16.4	Older Adults	The trust should consider arrangements for formally monitoring meaningful activities for patients on each ward.	Chief Allied Health Professional (Interim)	Nil	Pilot activities on a ward and scale up	On Track	31/12/2023
S16.5	Older Adults	The trust should consider arrangements for formally monitoring meaningful activities for patients on each ward.	Chief Allied Health Professional (Interim)	Nil	Increased staffing on wards (activity coordinators) to implement	On Track	31/12/2023
S17.1	Older Adults	The trust should ensure that staff on Tower ward meet its targets for compliance with mandatory training, in particular grab bag training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Implementing recovery plan for training	Complete	30/10/2023
S17.2	Older Adults	The trust should ensure that staff on Tower ward meet its targets for compliance with mandatory training, in particular grab bag training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Review how staff on long term leave are reflected on systems	On Track	30/10/2023
S17.3	Older Adults	The trust should ensure that staff on Tower ward meet its targets for compliance with mandatory training, in particular grab bag training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	All outstanding staff to complete the Grab bag training – Intermediate Life Support (ILS)	On Track	30/10/2023
S17.4	Older Adults	The trust should ensure that staff on Tower ward meet its targets for compliance with mandatory training, in particular grab bag training.	Associate Director Mental Health Inpatient and Urgent Care Services, North East and West Essex	Nil	Training compliance to be reviewed and discussed in team meetings as a standing agenda and 1-1 Support meetings	Complete	30/08/2023
S18.1	Older Adults	The trust should ensure the service adheres to the Mental Health Act and the Mental Health Act Code of Practice, in particular that patients' medicines are prescribed in line with consent to treatment documents.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Management to ensure that Medical staff accurately complete electronic T2/T3/S62 forms: that this covers exactly what is prescribed; complete prompt on front of chart for Mental Health Act (MHA) status and if T2/T3 is required, to ensure location of this with the chart	On Track	30/09/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
S18.2.1	Older Adults	The trust should ensure the service adheres to the Mental Health Act and the Mental Health Act Code of Practice, in particular that patients' medicines are prescribed in line with consent to treatment documents.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Mental Health Act (MHA) Team to design and roll out program to raise awareness and support Medical staff with prescribing medicines in line with consent to treatment documents and reviewing consent to treatment forms.	Complete	31/12/2023
S18.2.2	Older Adults	The trust should ensure the service adheres to the Mental Health Act and the Mental Health Act Code of Practice, in particular that patients' medicines are prescribed in line with consent to treatment documents.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	Embedded escalation process to be monitored via the MHA audit	On Track	31/12/2023
S18.3	Older Adults	The trust should ensure the service adheres to the Mental Health Act and the Mental Health Act Code of Practice, in particular that patients' medicines are prescribed in line with consent to treatment documents.	Deputy Medical Director - Inpatient & Urgent Care Unit	Nil	MHA & Safeguarding Sub Committee to incorporate review of monthly Tendable Mental Health Act (MHA) audits and support in addressing gaps	On Track	30/09/2023
S19.1	Older Adults	The trust should ensure that care plans are easy to use and understand.	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Nil	Gloucester ward to archive care plans after 3 months and new ones rewritten for patients with extended length of stay to ensure care plans do not become too long over time.	On Track	30/09/2023
S19.2	Older Adults	The trust should ensure that care plans are easy to use and understand.	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Transformation Project	New smart care plan to be launched later this year late Q3 (key principles of SMART, Simple and uncluttered, short and to the point, includes primary outcome measure and secondary outcome measure)	On Track	31/12/2023
S19.3	Older Adults	The trust should ensure that care plans are easy to use and understand.	Associate Director Mental Health Inpatient and Urgent Care Services, Mid and South Essex	Transformation Project	To roll out bite-size training to clinical staff	On Track	31/12/2023
S20	Older Adults	Combined with M39				N/A	
S21.1	Older Adults	The trust should ensure that staff meet its targets for compliance with staff appraisals and staff supervision.	Director of Mental Health Urgent Care & Inpatient Services	Nil	To undertake a data cleansing exercise to remove any individuals who would not be due an appraisal (e.g. international recruits who have not been in post for 12 months) and six monthly checks thereafter.	Complete	30/08/2023
S21.2	Older Adults	The trust should ensure that staff meet its targets for compliance with staff appraisals and staff supervision.	Director of Mental Health Urgent Care & Inpatient Services	Nil	Deliver recovery plan to ensure all staff (noting exclusions e.g. maternity leave) are up to date with appraisals.	On Track	31/12/2023
S21.3	Older Adults	The trust should ensure that staff meet its targets for compliance with staff appraisals and staff supervision.	Director of Mental Health Urgent Care & Inpatient Services	Nil	To set delivery plan for appraisals for 2024/25 (commencing April 2024)	On Track	31/12/2023
S21.4	Older Adults	The trust should ensure that staff meet its targets for compliance with staff appraisals and staff supervision.	Director of Mental Health Urgent Care & Inpatient Services	Nil	Monthly Service Manager Recovery Plans to include appraisals and 1-1 Support with a 3 month forward view and escalations for non-delivery of sessions.	Complete	30/08/2023
S22.1	Older Adults	The trust should ensure all wards follow its governance systems and processes to maintain patient safety, in particular for clinical equipment monitoring, assessment and management of patient risk, and medicines management.	Director of Patient Safety	Nil	Review process of escalation from nurse in charge to ward manager where gaps are identified	Off plan, mitigations in place	30/08/2023
S22.2	Older Adults	The trust should ensure all wards follow its governance systems and processes to maintain patient safety, in particular for clinical equipment monitoring, assessment and management of patient risk, and medicines management.	Director of Patient Safety	Nil	Ensure assurance process of Tower ward manager and Matron assurance is followed by using Tendable and addresses gaps (links to M24.1)	Complete	30/08/2023
S22.3	Older Adults	The trust should ensure all wards follow its governance systems and processes to maintain patient safety, in particular for clinical equipment monitoring, assessment and management of patient risk, and medicines management.	Director of Patient Safety	Nil	Tendable data to be made available on safety dashboards to ease accessibility of data.	On Track	31/12/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
S22.4	Older Adults	The trust should ensure all wards follow its governance systems and processes to maintain patient safety, in particular for clinical equipment monitoring, assessment and management of patient risk, and medicines management.	Director of Patient Safety	Nil	Medicines governance covered in M21 and M38	N/A	
S23.1	Older Adults	The trust should ensure that it develops structured quality improvement models to help facilitate improvements and service developments.	Director of Nursing and Infection prevention and control	Quality Assurance Framework (QAF)	Please see actions M1.2 Development and Implementation of EPUT Quality Assurance Framework (QAF) and M4 development of Quality Improvement (QI)	N/A	
S24.1	LD	The service should ensure that staff follow trust policy on body worn cameras	Interim Modern Matron, Byron Court	Nil	Communication shared on ensuring staff are following trust policy	Complete	30/07/2023
S24.2	LD	The service should ensure that staff follow trust policy on body worn cameras	Interim Modern Matron, Byron Court	Nil	Discussions in one to one sessions for staff to use the body worn cameras	Complete	30/08/2023
S24.3	LD	The service should ensure that staff follow trust policy on body worn cameras	Interim Modern Matron, Byron Court	Nil	Notice reminding where Body Worn Camera (BWC) Protocol and booking form (Annex 1) are located on intranet located next to the BWC docking station.	Complete	30/08/2023
S24.4	LD	The service should ensure that staff follow trust policy on body worn cameras.	Interim Modern Matron, Byron Court	Nil	Two members of staff to be allocated to use Body Worn Cameras (BWCs) each shift and their identity recorded in the security book.	Complete	30/08/2023
S25.1	LD	The service should ensure that the contents of the first aid box are checked regularly, and items replaced.	Interim Modern Matron, Byron Court	Nil	Purchasing additional first aid kits so when kit is used it is replaced by a pre-checked first aid kit which is tagged and includes expiry date. This will remain in the clinic room.	Complete	30/07/2023
S25.2	LD	The service should ensure that the contents of the first aid box are checked regularly, and items replaced.	Interim Modern Matron, Byron Court	Nil	The first aid kit in the kitchen, which is used by the chef, to be clearly labelled as not to be used on patients and checked weekly	Complete	30/08/2023
S26.1	LD	The service should ensure that governance systems and process are fully embedded to ensure that action is taken.	Deputy Director, Quality & Safety - Specialist Services Care Unit	Nil	Audit results to be discussed with team to develop appropriate actions to address gaps	Complete	30/09/2023
S26.2	LD	The service should ensure that governance systems and process are fully embedded to ensure that action is taken.	Deputy Director, Quality & Safety - Specialist Services Care Unit	Nil	Ward manager and Matron to include identified gaps from audits on local action plan	On Track	30/09/2023
S26.3	LD	The service should ensure that governance systems and process are fully embedded to ensure that action is taken.	Deputy Director, Quality & Safety - Specialist Services Care Unit	Nil	To discuss and monitor service action plan on the 4 weekly cycle pattern at the CQC preparation meeting	On Track	30/10/2023
S26.4	LD	The service should ensure that governance systems and process are fully embedded to ensure that action is taken.	Deputy Director, Quality & Safety - Specialist Services Care Unit	Nil	All progress rated Amber or Red to be escalated to the monthly Quality and safety meeting.	On Track	30/10/2023
S26.5	LD	The service should ensure that governance systems and process are fully embedded to ensure that action is taken.	Deputy Director, Quality & Safety - Specialist Services Care Unit	Nil	Service findings following CQC inspection to be added to existing audit	Complete	30/07/2023
S27.1	Adult Acute& PICU	Note this is S2 from April 2023 action plan The trust should ensure that actions are taken to improve staff morale	Director of Mental Health Urgent Care & Inpatient Services	Nil	From CQC findings key to improving moral will be increasing permanent staffing ratios. Please see action planned under M10	N/A	
S27.2	Adult Acute& PICU	The trust should ensure that actions are taken to improve staff morale	Director of Mental Health Urgent Care & Inpatient Services	Nil	Action plans completed following Team away days Follow up away days to be held	Complete - evidence received	30/09/2023
S27.3	Adult Acute& PICU	The trust should ensure that actions are taken to improve staff morale	Director of Mental Health Urgent Care & Inpatient Services	Nil	New process of thank you letters from the new Deputy Director of Quality and Safety to staff	Complete - evidence received	30/04/2023
S27.4	Adult Acute& PICU	The trust should ensure that actions are taken to improve staff morale	Director of Mental Health Urgent Care & Inpatient Services	Nil	Ongoing visits by Directors and Associate Directors to wards	Complete - evidence received	30/04/2023
S27.5	Adult Acute& PICU	The trust should ensure that actions are taken to improve staff morale	Director of Mental Health Urgent Care & Inpatient Services	Nil	Chief Operating Officer ward visits	Complete - evidence received	30/04/2023

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
S27.6	Adult Acute& PICU	The trust should ensure that actions are taken to improve staff morale	Director of Mental Health Urgent Care & Inpatient Services	Nil	Partner with Positive Practice in Mental Health who will come and visit services across the trust, highlight positive practice and put a focus on improving staff well-being and recognition.	On Track	30/09/2023
Action Ref	**Core Service**	**Findings and Areas of improvement (II)**	**Finding Action Owner - Role**	**Interdependencies inc with other initiatives**	**Action to be taken (Sub-Actions)**	**Action RAG**	**Target Date to complete Action**
1.01	N/A - II Recommendation	Review of safe staffing levels on Healthroster for Willow Ward to ensure sufficient breaks and working hours are taken in line with the Working Time Directives. sure nursing allocation rotas, allocate staff to undertake therapeutic engagement and supportive observations in line with the Trust clinical guidelines, confirming they are not conducted for more than 2 hours consecutively.	Director of Mental Health Urgent Care & Inpatient Services	Inpatient Workforce Planning / Time to Care / CQC Action M10	Review Safer staffing levels for Willow Ward	CQC action - complete	Dec-22
1.01	N/A - II Recommendation	Review of safe staffing levels on Healthroster for Willow Ward to ensure sufficient breaks and working hours are taken in line with the Working Time Directives. sure nursing allocation rotas, allocate staff to undertake therapeutic engagement and supportive observations in line with the Trust clinical guidelines, confirming they are not conducted for more than 2 hours consecutively.	Director of Mental Health Urgent Care & Inpatient Services	CQC Action 3.2	Development of health roster exception report where there are breaches in working time directives or where the roster creation if outside of health roster rules (Sean Hayes and Neil Gallagher)	CQC action - complete	Oct-22
1.01	N/A - II Recommendation	Review of safe staffing levels on Healthroster for Willow Ward to ensure sufficient breaks and working hours are taken in line with the Working Time Directives. sure nursing allocation rotas, allocate staff to undertake therapeutic engagement and supportive observations in line with the Trust clinical guidelines, confirming they are not conducted for more than 2 hours consecutively.	Director of Mental Health Urgent Care & Inpatient Services		Complete random audit sample of 10 wards across UIC and Specialist services	Closed	May-23
1.02	N/A - II Recommendation	Ensure regular, skilled and confident workforce are rostered to meet the patient acuity levels to deliver safe and therapeutic care.	Director of Mental Health Urgent Care & Inpatient Services	Inpatient Workforce Planning / Time to Care / CQC Action (initial action plan 10 and CQC Action M10)	Review safer staffing including regular, skilled and confident workforce are rostered to meet patient acuity levels	CQC action - complete	Dec-22
1.02	N/A - II Recommendation	Ensure regular, skilled and confident workforce are rostered to meet the patient acuity levels to deliver safe and therapeutic care.	Director of Mental Health Urgent Care & Inpatient Services	Inpatient Workforce Planning / Time to Care / CQC Action (initial action plan 10 and CQC Action M10)	Enhance monitoring of safer staffing and proportion of regular staff	Complete	Aug-23
1.02	N/A - II Recommendation	Ensure regular, skilled and confident workforce are rostered to meet the patient acuity levels to deliver safe and therapeutic care.	Director of Mental Health Urgent Care & Inpatient Services	Time to Care / CQC Action M10	Continue to take forward Time to Care imitative	CQC action - on track	Sep-23
1.03	N/A - II Recommendation	Ensure all clinically essential training is offered to all staff groups inclusive of bank and agency to achieve competent and inclusive teams.	Director of Education, Learning & Development & ICB Education Lead	TASI recovery plan	Review of current training offer	Complete	Dec-22
1.03	N/A - II Recommendation	Ensure all clinically essential training is offered to all staff groups inclusive of bank and agency to achieve competent and inclusive teams.	Director of Education, Learning & Development & ICB Education Lead	TASI recovery plan	Establish TASI task and finish group	Complete	Feb-23
1.03	N/A - II Recommendation	Ensure all clinically essential training is offered to all staff groups inclusive of bank and agency to achieve competent and inclusive teams.	Director of Education, Learning & Development & ICB Education Lead	TASI recovery plan	Develop TASI recovery Plan	Complete	Feb-23
1.03	N/A - II Recommendation	Ensure all clinically essential training is offered to all staff groups inclusive of bank and agency to achieve competent and inclusive teams.	Director of Education, Learning & Development & ICB Education Lead	TASI recovery plan	Develop Communication Strategy	Complete	Sep-23
1.03	N/A - II Recommendation	Ensure all clinically essential training is offered to all staff groups inclusive of bank and agency to achieve competent and inclusive teams.	Director of Education, Learning & Development & ICB Education Lead	Training - TASI recovery plan	Clear TASI backlog	on track	Dec-23
1.04	N/A - II Recommendation	Ensure thematic reviews of Datix incident themes are conducted by multidisciplinary clinical leadership teams to develop service improvement plans.	Director of Mental Health Urgent Care & Inpatient Services	CQC Action Plan (Initial Action Plan ref 1 and 15)	Review data available to the clinical MDT leadership team.	CQC action - complete	Dec-22

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
1.05	N/A - II Recommendation	Ensure staff skills are developed through training in the therapeutic care of patients with trauma, personality disorder and other clinical diagnoses, to improve quality care and patient safety.	Director of Education, Learning & Development & ICB Education Lead		Review of current training programme	Complete	Dec-22
1.05	N/A - II Recommendation	Ensure staff skills are developed through training in the therapeutic care of patients with trauma, personality disorder and other clinical diagnoses, to improve quality care and patient safety.	Director of Education, Learning & Development & ICB Education Lead		Review of Mandatory Training this will encompass review of portfolio and content, and will also include: STORM, Oliver McGowan and Ligature Risk reduction.	on track	Nov-23
1.05	N/A - II Recommendation	Ensure staff skills are developed through training in the therapeutic care of patients with trauma, personality disorder and other clinical diagnoses, to improve quality care and patient safety.	Director of Education, Learning & Development & ICB Education Lead		Undertake CPD -Training Needs Analysis	Complete	Jun-23
1.05	N/A - II Recommendation	Ensure staff skills are developed through training in the therapeutic care of patients with trauma, personality disorder and other clinical diagnoses, to improve quality care and patient safety.	Director of Education, Learning & Development & ICB Education Lead		One year pilot of Course - Learning Platform also confers opportunity to review content to support these key areas.	on track	Mar-24
1.06	N/A - II Recommendation	Adopt the methodologies used in CAMHS services that promote therapeutically informed care and treatment. Through individualised positive behavioural plans, Dialectical Behavioural Therapy prescription, and psychologically informed induction for all staff, to develop a supportive and competent workforce	Director of Education, Learning & Development & ICB Education Lead		Adopt the methodologies used in CAMHS services that promote therapeutically informed care and treatment.	Complete	Dec-22
1.06	N/A - II Recommendation	Adopt the methodologies used in CAMHS services that promote therapeutically informed care and treatment. Through individualised positive behavioural plans, Dialectical Behavioural Therapy prescription, and psychologically informed induction for all staff, to develop a supportive and competent workforce	Director of Education, Learning & Development & ICB Education Lead		Project focusing upon the National Care Standard, Patient Care planning, working with service improvement team.	on track	Dec-23
1.07	N/A - II Recommendation	Review the utilisation of the local ward level Trust handover process. This review should be engaging and will require support, training, coaching and IT access for all 29 staff. The aim is for all staff to reengage with the handover process and the importance of effective communication for patient and staff safety.	Director of Mental Health Urgent Care & Inpatient Services	Inpatient register risk (MH-MS23) / Handover Workstream / Time to Care	Review of handover processes	Complete	Dec-22
1.07	N/A - II Recommendation	Review the utilisation of the local ward level Trust handover process. This review should be engaging and will require support, training, coaching and IT access for all 29 staff. The aim is for all staff to reengage with the handover process and the importance of effective communication for patient and staff safety.	Director of Mental Health Urgent Care & Inpatient Services	Inpatient register risk (MH-MS23) / Handover Workstream / Time to Care	Build upon pilot to review handover and ensure principles are adopted Trust wide	Complete	Jul-23
1.08	N/A - II Recommendation	Establish a robust consistent approach to sharing patient information through the utilisation of the white boards on Willow Ward to support the handover process and clinical communication.	Director of Mental Health Urgent Care & Inpatient Services	Comms screens roll out / CQC action 2.3	Install electronic while boards on Willow Ward	on track	Mar-23
1.09	N/A - II Recommendation	Review of induction and guidance information for temporary staff to ensure the language used is consistent with Trust policies and procedures, to promote consistency in positive culture.	Director of Patient Safety	CQC initial action plan (3.3)	Review of induction guidance for temp staff	CQC action - complete	See CQC action plan
1.10	N/A - II Recommendation	Review how a culture of psychological safety for staff and teams can be embedded, to enable staff to be able to share ideas, feelings and concerns without fear or risk of detriment.	Director of Employee Experience	Inpatient Workforce Planning inc Culture / Time to Care	Implementation of culture work stream as part of inpatient workforce improvement plan	on track	Dec-23
1.10	N/A - II Recommendation	Review how a culture of psychological safety for staff and teams can be embedded, to enable staff to be able to share ideas, feelings and concerns without fear or risk of detriment.	Director of Employee Experience	CQC action 9.4	Implement Safewards across all acute wards which supports staff in thinking about relational security and engagement with patients	CQC action - complete	Dec-23
1.10	N/A - II Recommendation	Review how a culture of psychological safety for staff and teams can be embedded, to enable staff to be able to share ideas, feelings and concerns without fear or risk of detriment.	Director of Employee Experience		Undertake a programme of freedom to speak up visits and workshops	Complete	May-23
1.11	N/A - II Recommendation	Review skill-mix and staffing numbers to meet the current needs of patients on the ward, in line nationally evidence based acuity and dependency tools to ensure wards are safely staffed whilst the Trust undertakes larger workforce review projects.	Director of Mental Health Urgent Care & Inpatient Services	Time to Care / CQC Initial action 10 / CQC action M10	Review skill mix and staffing numbers	CQC action - complete	Oct-22

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
1.11	N/A - II Recommendation	Review skill-mix and staffing numbers to meet the current needs of patients on the ward, in line nationally evidence based acuity and dependency tools to ensure wards are safely staffed whilst the Trust undertakes larger workforce review projects.	Director of Mental Health Urgent Care & Inpatient Services		Implementation of twice yearly MHOST data capture report to EPUT Board (Annually)	Complete	May-23
1.12	N/A - II Recommendation	Review how the Willow and Galleywood Ward responds to intelligence regarding patient and staff safety, through a robust governance process to improve the quality of care and promote confidence in issues being addressed.	Director of Patient Safety		Review how intelligence is responded to	Complete	Dec-22
1.12	N/A - II Recommendation	Review how the Willow and Galleywood Ward responds to intelligence regarding patient and staff safety, through a robust governance process to improve the quality of care and promote confidence in issues being addressed.	Director of Patient Safety		Implementation of Safety Dashboard	Complete	May-23
1.12	N/A - II Recommendation	Review how the Willow and Galleywood Ward responds to intelligence regarding patient and staff safety, through a robust governance process to improve the quality of care and promote confidence in issues being addressed.	Director of Patient Safety	CQC Action S27	Away Days to include interactive session on importance of inclusive leadership and culture	Complete	Jan-23
1.13	N/A - II Recommendation	Ensure the multidisciplinary clinical leadership team from Willow Ward further build their relationship with the lessons team to develop their local culture of learning.	Director of Mental Health Urgent Care & Inpatient Services	Culture of Learning	Relationship building with lessons team	Complete	Dec-22
2.01	N/A - II Recommendation	Ensure the new Trust lead for reducing restrictive practice is provided with the internal inquiry findings to support Trust development in this priority agenda.	Director of Nursing and Infection prevention and control	Restrictive Practice Group	Share copy of report with Restrictive Practice Lead	Complete	Dec-22
2.02	N/A - II Recommendation	Establish a process of peer review to provide qualitative assurance that the measures and initiatives are providing outcomes in respect of quality of care and patient safety. Peer reviews to be undertaken by System Partners, Trusts, Experts by Experience and Carers.	Director of Nursing and Infection prevention and control		Establish peer review process	CQC action - complete	Jan-23
2.02	N/A - II Recommendation	Establish a process of peer review to provide qualitative assurance that the measures and initiatives are providing outcomes in respect of quality of care and patient safety. Peer reviews to be undertaken by System Partners, Trusts, Experts by Experience and Carers.	Director of Nursing and Infection prevention and control	QAF / CQC Action M1 and M2.3	Development of Quality assurance framework and Quality of Care strategy	CQC action - on track	Dec-23
2.03	N/A - II Recommendation	Conduct a deep dive review of rostering ensuring safe staffing levels with an 8 week projection, along with a weekly review, ensuring inclusion of clear escalation routes with timescales and owners.	Director of Nursing and Infection prevention and control	Inpatient Workforce Planning inc Culture / Time to Care	See action 1.02	Complete	Oct-22
2.04	N/A - II Recommendation	Ensure that TASID training content is reviewed to reflect therapeutic clinical interventions and Multi-Disciplinary teams to attend.	Director of Education, Learning & Development & ICB Education Lead	Training - TASI recovery plan	Review TASI training (See 1.03 above)	Complete	Dec-22
2.05	N/A - II Recommendation	Implement ward base Professional Nurse Educators, to socialise the therapeutic importance of staff engagement with patients during periods of observation, with the development of training and competency to ensure all staff including temporary are of utilising these approaches. This needs to be real time learning to embed quality, safety practice and culture.	Director of Nursing and Infection prevention and control	Annette Thomas-Gregory	Implement ward base Professional Nurse Educators	Complete	Dec-22
2.06	N/A - II Recommendation	Conduct a Trust wide review and refresh of staff utilisation of Datix incident as a method for recognising patient safety incidents and opportunities for lessons learnt to improve patient care. Inclusive of roles and responsibilities to complete the entire Datix 30 incident process, ensuring patient care and safety responsibilities are fully understood by all staff and all levels.	Director of Patient Safety	CQC Action Plan (initial action plan ref 1 and 15: Final Action Plan M6)	Conduct a Trust wide review and refresh of staff utilisation of Datix incident as a method for recognising patient safety incidents and opportunities for lessons learnt to improve patient care.	CQC action - on track	Dec-23
2.07	N/A - II Recommendation	Develop and implement a site-based and locally focused recruitment campaign, alongside optimal utilisation of recruitment pipelines (international and student recruitment) to ensure wards are sufficiently staffed with competent workforce who can deliver high quality safe patient care.	HE Director - Operations	Inpatient Workforce Planning / Time to Care / CQC M10	Site-based recruitment campaign and strategy	Complete	Aug-23

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
2.08	N/A - II Recommendation	Ensure recruitment processes include robust methods to establish the suitability of staff, both substantive and temporary that focus on clinical competency and professional behaviours.	HE Director - Operations	Inpatient Workforce Planning inc Culture / Time to Care	Review recruitment processes	**Complete**	Dec-22
2.09	N/A - II Recommendation	Develop a focused approach to workforce planning which feeds into the Trust business continuity process. This should include retention and succession plans, staff wellbeing and robust clinical training inclusive of induction and continuous professional development.	HE Director - Operations	Inpatient Workforce Planning inc Culture / Time to Care	Develop a focused approach to workforce planning	**Complete**	Dec-22
2.09	N/A - II Recommendation	Develop a focused approach to workforce planning which feeds into the Trust business continuity process. This should include retention and succession plans, staff wellbeing and robust clinical training inclusive of induction and continuous professional development.	HE Director - Operations	Inpatient Workforce Planning inc Culture / Time to Care	Development of People strategy	on track	Oct-23
2.1	N/A - II Recommendation	Develop Safeguarding roles that are site based to promote a safeguarding culture for patients and staff.	Associate Director of Safeguarding	CQC Section 29	Review of current position on wards	CQC action - complete	Dec-23
2.10	N/A - II Recommendation	Develop Safeguarding roles that are site based to promote a safeguarding culture for patients and staff.	Associate Director of Safeguarding	Risk Open - CRR99	Develop options for implementation of site based roles	on track	Dec-23
2.11	N/A - II Recommendation	Ensure further engagement and support provided for staff through supervision to help with continually managing patient relationships.	Director of Mental Health Urgent Care & Inpatient Services		Restorative supervision model to be implemented across inpatient services.	on track	Mar-24
2.12	N/A - II Recommendation	Ensure that local ward level in practice assurance safety drills are embedded, and continue to monitor consistent practice and sustained improvement in managing patient emergencies.	Director of Education, Learning & Development & ICB Education Lead	CQC Action 14	Review current position	CQC action - complete	Dec-22
2.12	N/A - II Recommendation	Ensure that local ward level in practice assurance safety drills are embedded, and continue to monitor consistent practice and sustained improvement in managing patient emergencies.	Director of Education, Learning & Development & ICB Education Lead		Ensure that local ward level in practice assurance safety drills are embedded, and continue to monitor consistent practice and sustained improvement in managing patient emergencies.	on track	Dec-23
2.13	N/A - II Recommendation	Ensure detailed staff debriefs occur following when patient safety incidents occur and evidence is included in Datix incident information regarding triggers, what happened and what needs to be addressed to reduce the risk of a similar patient safety incidents occurred in the future.	Director of Mental Health Urgent Care & Inpatient Services	Culture of Learning / CQC Initial actions re 1 and 15. CQC Master Ref M6)	See CQC initial action plan ref 1 and 15 Further actions part of CQC action plan M6	CQC action - complete	Dec-22
2.14	N/A - II Recommendation	Review of Trust policy and guidelines, Datix incident categorisation and staff training on patients absconding, not returning from leave and being defined as AWOL to ensure clarity and consistency of clinical actions to be taken and documented. Recognising the importance of carers' engagement and agencies such as Essex police are involved in the review, as well as adherence to the current updated Southend Essex and Thurrock safeguarding missing person guidance.	Director of Nursing and Infection prevention and control	Incident Management	Review of Trust policy and guidelines for AWOL and ensure Datix categorisation matches this	**Complete**	Sep-23
3.01	N/A - II Recommendation	Develop a clinical quality strategy that is evidence based and supports purposeful and therapeutic treatment pathways through inpatient admissions focusing on patient recovery.	Director of Nursing and Infection prevention and control	QAF / CQC Action M1 and M2.3	Development of quality of care enabling strategy to ensure that quality of our care is best practice and evidence based	CQC action - on track	Dec-23
3.02	N/A - II Recommendation	Develop a strategic plan to address organisational culture that enables the development of high functioning teams whose focus is on quality improvement, safety on wards through leadership excellence and collective responsibility.	Director of Nursing and Infection prevention and control		Review recommendation	**Complete**	Dec-23
3.02	N/A - II Recommendation	Develop a strategic plan to address organisational culture that enables the development of high functioning teams whose focus is on quality improvement, safety on wards through leadership excellence and collective responsibility.	Director of Nursing and Infection prevention and control		Development of People Strategy	on track	Oct-23

Action Ref.	Core Service	Findings and Areas of improvement (CQC Must do's and Should do's / II Recommendations)	Action Owner - Role	Interdependencies inc with other initiatives	Action to be taken (Sub-Actions)	Action RAG	Target Date to complete Action
3.03	N/A - II Recommendation	Develop an organisational communication strategy that captures and ensures feedback when information is raised through the organisational forums such as freedom to speak up, staff surveys, trust forums and management escalation. To develop a culture of confidence with staff that the organisation is open, honest and responsive.	Communications Director	Inpatient Workforce Planning inc Culture / Time to Care	Review current position	**Complete**	Dec-22
3.03	N/A - II Recommendation	Develop an organisational communication strategy that captures and ensures feedback when information is raised through the organisational forums such as freedom to speak up, staff surveys, trust forums and management escalation. To develop a culture of confidence with staff that the organisation is open, honest and responsive.	Communications Director	Inpatient Workforce Planning inc Culture / Time to Care	Organisational communication strategy	**Complete**	

ASSURANCE, RISK AND SYSTEMS OF INTERNAL CONTROL

BOARD ASSURANCE FRAMEWORK 2022/23

Discussion Item | DG | 10 minutes

REFERENCES

Only PDFs are attached

BAF 27.09.2023 27.09.2023.pdf

NHS
Essex Partnership University
NHS Foundation Trust

Board Assurance Framework

27 September 2023
Denver Greenhalgh
Senior Director of Corporate Governance

EPUT

CONTENTS

01 Introduction
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Board of Directors September 2023

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Purpose of Report

The report provides a high level summary of the strategic risks and high level operational risks (corporate risk register). These risks have significant programmes of work underpinning them with longer term actions to both reduce the likelihood and consequence of risks and to have in place mitigations should these risks be realised.

- Section 2: Provides a high level summary of the Strategic Risks and the Corporate Risk Register (high level operational risks).
- Noting the following changes to current risk score:
  - CRR99 Safeguarding reduced score from 4x4=16 to 4x3=12
- Section 3 / 4: Note that there are no new or closed risks in the reporting period . Therefore these sections has been removed from the report.
- Section 5: Provides a progress report for each strategic risk provided by the relevant senior responsible officer. Actions that are off plan will be overseen through a risk oversight group (Chaired by the Senior Director of Corporate Governance) and reporting to the Executive Team – commencing Sept. '23.
- Section 6: Provides a progress report for each high level operational risks contained within the Corporate Risk Register provided by the relevant senior responsible officer. Actions that are off plan will be overseen through a risk oversight group (Chaired by the Senior Director of Corporate Governance) and reporting to the Executive Team – commencing Sept. '23.
- Section 7: Provides progress on risk movement across the BAF.
- Section 8: Additional Information
- In October '23 we will welcome the new Risk Manager to EPUT. This person will take forward the Risk Management Assurance Framework maturity plan.

Recommendations:

The Board is asked to receive the report

Corporate Impact Assessment or Board Statements for the 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:	Nil
Governance implications	✓
Impact on patient safety/quality	✓
Impact on equality and diversity	

02 - BAF Dashboard September 2023

EPUT

Strategic Risks

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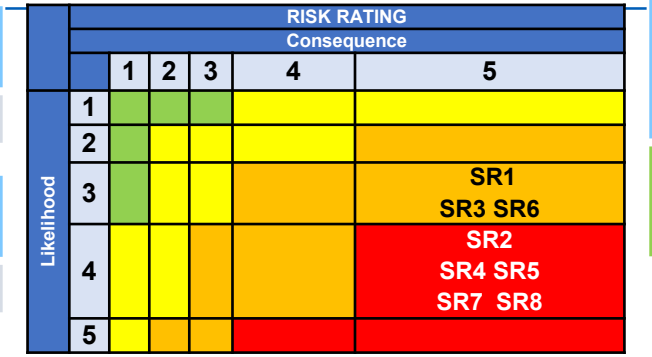
Existing Risks	Recommended New Risks	Recommended for Change in rating	Recommended for Closure
8	1 (pending)	0	0

Risk Score Increases	Risk Score Decreases	No change in Risk Score	Risks Reviewed by owners	On RR more than 12 months
0	0	8	8	8



% Risks with Controls Identified	% risks with assurance identified	Actions overdue
100%	100%	5

ID	SO	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
Score 20+ (Existing risks)								
SR2	2	People	Safety, Experience, Compliance, Service Delivery, Reputation	SL	5x4=20	20 20 20	National challenge for recruitment and retention	• Time to Care business case approved by TB and Commissioner conversations are in train to agree funding • Development of the People and Culture Strategy is on track for November 23. • Education and Learning Strategy is on track for November 2023. • Delivery of objectives with MSE ICB to reduce vacancies on track. Next step, paper from workforce summit to be submitted to Executive Team
SR5	1	Statutory Public Enquiry	Compliance, Reputation	NL	5x4=20	15 15 20	Government led independent inquiry into Mental Health services in Essex	• Long term responsibility for implementation of actions and progress sustainability will sit with the Care Units' Accountability Framework meetings. Working group Action closed. • New control identified, support from external consultants with experience of inquires.
SR7	All	Capital	Safety, Experience, Compliance, Service Delivery, Reputation	TS	5x4=20	20 20 20	Need to ensure sufficient capital for essential works and transformation programmes in order to maintain and modernise	• Continuing to horizon scan to maximise opportunities both regional and national to source capital investment
SR8	All	Use of Resources	Safety, Compliance, Service Delivery, Experience, Reputation	TS	5x4=20	20 20 20	The need to effectively and efficiently manage its use of resources in order to meet its financial control total targets and its statutory financial duty	• Have identified remaining efficiency savings (next steps is to deliver) and action closed. • System Medium Term Financial Plan being developed

Strategic Risks (continued)

Essex Partnership University NHS Foundation Trust

ID	SO	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
Score 20+ (Existing risks)								
SR4	All	Demand and Capacity	Safety, Experience, Compliance, Service Delivery, Reputation	AG	5x4=20	20 → 20 → 20	Long-term plan. White Paper. Transformation and innovation. National increase in demand. Need for expert areas and centres of excellence. Need for inpatient clinical model linked to community. Socioeconomic context & impact. Links to health inequalities.	• Demand and capacity flow on PowerBI dashboards complete. Now progressing to BAU • Time to Care on track • Delayed transfers of care recorded on both EPRs. Action closed Sept 23 • Analysis piece on demand and capacity signed off and system change launched
Score <20 (Existing risks)								
SR1	1	Safety	Safety, Experience, Compliance, Service Delivery, Reputation	NH	5x3=15	20 → 15 → 15	Rising demand for services; Government MH Recovery Action Plan; Covid-19; Challenges in CAMHS & complexities; Systemic workforce issues in the NHS	• PSIRP has been out for comments since May including with ICBs. Now moving to executive approval and then formal ICB approval. Publication aim September 2023.
SR3	All	Infrastructure	Safety, Compliance, Service Delivery, Experience, Reputation	TS	5x3=15	15 → 15 → 15	Capacity and adaptability of support service infrastructure including Estates & Facilities, Finance, Procurement & Business Development/ Contracting to support frontline services.	• Commercial strategy drafted and currently out for consultation. Plan to conclude October 2023 • Estates strategy remains in progress • Procurement restructure complete. Action complete and closed
SR6	All	Cyber Attack	Safety, Compliance, Service Delivery, Experience, Reputation	ZT	5x3=15	15 → 15 → 15	The risk of cyber-attacks on public services by hackers or hostile agencies. Vulnerabilities to systems and infrastructure.	• New control identified, Cyber Governance Manager in Post (Action 1 closed) • Business continuity and disaster plan for each system project has been re-scoped with initial now planned now for Dec 2023 • Decommissioning has taken longer due to complications, this has extended finish date to Sept 2023. Mitigations in place with extended support in place.

Corporate Risks

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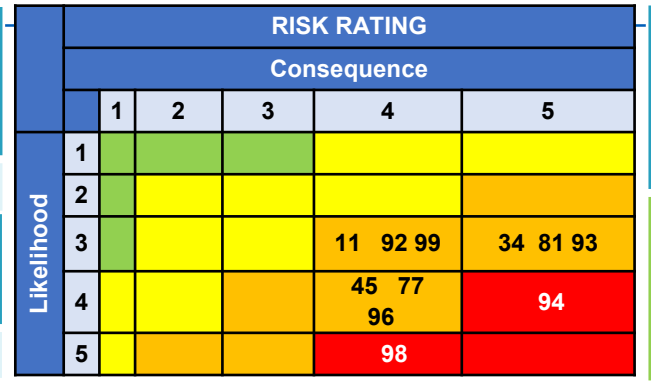
Existing Risks	Recommended New Risks	Recommended Downgrading from SRR to CRR	Recommended Downgrading From CRR to DRR	Recommended for Closure
11	0	0	0	0

Risk Score Increases	Risk Score Decreases	No change in Risk Score	Risks Reviewed by owners	On RR more than 12 months
0	1	10	11	8



% Risks with Controls Identified	% risks with assurance identified	Actions overdue
100%	100%	14

ID	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
CRR94	Engagement and supportive observation	Safety, Compliance	AG	5x4=20	20 20 20	CQC found observation learning not embedded	• Safe Wards continues to be implemented and Training on track • Timescale off plan for review of Garden protocol, expected to be approved in September 2023 • policy review complete and currently out for consultation. Film has been go-produced with patients and carers which will be part of policy launch.
CRR98	Pharmacy Resource	Safety	NH	4x5=20	20 20 20	Continuous state of business continuity plan	• The Pharmacy Service continues to progress with the recruitment campaign • Movement seeing vacancies to below 20 (15.1). Currently have 3.4 WTE due to join in early 2024. Pharmacy have successfully recruited and have 31.9wte in post (since last September). • Pharmacy remains in BCP; BCP reviewed monthly in team meeting. Frontline delivery is still holding up with no specific incidents linked to BCP status.
CRR11	Suicide Prevention	Safe	MK	4x3=12	12 12 12	Implementation of suicide prevention strategy	• Strategy has been revised with aim to be signed off in the September Suicide Prevention Group and then submitted to Executive Team • Work underway with safer wards and discussion scheduled at the September Suicide Prevention Group. • Some timelines off plan, discussion scheduled at the September Suicide Prevention Group
CRR34	Suicide Prevention - training	Safe	MK	5x3=15	15 15 15	Implementation of suicide prevention strategy	• New version of STORM training released which takes training to 3 days instead of 2. this will impact training trajectory. • Conversations with STORM regarding licence have moved forward and process agreed and underway to extend training to temporary staff
CRR45	Mandatory training	Safe	SL	4x4=16	16 16 16	Training frequencies extended over Covid-19 pandemic leaving need for recovery	• Recovery plan continues to be implemented • Review of Mandatory Training policy underway • Training compliance continues to be monitored via training tracker and through Accountability

Corporate Risks (continued)

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ID	Title	Impact	Lead	CRS	Risk Movement (last 3 months)	Context	Key Progress
Existing Risks cont'd							
CRR77	Medical Devices	Safe, Financial, Service Delivery	NH	4x4=16	16 → 16 → 16	Number of missing medical devices compared to Trust inventory	• Deep dive coming to conclusion • Medical Devices Policy has been reviewed and action closed • Recruitment process complete for MSDO and administration staff and both new members have commenced in post
CRR81	Ligature	Safe, Compliance, Reputation	AG/TS	5x3=15	15 → 15 → 15	Patient safety incidents	• Timescale off plan as have been unable to find a solution for linking Datix and 3i system. Action has been reframed to develop most effective system for recording ligature actions and new timescale of December 2023 set. • Garden standards reviewed and circulated to LRRG in August. Agreed further time is needed to consider recent CQC action which asked for Gardens to be open at all times • Timescale off plan in undertaking risk stratification document review and now scheduled to be presented to LRRG in September • Training pilot launched with first date held in July 2023, slight risk to action due to being unable to release staff but currently keeping to the September finish deadline.
CRR92	Addressing Inequalities	Experience	SL	4x3=12	12 → 12 → 12	Staff Experience	• EDI section of Management Development programme has become mandatory. • Racial abuse debrief process established. • Transformation Team supporting with EDI framework awareness work
CRR93	Continuous Learning	Safety, Compliance	NH	5x3=15	15 → 15 → 15	HSE and CQC findings highlighting learning not fully embedded across all Trust services	• PSIRP going through sign off - September 2023 • Quality Improvement Methodology is part of new QAF process which is moving at pace
CRR96	Loggists	Compliance	NL	4x4=16	16 → 16 → 16	Major incident management	Action off plan, proposal new additional loggists has been drafted and currently working with finance and HR to understand implications and potential costs. Recovery due in September with proposal to be submitted to Executive Team EPRR Annual Report 2022-23 notes that there were 8 EPRR events during the year whereby the command post was stood up to successfully manage each event; and all were logged in the period (assurance that mitigations are holding)
CRR99	Safeguarding Referrals	Safety	NH	4x3=12	16 → 16 → 12	Escalation from operations and high increase in referrals	Datix sign off has been addressed Management of complex cases complete and moved into BAU Safeguarding forms in patient records, discussions ongoing. Have met with Transformation Team and IG Team.

05 – Strategic Risks September2023

SR1 - Safety

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At a Glance

If EPUT does not invest in safety or effectively learn lessons from the past then we may not meet our safety ambitions resulting in a possibility of experiencing avoidable harm, loss of confidence and regulatory requirements

Likelihood based on: Incidence of incidents, non-compliance with standards (clinical audit outcomes) and regulatory sanctions imposed historically
Consequence based on: Avoidable harm incident impact and extent of regulatory sanctions

Initial risk score	Current risk score	Target score
C5 x 4L = 20	C5 x L3= 15	C5 x L2 = 8

Update

- Note changes to action owners to align with portfolio holders for IWGC and QI.
- Action 1- Patient Safety Incident Response Plan (PSIRP) progressing through the approval process. Publication September 2023.
- Action 2- Patient Safety Strategy continues to progress reporting through to the Board Safety Oversight Group.
- Action 3 – The IWGC and the Safety Dashboard systems have been reviewed for the potential to automate the transfer of data from one system to the other. There is no existing IT ability within the systems to achieve the outcome. Therefore the team are working with the suppliers to assess the feasibility of building new design capability. Following the feasibility assessment a recovery plan for the action can be set or the action abandoned. ***The next touch point early Oct '23.***
- Action 4 –.Quality Improvement programme is now part of the Quality Assurance Framework programme.
- Action 5 – The development of safety improvement plans is on track.

Key Gaps/ delayed actions:

- The Executive Team will receive the assessments to inform the recovery plans for actions 3 and 7 at the October EBAF meeting.

Executive Responsible Officer: Executive Nurse
Executive Committee: Executive Safety Oversight Group
Board Committee: Board Safety Oversight Group and the Quality Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
1. Deliver the Patient Safety Incident Response Plan	May 2024	Moriam Adekunle	Controls
2. Deliver Year 3 - Patient Safety Strategy (Safety First Safety Always)	Mar 24	Frances Bolger	Road Map / Control
3. Complete automation of two dashboard elements – IWGC and health roster	July 23	Matt Sisto	Control
4. Implement Quality Improvement Programme	Mar 24	Steve Yarnold	Control
5. Complete safety improvement plans from thematic analyses	Nov 23	Moriam Adekunle	Assurance
6. Implement EPUT Lessons Identified Management System (ESLMS)	Nov 23	Moriam Adekunle	Control
7. Ensure good governance controls set up for monitoring to progress towards action closures and addition of controls	July 23	Steve Yarnold	Assurance

Key Controls Assurance

Key Control	**Level 1** *Department*	**Level 2** *Organisational Oversight*	**Level 3** *Independent*
Patient Safety Incident Management Team / EPUT Lessons Team	Team established	Report Safety First Safety Always – Leadership	PSIRF first year review of early adoption
Forums (Learning Collaborative Partnership / Q&S Champions Network) and information sharing	Forums in place; Lessons Identified Newsletter Communications strategy Induction videos	Reporting to LOSC/ Quality Committee/ Reports to ESOG and BSOG /Culture of Learning Steering Group /	Pan Essex CQRG
Safety First Safety Always Strategy; Reducing Restrictive Practice Framework 2022-25	Policy Register / Reducing Restrictive Practice Framework 2022-25	PSIRF reports/ risk management reports/ complaints reports/ ESOG reporting cycle / Clinical Audits	IA Reviews inc PSIRF May 22
Capital investment in patient safety	Progress on delivery of essential safety improvements	Report on enhancing environments	CQC CAMHS inspection safety improvements
Patient Incident Response Plan	Refreshed	ET Approval Shared with Quality Committee	Shared with ICB
Culture of Learning Programme	Launched with ongoing programme to embed in EPUT	Quality & Safety Champion Network	Learning Collaborative Partnership Group
Patient Safety Assurance Dashboard	Dashboard in place		

SR2: People

At a Glance

If EPUT does not effectively address and manage staff supply and demand, then we may not have the right staff, with the right competencies, in the right place at the right time to deliver services, resulting in potential failure to provide optimal patient care/treatment and the resultant impact on safety/quality of care.

Likelihood based on: Establishment of existing and new roles verses the vacancy factor and shift fill rate Consequence based on: Impact of staffing levels on service objectives; length of unsafe staffing (days) through the sit rep return; staff morale; availability of key staff; attendance at key training.

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	C5 x L3 = 15

Update:

- 151 Student nurses offered roles within EPUT upon graduation (start dates to be confirmed)
- RISE Programme Graduation celebrated.
- Re-application to Register of Apprenticeship Training Providers successful June 2023 and reporting as a current control.
- Optimisation of electronic staff records (ESR) project now concluded. Delivery is back into business as usual and system development and reporting as a current control.
- Self-service on ESR now live –to be reviewed in September 2023

- Action 1 –Time to Care Programme approved by Board moved into implementation for year 1 subject to funding.
- Action 2 –Development of the People and Culture Strategy is on track for November 23.
- Action 3 –Note timeline for Education and Learning Strategy amended to align with the overarching People & Culture Committee (Amber RAG as delayed beyond original timeline stated).
- Action 4 –timeline extended –hot desk pilot at The Lodge to inform future plans. (Amber RAG as delayed beyond original timeline stated).
- Action 6 –collated and analysed all data with work ongoing on outcomes of the analysis. Plan to present to Board seminar in Autumn 23

Key Gaps in Assurance:

- Action 4 –transformation support around estate and desk space becomes available at the end August 2023.
- Action 5 –policy is beyond its review date. A planned review timeline has been agreed with the Policy Oversight and Ratification Group (noting co-dependency on any changes being agreed with Staff Side)

Executive Responsible Officer: Executive Chief People Officer
Board Committee: People, Equality and Culture Committee

Action	By When	*By Who*	*Gap: Control or Assurance*
1. Time to Care Programme	Dec 23	Paul Scott, Chief Executive	Control
2. Develop People and Culture Strategy	Nov 23	Paul Taylor	Road Map
3. Develop, seek approval and implement Education and Learning Development Strategy	Nov 23	Annette Thomas-Gregory	Road Map
4. Review long-term strategy for smart working	Dec 23	Alesia Waterman	Control
5. Review dignity, respect and grievance policy and procedure with focus on just learning and restorative culture.	Sept 23	Debbie Prentice	Control
6. Complete wider piece of work to improve the experiences of minority staff	Dec 23	Lorraine Hammond	Control
7. Deliver agreed objectives with MSE ICB re reduce vacancies incl. HCA Academy	Mar 24	Marcus Riddell	Control
8. Review of Operating Model and Structure of P&C Directorate to support organisation to meet its strategic objectives	Mar 24	Interim Chief People Officer	Control
9. Deliver against EDI plan and complete in depth work into experiences and progression of minority staff	Dec 23	Lorraine Hammond	Control
10. Ensure robust plans are in place to mitigate the impact of strike action	Ongoing	Debbie Prentice	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
People & Culture Team / HR Policies	Leadership team fully established / 6 Employee Experience Managers		
Care Unit Staffing Plans	Workforce plans in place Safer Staffing Report	Quality & Performance Scorecard	CQC Inspections –regularity of temporary staffing on inpatient wards.
Recruitment and Retention Programme	Vacancy rate Bank Staff converted to permanent	Quality & Performance Scorecard	Workforce Plan – MSE SOAC
Workforce Plans and strategies	Workforce Safeguards Establishment reviews Framework for health and wellbeing	PECC reports	CQC inspections; NHSE & System Workforce Returns / benchmarks
Training and Development	Training Tracker in place RISE Programme (completed)	PECC reports	Staff Survey / RoAPT successful June '23 /Ofsted inspection July '22 – Good
Staff wellbeing	Engagement Champions Employee Experience Managers	PECC reports	Staff Survey and Quarterly Pulse
Just Learning Culture	Behaviour framework F2SU Guardian Pilot programme with external partner	Employee Experience report to PECC	Staff Survey
Equality and Inclusion Framework	Executive led sponsor for networks ED&I objectives in appraisal Racial abuse guidance for staff and debriefs		WDES / WRES Data

SR3: Finance and Resources Infrastructure

NHS Essex Partnership University NHS Foundation Trust

At a Glance

If EPUT does not adapt its infrastructure to support service delivery then it may not have the right estate and facilities to deliver safe, high quality care resulting in not attaining our safety, quality/ experience and compliance ambitions

Likelihood based on: the possibility of not having the right estate and facilities to deliver safe, high quality care
Consequence based on: the potential failure to meet our safety, quality/ experience and compliance ambitions

Initial risk score	Current risk score	Target risk score
C5 x 3L = 15	C5 x L3 = 15	C5 x L2 = 10

Update:

- Action 1 – Commercial strategy drafted and currently out for consultation. Plan to achieve by October 2023
- Action 2 – Estates continues to progress
- Action 3 – Procurement restructure complete. Action complete and closed
- Action 4 – on track
- Action 5 – on track

- 6-Facet Survey – survey is complete across all sites, process of building a long term estates plan to address the actions (noting this is a multi-year programme of work).
- RACC actions- completed NHS visual survey April 2023 and a visual inspection has been completed by Estates. No issues identified to date.

Key Gaps

- Nil

Executive SRO: Trevor Smith, Executive Chief Finance and Resources Director
Executive Committee: Executive Team, ESOG
Board Committee: BSOG, Finance and Performance Committee, Audit Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
2. Develop Commercial Strategy	Draft - June 23 Final - October 23	Liz Brogan Lauren Gable	Roadmap
3. Develop Estates Strategy & Development Plan (as informed by the 6-facet survey)	Draft December 23 (align overlays)	Lauren Gable	Roadmap
4. Undertake procurement review	June 23 (Complete – TBC)	Liz Brogan/ Richard Whiteside	Control
5. Review tenancy responsibilities/ leased property risks, staff vs property owner accountability, PFI contract deficiencies	December 23	Lauren Gable Martin Whiteside	Control
6. Business case related to additional estates resource to be prepared prior to budget setting round for 2024/25	March 24	Linda Martin	Control – full establishment

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
EPUT Strategy	EPUT Strategy (approved Jan '23)	Bi-annual Board Report	
Operational Target Operating Model	Care Unit Leadership in place	Accountability Framework	
Estates and Facilities, Contracting and Business Development, Finance Teams	Established Support services	PMO support in place reporting to ESOG Restructure fully recruited to	IA Estates & Facilities Performance (Moderate/Moderate Opinion)
Range of corporate, finance policies	Policy Register and procedures in place	Accountability Framework	
PMO, Capital Programme, E-expenses system,	Capital Steering Group	Capital Planning Group	
Audit Programme and ISO		Audit Committee	
Premises Assurance		Premises Assurance Model in place with assessment	
6-Facet Survey			6-Facet Survey
Business Continuity Plans	Business Continuity Plan in place		

SR4: Demand and Capacity

NHS
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NHS Foundation Trust

At a Glance

If we do not effectively address demands, then our resources may be over-stretched, resulting in an inability to deliver high quality safe care, transform, innovate and meet our partnership ambitions.

Consequence based on: Mismanagement of patient care and length of the effects.
Links to both inpatient and community.
Likelihood based on: Length of stay, occupancy, out of are placements etc.

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	5 x 3 = 15

Progress since last report:

- Demand and capacity flow on PowerBI dashboards complete. Now progressing to BAU
- Action 1 – Time to Care on track
- Action 2 – Delayed transfers of care recorded on both EPRs. Action closed Sept 23
- Action 3 - Analysis piece on demand and capacity signed off and system change launched
- Action 4 – Action plans overseen by Capacity and Flow
- Action 5 – Complete

Key Gaps:

- Nil

Executive Responsible Officer: Alex Green, Executive Chief Operating Officer
Executive Committee: SMT
Board Committee: BSOG, Quality Committee

Action	By When	By Who	Gap: Control or Assurance
1. Time to Care Programme	December 2023	Paul Scott Chief Executive	Control
2. Ensure recording of delayed transfers of care recorded on both EPRs	Complete Sept 23	Flow and capacity leads Bibi Hossenbux	Assurance
3. Analysis piece on demand vs capacity	Phase 1 May 23 further phases to be added	Jan Leonard and Sue Graham	Control
4. Delivery of the overarching UEC/ Inpatient MH Flow Action Plan	Dec 23	Detailed actions have individual leads	Control
4.1 Implement governance	March 24	SBr/ JP/ AB/ SG and Project Group	Assurance
4.2 Reclassification of OoAP contracted beds	March 24	SG/ SBr/ JS/ Project Group	Control
4.3 Robust oversight on patient flow and OoAP with ownership	March 24	SBr/ JSE/ Community AD and OSM/ RK/ EW AG/	Controls
4.4 Improving Sit Reps	March 24	AW/ SBr/ KT/ TTC/ JL	Controls
4.5 Discharge Co-ordination	March 24	CW/ TR/ SBr/ JSE/ EW/ SJ	Controls
4.6 Reducing variations across wards	March 24	SBr/ GO/ EW/ JSE/ JSA/ CW/ TR/ MK/ Project Team/ Comms Leads	Controls
4.7 GIRFT ambition	March 24	LW/ GO/ KS/ GW/ ES/ NR/ LG/ AG/ MK	Controls
4.8 System transformation supporting alternatives to admission	March 24	MK/ LW/ AW/ SBr/ SG/ GW/ ZT/ LA/ JCB	Controls
5. Evaluate the risk score based on the RMAF definitions to take account of actions completed	Complete	Sarah Brazier Flow and Capacity Lead	Review of score

SR4: Demand and Capacity

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Controls Assurance			
Key Control	**Level 1** *Department*	**Level 2** *Organisational Oversight*	**Level 3** *Independent*
Operational staff (including skilled flexible workforce via Trust Bank)	Establishment and fill rate; Discharge Co-ordinator Director of Operational Performance Activity Co-ordinators; Staffing Sit Rep/ fill rates Trust Bank Office – agency framework in place	Performance reporting to Accountability Framework meetings and F&PC Use of agency staff monitored via performance report Workforce Reports	
Recruitment and Development of the Care Unit leadership structures.	Establishment Integrated Director posts		
Target operating model/ care unit development, Accountability Framework, Safety First, Safety Always Strategy, Flow and Capacity Policy, MAST roll out	Dedicated discharge coordinator	Accountability meetings Safety First, Safety Always end of year 2 report to Board March 23	
MH UEC Project, MSE Connect Programme, Partnerships, Mutual Aid, Time to Care initiative, New ways of working and new digital solutions	Flow and Capacity Project MH Urgent Care Emergency Department opened 20 March 23	Purposeful admission steering group Monthly inpatient quality and safety group	Provider Collaborative(s) MH Collaborative Whole Essex system flow and capacity group
Service dashboards Daily sit reps Range of performance reporting	Updated OPEL framework Essex wide daily sit reps Joint inpatient and community review meets Datix and EPR	Performance and Quality Report to Accountability Meetings and F&PC Safety KPI dashboard live and accessible	System oversight and assurance groups
Discharge Co-ordination Teams	Monthly reviews Clear treatment plans Multi-Disciplinary meets	Dashboard in place and reported	System escalation of DTOCs
Skilled temporary workforce via Trust Bank	Bank establishment		
Business Continuity Plans	Emergency Planning		
Therapeutic Acute Inpatient Operating Model for Adult and Older Adult Steering Group (formerly purposeful admissions group)	Therapeutic offer on wards Terms of Reference Governance in place Project/ Action plan in place	SMT and Accountability meetings Capacity and flow work stream Overarching patient flow action plan in place and discussed in Steering Group and utilised for risk register	
Care Unit Strategies	Developed including out of area plan	Published alongside EPUT Strategy One year touch points and monitoring through accountability	
Pan Essex System Flow and Capacity Group	Established Review of bed modelling (supported by KPMG)		System escalation in place
Bed stock	157 North Adult beds 44 North Older Adult beds 89 South Adult beds 66 South Older Adult beds 24 Contracted appropriate OoAP beds		
Operational Plan 2023/24	Accountability outcomes	Performance reports Flow and capacity metric reporting	
MAST (Management and Supervision Tool)	CPA review performance	Performance reporting	
MSE Connect Programme	UEC in place		
Business Continuity Plans	In place		

SR5: Statutory Public Inquiry

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At a Glance

If EPUT is not open and transparent, with the correct governance arrangements in place then it will not serve the Inquiry effectively or embed learning from past failings resulting in undermining our Safety First, Safety Always Strategy

Consequence based on: National media coverage, parliamentary coverage and a total loss of public confidence
Likelihood based on: the possibility that the Trust cannot effectively meet the requests of the Inquiry nor embed earning, resulting in damage to its reputation and potentially poor CQC ratings

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	C5 x L2 = 10

Progress since last report:

- Long term responsibility for implementation of actions and progress sustainability will sit with the Care Units' Accountability Framework meetings. Working group closed.
- New control identified, support from external consultants with experience of inquires.
- Action 1 and 2 - Complete
- Action 3: Forms part of records management accreditation, on track
- Action 4 – on track

Key Gaps:

- Nil

Executive Responsible Officer: Nigel Leonard, Executive Director, Major Projects
Executive Committee: Executive Team
Board Committee: BSOG, Audit Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
1. The Working Group should seek further assurances from process owners that actions have been implemented and progress sustained(for example after three to six months). As the Working Group would cease to exist after the resolution of the inquiry, it should be determined where long term responsibility for this action will be held.	Complete	Gill Brice/ Working Group	Assurance
2. Submit results from follow up above to Executive Team prior to closure of action, including a proposal for how the work will be taken forward once the Project Working Group ceases to exist.	Complete	Gill Brice/ Working Group	Control
3. EPUT should assure itself that its information processes and systems are fit for purpose, and controls around data input and records management to be reviewed across the Trust to minimise risks associated with information recording and management going forward.	March 24 for completion of actions	Gill Brice/ Working Group	Control/ Assurance
4. Key historical SI themes to be embedded within safety and quality initiatives across the Trust.	October 2023	Angela Wade/Moriam Adekunle	Control/ Assurance

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Project Team Support from external consultants with experience of inquires.	Establishment Expanded to meet increased ask	EOC and Audit Committee oversight	Independent Director and Independent Clinical Advisor in place
Internal methodology for working with inquiry	In place	In place and used for reporting Project Group overseeing	As above
Inquiry Terms of Reference MOU and Information Sharing Protocol	In draft		
Learning Log	Log in place	In place and used for reporting to ET Audit Committee and BOD	
Exchange portal in place to safely transfer information to the inquiry	Data protection impact assessment	Reporting in place	Independent Director and Clinical Advisor
Learning from Deep Dives	Deep dive into sample of deaths in scope over 20 year period Deep dive in 13 prevention of future death notices		
Audit on Learning from Independent Inquiry		Assurance checks completed and presented to Executive Team – approved ongoing assurance through Care Unit Accountability Frameworks	IA – opinion Moderate for Design and Effectiveness

SR6: Cyber Security

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At a Glance

If we experience a cyber-attack, then we may encounter system failures and downtime, resulting in a failure to achieve our safety ambitions, compliance, and consequential financial and reputational damage.

Likelihood based on: Prevalence of cyber alerts that are relevant to EPUT systems.
Consequence based on: assessed impact and length of downtime of our systems

Initial risk score	Current risk score	Target risk score
C5 x L4 = 20	C5 x L3 = 15	C4 x L3 = 12

Update:

- Action 1 - New control identified, Cyber Governance Manager in Post
  Action 2 – Project has been re-scoped with initial planned now for Dec 2023

Key Gaps:

- Action 3 – Decommissioning has taken longer due to complications, this has extended finish date to Sept 2023. Mitigations in place with extended support in place.

Executive Responsible Officer: Zephan Trent, Executive Director Strategy Transformation and Digital
Executive Committee: IG Steering Group, Digital Strategy Group
Board Committee: Audit Committee

Actions

Action	By When	*By Who*	*Gap: Control or Assurance*
1. Appoint to substantive Cyber Governance Manager	Complete (TBC)	BDO	Assurance
2. Develop business continuity plan and disaster recovery for each system (using third party)	Initial by Dec 23	Adam Whiting Deputy Director, ITT and Business Analysis and Reporting	Controls and Assurance
3. Complete actions from IT Security Health Check and Penetration Testing	Extend to Sept 23	Adam Whiting	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Scanning systems for assessing vulnerabilities, both internal and through NHS Digital and NHS mail		Reporting into IGSSC with exception reporting to Digital Strategy Group	
Cyber Team in place	Permanent post recruited to – staff member in post from 12 June	IGSSC	NHS Digital Data Security Protection Toolkit (DSPT) Cyber Essentials Accreditation
Range of policies and frameworks in place	Virtual and site audits Compliance with mandatory training – Cyber Assurance Framework	IGSSC; BDO internal audit May 22 – overall Moderate Confidence level Medium	As above MSE ICS IG & Cyber Levelling Up Project (annual) BDO Audit actions completed
Investment in prioritisation of projects to ensure support for operating systems and licenses	Prioritisation of digital capital allocation	CPPG – with priority decisions made at DSG	
IG & Cyber risk log	Risk working group reporting into IGSSC – owing and tracking actions from audits and assessments	IGSSC and Digital Strategy Group	DSPT Areas identified for upcoming BDO Audit
Business Continuity Plans and National Cyber Team processes	BCP development plans in progress – due date Dec 23	Successfully managed Cyber incident	Annual Testing as part of DSPT NHS Digital Data Security Centre, Penetration Testing, Cyber Essentials+
CareCert notifications from NHS Digital	Monitored and acted upon within 24 hours of their announcement	Reported to IGSSC	NHS Digital
Cyber Essentials Accreditation	Certification achieved	Monitor controls through IGSSC	Accreditation certified
MSE ICS DSPT & Cyber Maturity Baseline	Completed	Audit Committee	DPST BDO audit completed, recommendations accepted and in plan

SR7: Capital Resource

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At a Glance

If EPUT does not have sufficient capital resource, e.g. digital and EPR, then we will be unable to undertake essential works or capital dependent transformation programmes, resulting in non achievement of some of our strategic and safety ambitions.

Likelihood based on: percentage of capital programme unable to deliver / deferred
Consequence based on: what not delivered and the impact on the strategic plans.

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	5 x 3 = 15

Progress since last report:
- Action ongoing
- EPR Financials review

Key Gaps:
- Nil

Executive Responsible Officer: Trevor Smith, Executive Chief Finance and Resources Officer
Executive Committee: Executive Team
Board Committee: Finance & Performance Committee

Actions			
Action	**By When**	**By Who**	**Purpose**
1. Horizon scan to maximize opportunities both regional and national to source capital investment	Ongoing	Lauren Gable	Control

Controls Assurance			
Key Control	**Level 1** *Department*	**Level 2** *Organisational Oversight*	**Level 3** *Independent*
Finance Team (Response to new resource bids and financial control oversight)	Team in place	Decision making group in place and making recommendations to ET, FPC and BOD	
Purchasing / tendering policies	Policy Register		Internal Audit
Estates & Digital Team (Response to new resource bids)	Team in place		
Capital money allocation 2023/24	Capital Project Group forecasting	Capital Resource reporting to Finance & Performance Committee	
Horizon scanning for investment / new resource opportunities	£New resource secured	Capital Resource reporting to Finance & Performance Committee	
ICS representation re: financial allocations and MH/Community Services	EPR convergence business case developed with additional capital resources identified	ECFO or Deputy Attendance at ICS Meetings; CEO or Deputy membership of ICB;	
Prioritised capital plan to maximise the use of available capital resources	Capital Plan 2023/24 in place		
EPR Programme	Progress published June 23 outlining programme structure and governance principles and timelines	EPR Oversight Committee Convergence and Delivery Board	OBC agreed

SR8: Use of Resources

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NHS Foundation Trust

At a Glance

If EPUT (as part of MSE ICS) does not effectively and efficiently manage its use of resources, then it may not meet its financial controls total, Resulting in potential failure to sustain and improve services.

Likelihood based on: EPUT financial risk and opportunities profile
Consequence based on: assessed impact on long financial model for EPUT and the System

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C5 x L4 = 20	5 x 3 = 15

Update:

- All actions remain on track

Key Gaps:

- There remain financial challenges including demand, capacity, acuity, international recruitment with not all placed and challenge of delivering CIPs

Executive Responsible Officer: Trevor Smith, Executive Chief Finance and Resources Officer
Executive Committee: Executive Team
Board Committee: Finance & Performance Committee

Actions

Action	By When	By Who	Purpose
1. Identify remaining efficiency savings	July 2023 Complete (TBC)	Simon Covill	Control
2. Deliver Financial Efficiency Target	31 March 2024	Trevor Smith	Control
3. In year forecast outturn (FOT) and associated risk and opportunities assessment	End of Sept '23 and Monthly thereafter	Simon Covill	Assurance
5. Deliver Operational Plan 2023/24	March 2024	Alex Green / Trevor Smith	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Finance Team (Response to new resource bids and financial control oversight)	Team Establishment	Use of Resources Assessment	Use of Resources NHSE Assessment
Standing Financial Instructions Scheme of reservation and delegation Accountability Framework	Standing Financial Instructions in place Scheme of Delegation in place Accountability Framework in place	Financial Management KPIs Audit Committee F&PC Accountability Framework	IA Key Financial Systems – Budget Management (Sep '22) Substantial opinion and Costing (March 2023).
Estates & Digital Team (Response to new resource bids)	Team in place		
Deliver efficiency savings and targets 23/24		Finance Report	
Finance reporting	Finance Reports AF Reports	EA of Accounts	SOF Rating
Budget setting	Completed mid year financial review and continues to forecast breakeven position. Key risk and opportunities assessments performed	Accountability framework reporting; Finance reporting to F&PC; National HFMA Checklist Audit	Annual VFM through external auditors identified no significant weaknesses
Operational Plan 2023/24			
Forecast Outturn and risk/ opportunities assessments 23/24			

06 – Corporate Risks

September 2023

EPUT

CRR94: Engagement and Supportive Observation

NHS Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT does not manage supportive observation and engagement; then patients may not receive the prescribed levels; resulting in undermining our Safety First, Safety Always Strategy.

Likelihood based on the probability of patients not receiving prescribed levels of observation and engagement
Consequence based on not meeting our Safety First Safety Always ambitions

Initial risk score	Current risk score	Target risk score
C5 x L4 = 20	C5 x L4 = 20	C5 x L2 = 10

Progress since last report
Action 1: Safe Wards continues to be implemented
Action 2: Training on track
Action 3: on track
Action 5: recovery plan in place to complete QI project
Action 6: commencing in Sept 2023
Action 7: on track
Action 8a: Complete
Action 9: on track, policy review complete and currently out for consultation.

Key Gaps:
finding in CQC inspection (April 23 and July 23)
Action 4: Off plan against timescale. Mitigations in place with protocol having been reviewed agreed by inpatient Associate Directors and is now moving to final approval by the end of Sept '23

Executive Responsible Officer: Executive Chief Operating Officer
Executive Committee: Executive Operational Committee
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Safe Wards to be implemented	Dec 23	KD and Ward Staff	Control
2. Commence delivery of training for regular and non-regular staff	Sept 23	KS and LEAS's	Control
3. Launch the grab therapy resources in tandem with training and updated policy	Sept 23	KS and LEAS's	Control
4. Increased garden access and garden gyms	August 23	Katy Stafford	Control
5. QI project Linden Centre	July 23 Extended to October 23	Rachael Poland/ KS	Control
6. Carers to support in production and delivery of training	Sept 23	Katy Stafford	Control
7. Patient personalised engagement boards (each patient to display a poster board of things they like to talk about/ do for staff prompts)	Completed Round 1 Pilot	All Ward Leaders	Control
8a. Patients and Carers to co-produce engagement video at same time as releasing updated policy and training	Complete	Katy Stafford	Control
8b. Co-produced film to be released	Nov 23	Katy Stafford	Control
9. Review of Observation and Engagement Policy and Procedure (linked to CQC action M7 / M8)	Sept 23	Katy Stafford	Control

Controls Assurance

Key Control	Level 1 Department	Level 2 Organisational Oversight	Level 3 Independent
Engagement and Observation Project	Project Group	Plan Complete/ Group Closed	
Observation/ Engagement Policy and Training	Observation and Engagement Policy in place Observation and Engagement e-learning and training videos Rolling programme of staff supervision and other 1:1s to improve confidence	CG&QC / Accountability	
Ward Level Oversight	15 leadership steps Oversight of rosters Safety Huddle focus on Therapeutic Engagement and Observation priorities	Tendable Audits Patient led safety huddles (Basildon)	
Electronic observation recording tool	In trial stage		
Resources to improve therapeutic engagement / Ward improvements	Purchase of equipment e.g. games and newspapers for groups		

CRR11: Suicide Prevention

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At a Glance:

If EPUT fails to implement and embed its Suicide Prevention Strategy into Trust services; then it may not track and monitor progress against the ten key parameters for safer mental health services; resulting in not taking the correct action to minimise unexpected deaths and an increase in numbers

Likelihood based on possibility of not progressing against the ten key parameters for safety mental health services
Consequence based on not taking the correct action

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L3 = 12	C4 x L2 = 8

Update:

- Action 1: Strategy has been revised with aim to be signed off in the September Suicide Prevention Group and then submitted to Executive Team
- Action 2: Work underway with safer wards and discussion scheduled at the September Suicide Prevention Group.
- Action 3: further work needed and discussion scheduled at the September Suicide Prevention Group
- Action 4: further work needed and discussion scheduled at the September Suicide Prevention Group

Key Gaps:

- All actions are off plan. Work underway to mitigate with recovery to be October 2023

Executive Responsible Officer: Executive Medical Director
Executive Committee:
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Implementation of revised strategy, work plan and dashboard	July 2023	Nuruz Zaman	Roadmap
3. Review approach to Safer Wards and Ligature risk	July 2023	Glenn Westrop	Control
4. Work with care groups to develop new governance arrangements around suicide prevention into Suicide Prevention Group terms of reference	July 2023	NZ/SPG/GW	Control
5. Work with care groups to review and amend Suicide Prevention Group Terms of Reference	July 2023	NZ/SPG	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Identified Medical Lead	In place	Support via Human Engine and DDQS	
Annual report	Identification of four key priorities		
Suicide Prevention Strategy 2021-23 and revision of strategy	Suicide prevention group Roadmap in place	Overseen by Mortality Sub-Committee Alignment with Safety First Safety Always Governance in place Partnership with Human Engine	Feedback from ICS leads System transformation programmes and system wide suicide prevention group
Rolling communication plan and engagement with staff	Breaking the Silence Safety Plans 10 ways to improve safety	Monitoring in place National Patient Safety Day	
Local reflective sessions	In place		
Oxehealth digital monitoring	In place		
Suicide prevention training			
Suicide prevention outcome measures	Zero instances of preventable deaths 19.3% downward trend in instances of self-harm	95% patients have Personal Safety Plan 95% patients have 48 hours follow up post discharge from an in-patient ward Bio-psychosocial assessment Training trajectory Quality Committee	Monitoring delivery and annual assessment against NCISH toolkit
Self-harm reduction	Pilot project completed with success and evidence		
Focus groups with patients and families and research into family involvement in suicide	Complete and ongoing		

CRR34: Suicide Prevention Training

NHS Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT does not train and support staff effectively in suicide prevention; then staff may not have the necessary skills or confidence to support suicidal patients; resulting in self-harm or death and a failure to achieve our safety first, safety always strategy

Likelihood based on the possibility of staff not having the necessary skills and confidence
Consequence based on a failure to prevent suicide and achieve our safety ambitions

Initial risk score	Current risk score	Target risk score
C3 x L3 = 9	C5 x L3 = 15	C3 x L2 = 6

Progress since last report:

- Action 2: Training Needs Analysis is in place, training is available and now being tracked. Therefore action is complete. Note: the TNA will be re-assessed against the new version of STORM training which includes an additional day of training when implemented.
- Action 3: Action off plan - conversations with STORM regarding extending the licence are nearing completion

Key Gaps:

- Action 1: This actions was on track to delivery, however due to leavers and operational pressures have seen an reduction in available trainers Recovery mitigations are being put in place.

Executive Responsible Officer: Executive Medical Director
Executive Committee: ESOG
Board Committee: .Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Expand the capacity of trainers to deliver STORM training	Sep 23	AT-G	Control
2. Develop improvement trajectory and report on suicide prevention training (TNA intra page and courses running / do track)	Complete	NZ AT-G	Assurance
3. Conversation with STORM about use of licence with temporary staff	July 23	AT-G	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Trainers	13 trainers Licenses in place. Facilitators trained.		
Training	Schedule arranged for 2023 Interim refresher course Rolling programme on STORM training	Targeting inpatient units offering a blended approach MH/LD network discussion on suicide prevention training	
Suicide prevention strategy	Sets out training requirements overseen by Suicide Prevention Group	Reporting to Mortality Sub-Group, ESOG, QC Annual Report	
Quality improvement project	In place and addressing barriers on completing suicide prevention training		

CRR45: Mandatory Training

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At a Glance:

If EPUT does not achieve mandatory training policy requirements then patient and staff safety may be compromised resulting in additional scrutiny by regulators and not meeting the IG Toolkit requirements

Likelihood based on possibility of compromising patient and staff safety
Consequence based on scrutiny by regulators and not meeting statutory requirements

Initial risk score	Current risk score	Target Score
C4 x 3L = 12	C4 x L4 = 16	4 x 3 = 12

Progress since last report:

- Action 1 – Recovery plan continues to be implemented
- Action 2 – Review of policy underway, risk of delay to October '23
- Action 3 – training compliance continues to be monitored via training tracker and through Accountability

Key Gaps:

- Nil reported

Executive Responsible Officer: Director of People and Culture

Executive Committee: Executive Operational Team.
Board Committee: People and Culture Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Implement recovery plan	Nov 23	Training Team	Assurance
2. Review mandatory training policy	Sept 23	Annette Thomas-Gregory	Control
3. Ensure staff do not expire on their training all at the same time by spreading compliance across the year	Nov 23	Annette Thomas-Gregory	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Training Team	Established – current resource 8.5WTE TASI trainers increased		12 month TASI accreditation from BILD
Induction and Training Policy	Policy system Current policy reflects current practice		
Training Tracker	Managers check and provide oversight.	Reporting of training to PECC	
Training recovery plan	Team switching staff incrementally to an amber rating giving 3 months to complete training Recovery plan on TASI	Training venues Executive team approval to incremental approach to annual updates Task and Finish Group Communications strategy Executive team oversight on STORM training update and compliance	BILD
Flexible workers	Equal priority on mandatory training		
Monthly reporting to ET		Accountability. F&PC and PECC, SMT and TB	
Training Venues (ongoing programme)	Training room identified at The Lodge		

CRR77: Medical Devices

NHS
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NHS Foundation Trust

At a Glance:

If EPUT does not track missing/ unregistered medical devices or address the clinical rationale/ pathway; then unsafe, non-serviced, non-calibrated and inappropriate devices may be in use; resulting in a failure to achieve our safety ambition.

Likelihood based on probability of inappropriate devices being in use
Consequence based on failure to meet our safety ambitions

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L4 = 16	C4 x L2 = 8

Progress since last report:

- Action 1 – Deep dive coming to conclusion
- Action 1a – to be taken forward once deep dive complete
- Action 2 – part of deep dive
- Action 3 – Policy has been reviewed and action to be closed
- Action 4 – part of deep dive
- Action 5 – Meeting planned with MSE
- Action 7 – Recruitment process complete MSDO has commenced in post 05.09.23.
- Action 8 - Recruitment process complete has commence in post

Key Gaps:
CQC (July 2023) identified an un-calibrated blood glucose monitoring machine on their inspection (action taken through CQC action plan)

Executive Responsible Officer: Executive Chief Nursing Officer

Executive Committee: Medical Devices Group
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Procure a 'Deep Dive' in order to focus actions from recommendations in internal audit report	Sept 2023	Nick Archer	Assurance
1a. Implement the solutions from the outcomes of the deep dive	Mar 2024	Nick Archer	Control
2. Options appraisal for Capital replacement programme and Medical device replacement strategy	Sept 2023	Nick Archer	Control (Resource)
3 Review of Policy and Procedure to ensure clear process and monitoring set out	Complete (TBC)	Nick Archer	Control (Policy)
4 Medical Device Management training ensuring staff know that they have a responsibility to ensure pieces of kit are calibrated	Sept 2023	Nick Archer	Control (training)
5. Introduce point of care testing to avoid use of equipment that is not calibrated or serviced	Sept 2023	Nick Archer	Control
6. Link in with new Deputy Directors of Quality & Safety	Complete	Nick Archer	Control
7 . Appoint Medical Devices Safety Officer Band 6	Complete (TBC)	Nick Archer	Control (Resource)
8. Appoint Administration Support Band 3	Complete (TBC)	Nick Archer	Control (Resource)

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Corporate Nursing Team and Datix Team including Head of Deteriorating Patient and Clinical Governance.	Established Nominated Central Alert System person		
Medical Devices Group	Established	Overseen by Medical Devices Group and Physical Health Sub-Committee	
Ergea contract for device maintenance	Medical Devices Group oversight of Monthly KPI Report		
Procurement process in place Medical Devices Policy	eQUIP Asset Register	Tendable audits – medical device safety / management	Internal Audit Report 2021/22 (Moderate / Limited Assurance)
Incident Reporting	In place	Performance monitoring	
Business Continuity Plans	Ergea BCP		

CRR81: Ligature

At a Glance:

If EPUT does not continue to implement a reducing ligature risk programme of works (environmental and therapeutic) that is responsive to ever changing learning, then there is a likelihood that serious incidents may occur, resulting in failure to deliver our safety first, safety always ambitions

Likelihood based on possibility of serious incidents
Consequence based on failure to meet safety ambitions

Initial risk score	Current risk score	Target risk score
C4 x L3 = 12	C5 x L3 = 15	C4 x L2 = 8

Progress since last report:

- Action 1 – action is off plan as have been unable to find a solution for linking Datix and 3i system. Action changed to develop most effective system for recording ligature actions.
- Action 3: Standards reviewed and circulated to LRRG in August. Agreed further time is needed to consider recent CQC action which asked for Gardens to be open at all times
- Action 4 – on track
- Action 5 –action off plan in undertaking review and now scheduled to be presented to LRRG in September
- Action 6 - Pilot launched with first date held in July 2023, slight off plan due to being unable to release staff but currently keeping to the September finish deadline.

Key Gaps:

- Role that includes Ligature Co-ordinator is currently vacant
- Action off plan – see above

Executive Responsible Officer: Executive Chief Finance Officer / Executive Chief Operating Officer

Executive Committee: Executive Safety Oversight Group
Board Committee: BSOG Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Identify new system for recording ligature actions (overseen by Project Group)	September 23 Extended to Dec 23	Chris Rollinson Project Group Lead Change in Lead to Sarah Pemberton	Control
2. Ensure EPUT environments meet environmental standards	Complete	Linda Martin Director of Estates	Control
3. Review standards on outdoor garden furniture	Aug 23 Extend to Dec 23	Linda Martin/ Kim Albrighton	Control
4. Further roll out of environmental improvements	March 24	Linda Martin Anthony Flaherty	Assurance
5. Review environmental risk stratification document	August 23 Extend to Sept 23	Linda Martin/ Fiona Benson	Control
6. Pilot the project for a year followed by evaluation (in house training)	September 23	Project Group	Control

Current Status

Current Controls	Controls Assurance		
	Level 1 Function/ Department Management	Level 2 Organisational Oversight	Level 3 Independent Assurance / Internal Audit
Estates Ligature/ Patient Safety Co-ordinator / H&S Team and Compliance Team/LRRG / EERG / Ligature Project Group	Teams established LRRG in place	LRRG reports Escalations via Accountability framework	BDO Audit November 2022 (Patient Safety) Design: Substantial; Effectiveness: Moderate
Ligature Policy and Procedure including environmental Standards	Ligature wallet audits / ligature inspections. Policy review and approval March 2023	Annual Report	BDO Audit November 2022 (Patient Safety) Design: Substantial; Effectiveness: Moderate
Ligature Training (target 85%) and Tidal training	147 staff trained (116 clinical) in TIDAL training. OLM prevention of suicide by ligature training – August 2023 – 88% compliance	Reporting to LRRG	
Trend Analysis	Benchmark 42 per 1000 bed days. EPUT Trend analysis April 21 – March 23 remain on average slightly above benchmark. Ligature analysis 2022-23 Report	Reporting to LRRG and BSOG	
Reduced ligature environment	Range of innovations in place including DTAs and Oxevision. Estates safety/ligature annual programme	Annual ligature inspection for all MH wards	
Learning from incidents and safety	Enhanced learning within annual reporting utilising deep dive data	LRRG	Actions completed from the CQC Brief Guide
Local Area Ligature Network	Network established	Established and ongoing	
Support for staff	Support package developed – debriefing facilitated by Nursing in Charge/ Ward Manager/ Matron/ Service Manager/ Clinical Lead/ Consultant (or other member of Senior Medical Team)	Here for You – signposting for individual follow up Input from Psychological Services Patient Safety Team facilitates 'cold' debrief in the form of after action review for staff support	

CRR92: Addressing Inequalities

NHS Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT does not address inequalities then it will not embed, recognise and celebrate equality and diversity resulting in a failure to meet our People Plan ambitions

Likelihood based on possibility of not embedding equality and diversity

Consequence based on a failure to meet our people plan ambitions

Initial risk score	Current risk score	Target risk score
C5 x 4L = 20	C4 x L3 = 12	C3 x L2 = 6

Progress since last report:

- Action 1: Plan in place to have an EDI Hub (which will replace induction and EDI mandatory) making to available in one place. This is to be provided by an external contractor (Inclusive Employers). Action off plan as contract being finalised. To be concluded and up and running October '23
- Action 3: Transformation Team supporting with awareness work

Key Gaps:

- Action 1: off plan with recovery expected October 2023. This has been due to working with external contractors with some actions outside of Trust control

Executive Responsible Officer: Executive Director of People and Culture
Executive Committee: Equality and Inclusion Sub-Committee
Board Committee: People and Culture Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Improve EDI learning offer for EPUT	July 23 Extended to Oct 2023	Lorraine Hammond	Control
2. Implement EPUT Staff Behaviour framework	Complete	Organisational Development	Control
3. Update the EDI framework following launch of NHS EDI Improvement Plan	Sept 23	Gary Brisco/ Lorraine Hammond	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Employee Team including Director	Established and 6 Employee Experience Managers in post. Project started with single front door.	Project resource Working with VAPR and safety teams	
Equality and Inclusion Policies	Policy System	Equality and Inclusion Sub-Committee with Exec lead PECC	
Range of equality networks and staff engagement methods	Established	Equality and Inclusion Sub-Committee	WRES and WDES (actions identified)
RISE Programme	In place	3 cohorts completed	Positive staff feedback
WRES and WDES	Strategy in place	Action plans approved Executive sponsorship of plans and networks Monitoring through ED&I Sub-Committee Assurance through PECC	
EDI Culture	Ongoing programme in place to Nov 24 Supporting staff affected by discriminatory behaviour, abuse and bullying	Alignment with EPUT Strategy	
Training	Pilot workshops on micro-incivilities completed		
EDI Framework RAG system	Developed		

CRR93: Continuous Learning

NHS
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NHS Foundation Trust

At a Glance:

If EPUT does not continuously learn, improve and deliver service changes then patient safety incidents will occur and vital learning lost resulting in failure to achieve our safety strategy ambitions and maintain or improve CQC Good ratings

Likelihood based on the possibility of losing vital learning and patient safety incidents recurring
Consequence based on failure to meet safety ambitions and non-compliance with CQC fundamental standards

Initial risk score	Current risk score	Target risk score
C5 x L3 = 15	C5 x L3 = 15	C5 x L2 = 10

Progress since last report:

- Action 2 – Work ongoing
- Action 3 – PSIRP progressing through sign off September '23
- Action 5 –Work continuing
- Action 6 – Quality Improvement is now part of the Quality Assurance Framework programme
- Action 7 - On track

Key Gaps:

- Action 1: action off plan working to put in place mitigations to recover action.

Executive Responsible Officer:
Executive Chief Nursing Officer

Executive Committee: Executive Safety Oversight Group.
Board Committee: Quality Committee

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Review Human Engine process maps to incorporate into patient safety incident team standard operating procedure	Aug 23	Moriam Adekunle	Control
2. Develop and implement EPUT Safety and Lessons Management System (ESLMS)	Nov 23	Moriam Adekunle	Control/ Assurance
3. Review PSIRP process	Sept 23	Moriam Adekunle	Control
4. Develop and embed Quality and Safety Champions Network to support embedding the culture of learning	Complete	Moriam Adekunle	Assurance
5. Link into UCL partnership who are implementing a range of collaboratives as part of MH Safety Programme	Sep 23	Angela Wade	Control
6. Develop QI methodology	Mar 24	Moriam Adekunle	Control
7. Ongoing awareness campaign to continue to increase the number of Quality and Safety Champions and embed the network	Mar 24	Moriam Adekunle	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Patient Safety Incident Management Team	Team Established Deputy Director appointed	Governance structure Training in place	
Quality and Safety Champion Network	In place - 84 people registered (June '23)		
Learning Collaborative partnership meeting and Learning Oversight Committee	In place	Reporting to ESOG and Quality Committee	Pan Essex CQRG
Adverse incident policy inc PSIRF SOP and People and Culture Policies	Policy system	Staff engagement and co-production of framework principles aligned with Trust values	
Range of initiatives via culture of learning project	Range of evidence in place to support (on master doc) Communications plan	Monitoring of hits on various forums Reporting to ESOG/ BSOG ECOL Steering Group etc.	Internal audit completed – on Learning from Independent Inquiry March 23. Outcome: Design Moderate; Effectiveness Moderate
Themes allocation to clinical/ assurance/ transformation groups			
Learning information sharing	Range of evidence in place (on master doc)	Range of oversight, monitoring and reporting in place	
Patient Safety Dashboard	In place (Feb 23) Triage and early warning tool Power BI Workshops with key leads		

CRR96: Loggists

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At a Glance:

If EPUT is unable to increase number of trained loggists and increase hours of availability for 24/7 then there may not be sufficient loggists available to log a major incident resulting in poor decision/ action audit trail in the event of a major incident occurring.

Likelihood based on the probability of insufficient loggists
Consequence based on poor audit trail of decisions and actions

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L4 = 16	C4 x L1 = 4 (September 2023)

Progress since last report:

Action off track, proposal has been drafted and currently working with finance and HR to understand implications and potential costs. Recovery due in September with proposal to be submitted to Executive Team

EPRR Annual Report 2022-23 notes that there were 8 EPRR events during the year whereby the command post was stood up to successfully manage each event; and all were logged in the period (assurance that mitigations are holding)

Key Gaps:
As above timescale off plan – with agreed recovery.

Executive Responsible Officer:
Executive Director of Major Projects

Executive Committee: Executive Operational Team
Board Committee: Quality Committee.

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Establish in-house training capability	Complete	Nicola Jones Director of Risk & Compliance	Control
2. Develop proposal to increase number of loggists	July 23 Sept 23	Nicola Jones Director of Risk & Compliance	Control
3. Deliver Loggist training as per training needs analysis.	TBC	Amanda Webb EPRR/ Compliance Manager	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Pool of trained loggists including EPRR team and Executive Director PA's	All EPRR incidents have been logged to date	Command structure	
Loggist Training	Available from NHS East of England Region and Available in house		
Major incident policy	Board approved Major Incident Policy in place		

CRR98: Pharmacy Resource

Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT is unable to fill new and pre-existing positions within Pharmacy Services then there will be a protracted period of operating within business continuity leading to a reduced pharmacy service to our care units and potential impact on the wellbeing of our staff.

Consequence of 4 is severe due to the possibility of significant service disruption and significant workforce shortages. Possible increase in Datix reports due to a range of issues (pharmacy as a contributing factor) Complaints increasing from clinicians.
Likelihood of 5 is almost certain as our ability to deliver a comprehensive pharmacy service to EPUT patients falls far short of business as usual

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L5 = 20	4 x 2 = 8 (March 2024)

Progress since last report:
The Pharmacy Service continues to progress with the recruitment campaign

Movement seeing vacancies to below 20 (15.1). Currently have 3.4 WTE due to join in early 2024.
Pharmacy have successfully recruited and have 31.9wte in post (since last September). 15.1fte vacancies remain, 20% of establishment. 3.4wte due to join in January following next round of registration examples.
HS confirmed that pharmacy remains in BCP; BCP reviewed monthly in team meeting. Frontline delivery is still holding up with no specific incidents linked to BCP status.

Key Gaps/ delayed actions:
CQC report (12 July 2023) highlighted the trouble in recruiting to Pharmacy roles, acknowledged the business continuity plan

Executive Responsible Officer: Executive Nurse

Executive Committee: Executive Operational Team
Board Committee: Quality Committee.

Actions

Action	By When	By Who	Gap: Control or Assurance
1. Continue with recruitment campaign	Ongoing	Director of Pharmacy	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Pharmacy team	Part establishment Post established to support new registrants	Report to Executive Team secured additional funding for pharmacy resources	Collaboration with HEE and HEIs to develop a sustainable pipeline of staff
Use of bank and agency staff	Support from ICB secondment of pharmacists part-time		
Support from patient experience team			
Rolling recruitment programme	£300k substantive staffing agreed – implementation in progress to fill posts	Reporting to Executive Team Performance reporting	
Business Continuity Plan	Using Datix dashboard for pharmacy related incidents and monitored by pharmacy		

CRR99: Safeguarding Referrals

NHS Essex Partnership University NHS Foundation Trust

At a Glance:

If EPUT is unable to manage the increase in safeguarding referrals then it may not adequately assess patients' needs resulting in compromised patient safety, wellbeing and compliance with safeguarding best practice and regulation

Initial risk score	Current risk score	Target risk score
C4 x L4 = 16	C4 x L3 = 12	C4 x L2 = 8 March 24

Agreed reduction in risk score (ET 15.08.23). Rationale for change, holding current state, noting that some (not all) are not completed within timescale

Progress since last report:
Action 1 Complete and added to Datix
Action 2 Complete and moved into BAU
Action 3 – Discussions ongoing. Have met with Transformation Team and IG Team.
Action 4 and 6 – are being reframed into different phases and milestones
Action 5 – on track

Key Gaps:
Safeguarding team not fully established – vacancies out to advert

Executive Responsible Officer: Executive Chief Nurse

Executive Committee: Executive Operational Team
Board Committee: Quality Committee.

Actions

	By When	By Who	Gap: Control or Assurance
1. Review issue related to Datix sign-off risk around categories	Complete	Tendayi Musundire/ Datix Team	Control
2. Undertake internal consultation on management of complex cases – review resource implications for supervision	Complete	Tendayi Musundire	Control
3. Incorporate safeguarding forms into patient records	September 23	Tendayi Musundire	Control
4. Agree funding with Care Units for Associate Safeguarding Practitioners to assist Care Co-ordinator to facilitate safeguarding (adult patients)	October 23	Tendayi Musundire and Care Unit Directors	Control
5. Develop action plan to share with Southend UA to ensure all future open referrals are signed off	November 23 deadline	Tendayi Musundire/ Deborah Payne/ Ops Leads	Assurance
6. Review safeguarding establishment to resolve continuous additional hours on Bank by existing staff and business support for processing increase in activity	November 23	Tendayi Musundire	Control

Controls Assurance

Key Control	Level 1 *Department*	Level 2 *Organisational Oversight*	Level 3 *Independent*
Trust safeguarding team	Gap – not at full establishment Creation of Associate Safeguarding Practitioner roles	Local system to monitor child safeguarding case involvement	
Safeguarding policies and procedures	Review complete May23		
Prioritisation for oversight of S17, S47, MAPPA and MARAC attendance at appointments and involvement in reports as well as attendance at statutory meetings on behalf of doctors	In place	Reporting in place Monitoring in place	
Safeguarding training	In place and additional training to bring levels of compliance up to pre-Covid	Performance reporting	
Robust caseload management	Team managers monitor safeguarding caseloads Circulate monthly caseload reports to operational teams	Liaison with DDQS for reporting requirements of individual care units	
Monthly safeguarding reports	Reporting in place		
Datix reporting	Datix investigation		
Southend Unitary Authority open referrals closed	Completed 19 May 23		

07 – Risk Movement

September 2023

EPUT

Risk Movement and Milestones

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Strategic Risk Movement – two year period (Oct 2021 – Sept 2023)

Risk ID	Initial Score	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23	Au 23	Sept 23	Risk ID
SR1 Safety	20	New	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	15↓	15↔	15↔	15↔	15↔	SR1
SR2 People	20	New	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR2
SR3 Infrastructure	15	New	15	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	SR3
SR4 Demand	20	New	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR4
SR5 Inquiry	20	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	20	20	20	20	SR5
SR6 Cyber	12	8↔	8↔	8↔	15↑	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	SR6
SR7 Capital	20										New	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR7
SR8 Resources	15										New	15↔	15↔	15↔	15↔	15↔	15↔	15↔	20↑	20↔	20↔	20↔	20↔	20↔	20↔	SR8

Strategic Risk Milestones – two year period (Sept 2021 – July 2023)

Risk ID	Initial Score	Time on SR/ old BAF	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23	Au 23	Sept 23	Risk ID
SR1 Safety	20	>1 year	New	20																		15					SR1
SR2 People	20	>1 year	New	20																							SR2
SR3 Infrastructure	15	>1 year	New	15																							SR3
SR4 Demand	20	>1 year	New	20																							SR4
SR5 Inquiry	20	>2 years		SR																			20				SR5
SR6 Cyber	12	>2 years			CRR	15																					SR6
SR7 Capital	20	>6 months										New															SR7
SR8 Resources	15	>6 months										New								20							SR8

Risk Movement and Milestones

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Corporate Risk Movement and Milestones – two year period (Oct 2021 – Sept 2023)

Risk ID	Initial Score	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	July 23	Aug 23	Sept 23	Risk ID
CRR11	16	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	CRR11
CRR34	9	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	9↔	9↔	9↔	9↔	9↔	9↔	CRR34
CRR45	12	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR45
CRR77	16	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR77
CRR81	12	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	CRR81
CRR92	20	16↔	16↔	16↔	12↓	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	16↓	16↓	16↓	16↓	16↓	16↓	CRR92
CRR93	15	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	CRR93
CRR94	16	16↔	16↔	20↑	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	CRR94
CRR95	20										15	15↔	15↔	15↔	15↔	12↓	12↓	Close									CRR95
CRR96	16													New	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR96
CRR98	20														New	20	20	20	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	CRR98
CRR99	16													New	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	12↓	CRR99

Risk ID	Initial Score	Time on CRR or old BAF	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Risk ID
CRR11	16	> 2 years																									CRR11
CRR34	9	> 2 years																									CRR34
CRR45	12	> 2 years																									CRR45
CRR77	16	>1 year																									CRR77
CRR81	12	> 2 years																									CRR81
CRR92	20	>2 years				12																					CRR92
CRR93	15	>2 years																									CRR93
CRR94	16	>1 year			20																						CRR94
CRR95	20	Closed										15					12		Close								CRR95
CRR96	16	>6 months														16											CRR96
CRR98	20	<6 months																20									CRR98
CRR99	16	>6 months														16										12	CRR99

08 – Useful Information

September 2023

EPUT

Acronyms

BAF	Board Assurance Framework	**SR**	Strategic Risk
SO	Strategic Objective	**CRR**	Corporate Risk Register
RR	Risk Register	**DRR**	Directorate Risk Register
ICB	Integrated Care Board	**F&PC**	Finance & Performance Committee
QC	Quality Committee	**PECC**	People & Culture Committee
IGDSPT	Information Governance Data Security & Protection Toolkit	**EOSC**	Executive Operational Sub Committee
BOD	Board of Directors	**ESOG**	Executive Safety Oversight Group
EERG	Estates Expert Reference Group	**LRRG**	Ligature Reduction Group
MHA	Mental Health Act	**HSSC**	Health Safety Security Committee
ECC	Essex County Council	**CQC**	Care Quality Commission
CxL	Consequence x Likelihood	**CRS**	Current Risk Score
SMT	Senior Management Team	**HSE**	Health & Safety Executive
CAS	Central Alert System	**NHSE/I**	NHS England/ Improvement
PMO	Project Management Office	**ESR**	Electronic Staff Record
EFIN	Electronic Finance Record	**TBA**	To be advised or agreed
PFI	Private Finance Initiative	**NHSPS**	NHS property services
CMO	Chief Medical Officer	**EDS**	Equality and Diversity Standards
BAU	Business as Usual	**PCREF**	Patient and Carer Race Equality Framework
PLACE	Patient Led Assessments of the Care Environment	**EDI**	Equality Diversity and Inclusion
EDS	Equality Delivery System	**EPRR**	Emergency Preparedness, Resilience and Reporting
VPAR	Violence Prevention and Reduction	**BAU**	Business as usual
DDQS	Deputy Director of Quality and Safety	**BDO**	Internal Auditors (up until end March 23)
FFT	Friends and Family Test	**WRES**	Workforce Race Equality Standard
WDES	Workforce Disability Equality Standard	**CAMHS**	Child and Adolescent Mental Health Service
BSOG	Board Safety Oversight Group		

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RISK ASSURANCE REPORTS

TRUST RESPONSE TO THE OUTCOME OF THE LUCY LETBY TRIAL

Discussion Item NL 5 minutes

REFERENCES

Only PDFs are attached

Trust Response to the Lucy Letby Verdict 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Trust Response to the Outcome of the Lucy Letby Trial**					
Executive/ Non-Executive Lead:	Nigel Leonard, Executive Director of Major Projects & Programmes					
Report Author(s):	Nigel Leonard, Executive Director of Major Projects & Programmes Denver Greenhalgh, Senior Director of Corporate Governance					
Report discussed previously at:	Executive Operational Sub Committee, 22 August, 12 September 2023 People, Equality & Culture Committee, 21 September 2023					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register?	No	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report aims to provide assurance to the Board of Directors on the immediate and future actions taken by the Trust following the outcome of the Lucy Letby trial.	**Approval**	
	Discussion	✓
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1. Consider and discuss the national letter and the implications following the Lucy Letby trial.
2. Note the immediate actions and the creation of a senior Task & Finish Group to coordinate the Trust response.
3. Note and approve the future governance arrangements for actions associated with the Lucy Letby trial, which will be overseen by the People, Equality & Culture Committee.

Summary of Key Issues

Members of the Board of Directors will be shocked and saddened to read of the outcome of the Lucy Letby trial, and will note that there are implications for all NHS organisations.

On 18 August 2023 Amanda Pritchard and senior directors of NHS England wrote to all NHS organisations seeking assurance on the implementation of key national initiatives such as Freedom to Speak Up and Fit & Proper Persons. This letter underpins a number of strategic initiatives that the Trust is already taking to improve safety and creating an open and safe culture whereby staff, patients and relatives can raise any issues of concern. The national letter also links with the recent Rapid Review letter by highlighting the importance of understanding safety and quality information that is routinely available to the Board and senior managers.

Members will be aware of the number of safety initiatives and strategies that have been put in place within the Trust over a number of years. The Trust Board also has a focus on improving service user and carer engagement.

Key to the national guidance is the implementation and publication of the Freedom to Speak Up initiative and also the new guidance for Fit & Proper Persons that has recently become available.

The Trust is in a good position to provide assurance on all of the issues raised by Amanda Pritchard's letter and further assurance will be provided to the Trust Board.

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	NO	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
CQC	Care and Quality Committee	ICB	Integrated Care Board
MSE	Mid & South Essex	PSIRF	Patient Safety Incident Response Framework

Supporting Reports/ Appendices /or further reading
Appendix 1: Letter from Amanda Pritchard and Senior Directors of NHS England Appendix 2: Implementation of the Fit & Proper Persons Test Framework

Lead
 Nigel Leonard Executive Director of Major Projects & Programmes

Board of Directors Part 1
27 September 2023

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

TRUST RESPONSE TO THE OUTCOME OF THE LUCY LETBY TRIAL

1 PURPOSE OF REPORT

This report aims to provide assurance to the Board of Directors on the immediate and future actions taken by the Trust following the outcome of the Lucy Letby trial.

2 RESPONSE BY NHS ENGLAND

Members of the Board, together with colleagues across the Trust and the National Health Service, will have been shocked and saddened by the news reports covering the trial of Lucy Letby. The Board will be aware that the events at the Countess of Chester Hospital are now subject to a statutory inquiry that will help to ensure the NHS learns every lesson from this case.

On 18 August 2023, Amanda Pritchard, together with members of the NHS England Board, wrote to all NHS organisations outlining the immediate steps and key initial learning that has arisen following the verdict in the trial of Lucy Letby.

NHS England has stated their clear commitment to do everything possible to prevent anything like this happening again and take decisive steps towards strengthening patient safety monitoring. NHS England have confirmed that the national rollout of medical examiners since 2021 has helped to create additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner. This work has improved data quality making it easier to spot potential problem areas.

In the autumn, the new Patient Safety Incident Response Framework (PSIRF) will be implemented across the NHS. This framework will change the way the NHS responds to patient safety incidents and will have a sharper focus on data and understanding how incidents happen, improving engagement with families and taking effective steps to improve and deliver safer care for patients. EPUT was an early adopter of the PSIRF framework and initiative is now established within the Trust.

The national response to the Letby trial outcome highlights the importance of NHS leaders listening to the concerns of patients, families and staff, and the need to follow whistleblowing procedures alongside good governance at Trust level.

The two key components of the response letter from NHS England relate to:

- Freedom to Speak Up and Whistleblowing; and
- The Fit and Proper Persons Framework.

NHS Boards are asked to ensure the proper implementation and oversight of these initiatives.

More specifically, NHS leaders must urgently ensure:

1. All staff have easy access to information on how to speak up.

2. Relevant departments, such as Human Resources, and Freedom to Speak-Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.

3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

4. Boards seek assurance that staff can speak up with confidence and whistle blowers are treated well.

5. Boards are regularly reporting, reviewing and acting upon available data.

Freedom to Speak Up and Whistleblowing

The CQC is primarily responsible for assuring speak up arrangements but NHS England have also asked ICBs to consider how organisations have accessible and effective Speaking Up arrangements.

Dr Matt Sweeting, Interim Medical Director of MSE ICB, has written to all Medical Directors in the system seeking assurance on the steps they have taken following the national letter. Dr Karale, who is part of the EPUT Task & Finish Group, has responded to each of the points raised by the ICB and is also providing assurance to the other ICB Medical Directors on the steps the Trust has taken.

Fit & Proper Persons Framework (FPPT)

On 2 August 2023, the Chair of NHS England wrote to all trust chairs to announce the publication of the revised Fit and Proper Person Test (FPPT) Framework. The framework was in response to the recommendations made in the Tom Kark KC Review (2019). The FPPT Framework also incorporates the requirements of the CQC Fit and Proper Person Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a Board member. It has been designed to be fair and proportionate and has been developed with the intention to avoid unnecessary bureaucratic burden on NHS organisations.

The FPPT applies to executive and non-executive directors– interim as well as permanent appointments and any individual meeting the criteria set out in Regulation 5.

A new Leadership Competency Framework (LCF) and appraisal process for board level roles is to be published with the ask that trusts implement this by 31 March 2024 alongside the FPPT Framework and use in the appraisal process for 2023/24. The LCF will help inform the test assessment on professional standards. To support this, NHS England have published the first suite of Board level learning and development offers for executive and non-executive board directors.

The new framework is supported with a suite of templates, guidance and a request for an annual submission to NHS England. As a foundation trust, our Council of Governors continue in their role associated with the appointment and appraisal of non-executive directors and the Chair.

3 ACTION TAKEN BY EPUT IN CONNECTION WITH THE IMMEDIATE LEARNING FROM THE LUCY LETBY TRIAL

The Trust Board will be aware that the letter from Amanda Pritchard and senior directors on the NHS England Board reflects many of the initiatives that the Trust has already put in place over recent years.

Following receipt of the letter the Chief Executive immediately asked the Executive Director of Major Projects & Programmes to establish a senior Task and Finish Group to take the necessary action and provide assurance that the Trust implements the directions in the letter as soon as possible. It was noted that, although there were a number of immediate actions, this learning needs to be fully embedded within the organisation and become part of the strategic development of the organisation.

As mentioned above, EPUT was an early adopter of the PSIRF programme and many of the sentiments within the national letter reflect the direction set by the Trust Board through the adoption of our Safety First Safety Always Strategy, our culture of learning and the work we are undertaking on initiatives such as Time to Care and patient and family engagement. Our action plan will also seek to ensure that all of our strategies, including the new People Strategy, due to be presented to Board later this year, are reflective of the need to create an open culture for staff, patients and carers to be able to speak up on any issues of concern.

Members of the Board will note the recent appointment of Bernadette Rochford MBE as our new Freedom to Speak Up Guardian. Bernadette has a national reputation as a key innovator on Freedom to Speak Up and has been appointed to review and enhance our Freedom to Speak Up Initiative within the Trust. As part of recent changes, the Chief Executive has identified the need for clear separation of the Freedom to Speak Up service from the directorate of People & Culture. In August 2023, this function transferred to the Executive Director of Major Projects & Programmes, and we believe this will highlight the independence of the Guardian's role moving forward.

The Trust has a clear programme of action to enable an open culture, and the Chair of the People, Equality & Culture Committee has already sought assurance on the actions that the Trust is taking and the detailed action plan will be overseen by this committee going forward.

The Trust has taken steps to implement our communications plan relating to Freedom to Speak Up immediately upon receipt of the national letter. We have therefore significantly raised the profile of Freedom to Speak Up over the past few weeks with significant support from our Communications Team.

The Senior Director of Governance & Corporate Affairs is already implementing the additional requirements of the new Fit & Proper Persons Framework, and is linking closely with the Chair of the Trust Board and the Executive Director of Major Projects & Programmes to ensure that the Trust is well placed to implement the actions required in advance of the national deadline. A timetable for implementation of the FPPT Framework is attached as Appendix 2.

The Trust Board will be assured that the existing Fit & Proper Persons requirements for Board Directors are already in place, and there is full compliance with these requirements.

4 RECOMMENDATIONS

The Board of Directors is asked to:

1. Consider and discuss the national letter and the implications following the Lucy Letby trial.

2. Note the immediate actions and the creation of a senior Task & Finish Group to coordinate the Trust response.

3. Note and approve the future governance arrangements for actions associated with the Lucy Letby trial, which will be overseen by the People, Equality & Culture Committee.

Report prepared by:

Nigel Leonard
Executive Director of Major Projects & Programmes

Denver Greenhalgh
Senior Director of Corporate Governance

18 September 2023

To:
- All integrated care boards and NHS trusts:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses
  - heads of primary care
  - directors of medical education
- Primary care networks:
  - clinical directors

cc.
- NHS England regions:
  - directors
  - chief nurses
  - medical directors
  - directors of primary care and community services
  - directors of commissioning
  - workforce leads
  - postgraduate deans
  - heads of school
  - regional workforce, training and education directors / regional heads of nursing

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 August 2023

Dear Colleagues,

Verdict in the trial of Lucy Letby

We are writing to you today following the outcome of the trial of Lucy Letby.

Lucy Letby committed appalling crimes that were a terrible betrayal of the trust placed in her, and our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked and sickened by her actions, which are beyond belief for staff working so hard across the NHS to save lives and care for patients and their families.

On behalf of the whole NHS, we welcome the independent inquiry announced by the Department of Health and Social Care into the events at the Countess of Chester and will co-operate fully and transparently to help ensure we learn every possible lesson from this awful case.

NHS England is committed to doing everything possible to prevent anything like this happening again, and we are already taking decisive steps towards strengthening patient safety monitoring.

The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

We also wanted to take this opportunity to remind you of the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

We want everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Last year we rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest.

That alone is not enough. Good governance is essential. NHS leaders and Boards must ensure proper implementation and oversight. Specifically, they must urgently ensure:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for

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communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

While the CQC is primarily responsible for assuring speaking up arrangements, we have also asked integrated care boards to consider how all NHS organisations have accessible and effective speaking up arrangements.

All NHS organisations are reminded of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.

NHS England has recently strengthened the Fit and Proper Person Framework by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role.

This assessment will be refreshed annually and, for the first time, recorded on Electronic Staff Record so that it is transferable to other NHS organisations as part of their recruitment processes.

Lucy Letby's appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter, along with our full co-operation with the independent inquiry to ensure every possible lesson is learned, will help us all make the NHS a safer place.

Yours sincerely,

Amanda Pritchard
NHS Chief Executive

Sir David Sloman
Chief Operating Officer
NHS England

Dame Ruth May
Chief Nursing Officer, England

Professor Sir Stephen Powis
National Medical Director
NHS England

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Appendix 2

Timetable for implementation of the Fit and Proper Person Test Framework (FPPT)

It is expected organisations will implement the FPPT Framework in line with the timetable below:

Action	Status	Deadline
As soon as possible, communicate with all board members whose details will be included in ESR for the purpose of FPPT in your organisation.	Guidance on the ESR inclusion being drawn up and will be shared with affected individuals, incorporating a consent process.	End September 2023
Implement the use of the new board member reference template for references for all new board appointments.	Adoption of the new template in board appointment recruitment process	30 September 2023
Complete and retain locally the new board member reference for any board member who leaves and record whether or not a reference has been requested	Adoption of the new template in board member reference and leaver process.	30 September 2023
Use the Leadership Competency Framework as part of the assessment process when recruiting to all board roles.	Not published to date	From the 30 September 2023
Fully implement the FPPT Framework incorporating the LCF, including updating ESR database.	Review of the FPP Policy and Procedure.	31 March 2024
	Review of the Chair and Non-Executive Director Appraisal Procedure	31 March 2024
	Review of CEO and Executive Director Appraisal Procedure	31 March 2024
Incorporate the LCF into annual appraisal of all board directors for 2023/24, using the board appraisal framework	Not published to date with the exception of the Chair appraisal process which was published in April ’23	Q1 2024
Annual FPPT for all board members to be aligned with appraisals.	FPPT to be carried out in March each year in preparation for appraisals in Q1.	31 March 2024
On completion of the chair’s appraisal and chair’s FPPT, the SID (with support from the company secretary) should present the findings to the council of governors with a recommendation for approval (as appropriate and in accordance with the foundation trust’s constitution).	Senior Director of Governance to oversee the approval process.	30 June 2024
Annual submission to NHS England regional director on the outcome of the FPPT (to align with the submission of the chair’s annual appraisal)	Senior Director of Governance to oversee the annual submission.	30 June 2024

STRATEGIC INITIATIVES

SOUTHEND, ESSEX AND THURROCK ALL-AGE MENTAL HEALTH STRATEGY

Decision Item | ZT | 10 minutes

REFERENCES

Only PDFs are attached

SET All-Age MH Strategy 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Southend, Essex and Thurrock All-Age Mental Health Strategy**					
Executive/ Non-Executive Lead:	Zephan Trent, Executive Director of Transformation, Strategy & Digital					
Report Author(s):	Zephan Trent, Executive Director of Transformation, Strategy & Digital					
Report discussed previously at:	Executive Team					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	✓
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report provides the Board of Directors with an update on the development of the shared Southend, Essex and Thurrock Mental Health Strategy from 2023 to 2028. The Board is requested to endorse the draft strategy which has been developed collaboratively with partners and is both aligned and complimentary to EPUT's five year Strategic Plan, and to support the establishment of a Strategy Implementation Group to support and coordinate collaborative working across partners to implement the strategy.	**Approval**	✓
	Discussion	✓
	Information	

Recommendations/Action Required

The Board of Directors is asked to:

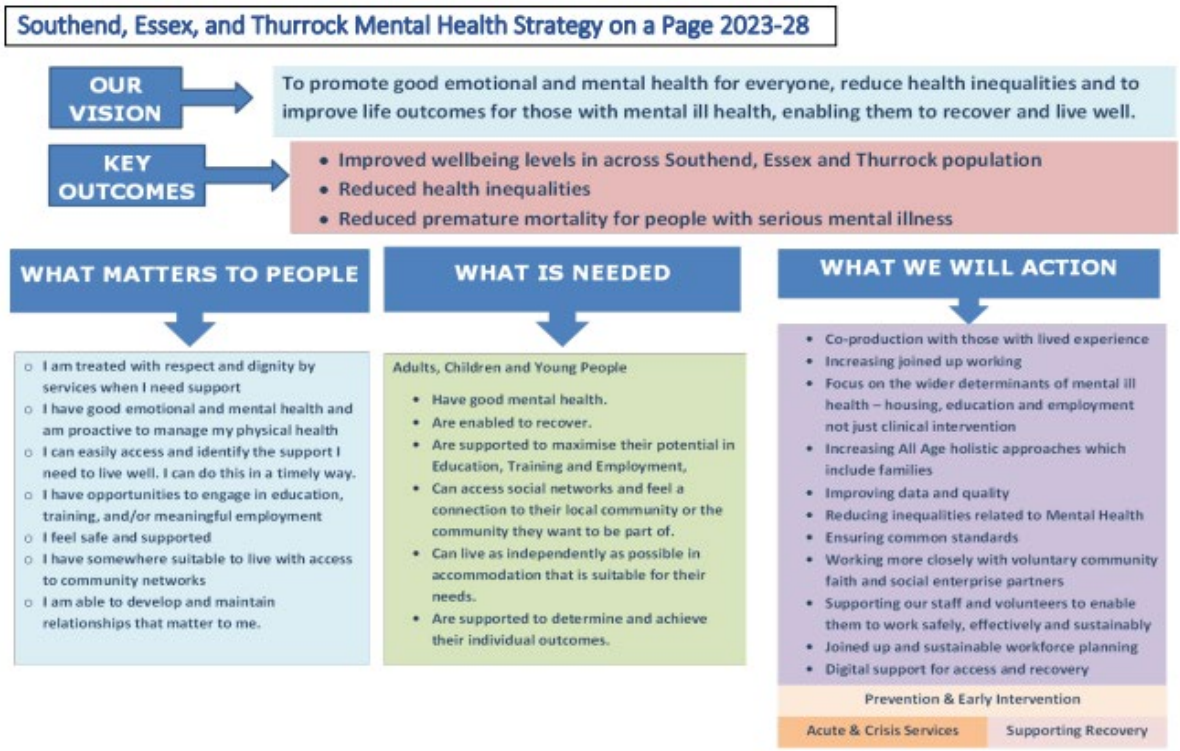
1. Endorse the Southend Essex and Thurrock All-Age Mental Health Strategy, recognising it has been the product of extensive engagement and input from across a diverse range of stakeholders and partners.

2. Agree and support the establishment of the Southend, Essex and Thurrock All-Age Mental Health Strategy Implementation Group, recognising it has been the product of extensive engagement and discussion with partners.
3. Note it will receive regular updates on progress with implementation of the strategy and development of collaborative working arrangements.

Summary of Key Issues

Developing a refreshed Southend Essex and Thurrock (SET) All-Age Mental Health Strategy

- The strategy has been developed based on the population health needs analysis and building on previous work. It aims to co-ordinate the approach across Southend, Essex and Thurrock aligned with the local strategies produced by the three Integrated Care Partnerships, covering Mid and South Essex, North East Essex (part of the Suffolk and NEE ICS) and West Essex (part of the Hertfordshire and West Essex ICS). The three ICB Joint Forward Plans provide more detail around local service development. The strategy is deliberately brief and lays out the 'all age' vision and principles we will work to and the outcomes to be achieved over the next five years, guided by a set of I-Statements (what matters to people). It is shown in summary form below.



Ensuring Implementation of the strategy

- A significant challenge of the previous 2017 Strategy was not its content, much is still relevant, but its implementation. The complexity of the local socio-political geography and changing NHS landscape made a joined-up approach challenging. The impact of this complexity is a possible consideration of the current Essex Mental Health Independent Inquiry. In recognition of the complexity the three local NHS systems have previously commissioned a Mental Health Taskforce Review. This review process has helped to develop a more joined up approach across the three ICBs, which provides a good platform for further collaborative working across partners. System partners have therefore been determined to develop effective mechanisms for ensuring implementation of the Strategy whilst recognising most of the delivery will continue to be at local place level within ICBs, local authorities, providers, Voluntary. Community, Faith and Social Enterprise (VCFE) sector

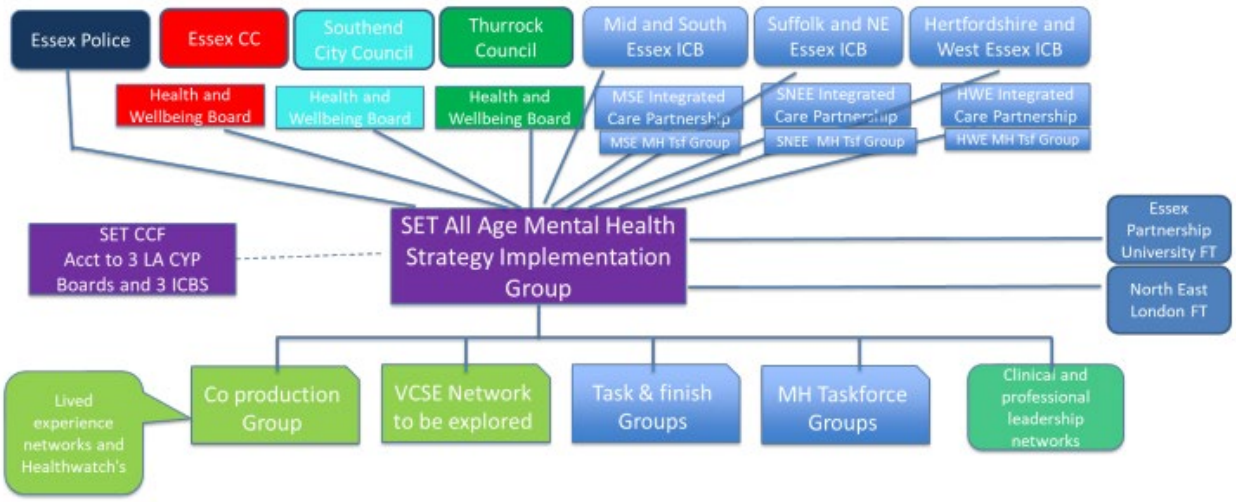
and other partners working together with people with lived experience, typically in local Alliances. Partners have developed proposals for a 'Southend, Essex and Thurrock All-Age MH Strategy Implementation Group' (SIG) focussed on overseeing a limited range of key strategic issues around overall strategy delivery and SET system development with partners sharing leadership of individual workstreams as appropriate. It will build on the existing informal working arrangements established for oversight of the strategy development itself. The Strategy Implementation Group is proposed as a collective 'decision recommending body' of SROs and equivalent from the core statutory partners, together with people with lived experience. Formal decision making will continue to be in line with individual organisation's internal governance approvals.

- The main functions for the group are proposed to be:
  a) Oversight and monitoring of overall SET All Age Mental Health Strategy delivery, recognising subsidiarity at place level. 'Place' in this context means at least local authority level [ECC, SCC, TC] and also the 6 Alliances across SET, where NHS, local authority and VCSE partners work together.
  b) Delivering SET level outcomes for specialist services [Eating Disorders, Perinatal, Personality Disorder, and bedded care including Inpatient beds and supported accommodation].
  c) Coordination and alignment across key pathways including MH crisis, including admission and discharge planning, and with the East of England Specialist Mental Health Provider Collaborative, and between adult and Children, and Young People (CYP).
  d) Information sharing and learning with a focus on equity including reporting at Place and SET level on demand, service capacity and performance, locality service models and transformation programmes, outcomes and funding.
  e) Coordination and alignment across key enabler areas such as quality and safety, workforce, digital, public mental health, population health management, contracting, outcomes and performance metrics.
  f) Advising on decisions, system linkages and issues which may be the responsibility of individual Places or organisations, but which can impact across SET. e.g. Substance Misuse, Crisis Concordat, Suicide Prevention, Safeguarding and Police MH Risk Assessment Groups and with Regional groups such as East of England Specialist MH Provider Collaborative.
  g) Facilitating alignment and simplification of system governance. It is recognised there are a plethora of ad hoc groups which have been established in lieu of a coordinated and joined up approach across the SET system.
  h) Horizon scanning and sense making. Identifying new and emerging issues and opportunities and facilitating agreement about how they are best addressed.

- The Strategy Implementation Group will work with a range of supporting groups, including many which exist already, including:
  - The existing Collaborative Children's Forum which oversees a single contract for the commissioning of CYP mental health services.
  - New supporting groups, only where needed, which are likely to include: Co-production – challenging and supporting the system to ensure co-production is embedded.
  - Development of joined up approaches to key enablers such as finance, outcome and performance reporting, workforce and digital.
  - Key areas where enhanced focus is needed such as embedding a holistic approach around transition.
- It has been agreed by partners that the Strategy Implementation Group is hosted by Essex County Council with support of a jointly funded 'Business Manager' who will coordinate agendas and officer co-working across partners. They will be supported by the growing

number of jointly funded partnership roles working across ICBs, local authorities and providers. The initial chair is proposed to be the Deputy Chief Executive of SNEE ICB.

- The proposed governance of the Strategy Implementation Group is shown below.



- The working of the Strategy Implementation Group will be formally reviewed after 6 to 9 months, and following publication of the Essex Mental Health Independent Inquiry, to identify any changes required to its operation. This may include more formal development of its governance and working arrangements, including learning lessons from the development of local mental health system collaboratives in Suffolk and Hertfordshire.

- Next steps, once agreed by all partners:
  a) The Southend, Essex and Thurrock All-Age MH Strategy will be published and shared with the public and partners.
  b) The Southend, Essex and Thurrock All-Age MH Strategy Implementation Group will be formally established and will develop a work programme and supporting working arrangements.
  c) Regular (6 monthly) reports on strategy implementation progress will be produced for each partner.

Findings/Conclusion

- The development of the Strategy was supported by external consultants (Tricordant) who worked with a steering group of system leaders. Extensive conversations were held with groups representing those with lived experience covering larger organisations such as Mind and Healthwatch, smaller and more locally based such as Trustlinks and SAVS in Southend through to very specific groups such as those representing Bangladeshi women and African men. These were led by a member of the consulting team who is an expert by experience skilled in this work.
- Tricordant engaged with over 100 different individuals, groups, and organisations including clinicians, professionals and leaders from across the partner organisations. They also facilitated two system workshops with a diverse range of stakeholders to develop the shared direction for the strategy building on an analysis of local population needs, informed by the local Mental Health Joint Strategic Needs Assessment (JSNA) and key national and local data sources.

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	**NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
HWE ICB	Herts and West Essex Integrated Care Board	MSE ICB	Mid and South Essex Integrated Care Board
SNEE ICB	Suffolk and North East Essex Integrated Care Board	SET	Southend, Essex and Thurrock

Supporting Reports/ Appendices /or further reading
Southend, Essex and Thurrock Mental Health Strategy

Lead

Zephan Trent
Executive Director of Strategy, Transformation and Digital

Southend Essex and Thurrock

Mental Health Strategy

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Introduction

Health and care leaders across Southend, Essex, and Thurrock (SET) are working to further improve the lives of those who live with mental ill health. This brief and practical all-age strategy sets out the vision and principles we will work to and the outcomes to be achieved over the next five years.

Our vision is to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill health, enabling them to recover and live well.

This strategy builds on previous work and aligns with the local strategies produced by the three Integrated Care Partnerships[1], covering:

- Mid and South Essex
- North East Essex (part of the Suffolk and NEE ICS[2])
- West Essex (part of the Hertfordshire and West Essex ICS).

Southend, Essex, and Thurrock System Partners

Organisations from across a complex geography are working together in partnership and are committed to ongoing learning as part of the delivery of the strategy:

- North East Essex (NEE)
- West Essex (WE)
- Mid and South Essex ICS (MSE)
- Southend City Council (SCC)
- Essex County Council (ECC)
- Thurrock Council (TC)
- Essex Police (EP)
- Essex Partnership University NHS Foundation Trust (EPUT) – provider of adult services
- North East London NHS Foundation Trust (NELFT) – provider of children and young people's services

People who use mental health services, families, and carers with lived experience, and Voluntary, Community, and Social Enterprise (VCSE) sector organisations have also been engaged in developing the strategy and will continue to be key partners in delivering it.

Appendix 1 contains further detail of each of the individual geographies covering the Place based partnerships.

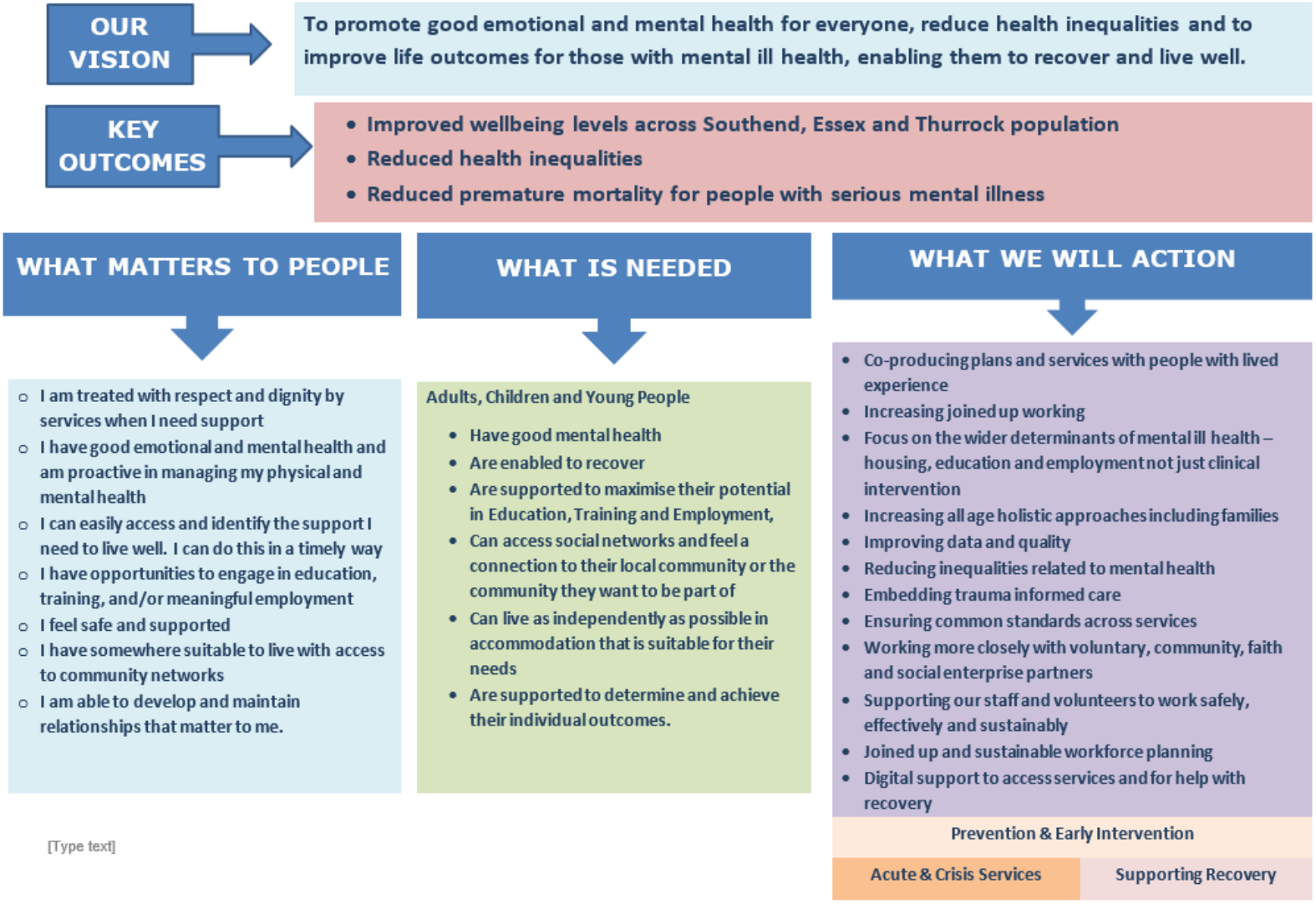
The vision and deliverables of this strategy

We have a clear vision for this strategy, and from working with groups of people with lived experience of mental ill health we have co-produced a list of ''What Matters to People' which informs the outcomes to be delivered through the strategy.

[1] Integrated Care Partnerships (ICP) are a statutory committee jointly formed between the NHS Integrated Care Board (ICB) and all upper tier local authorities that fall within the Integrated Care Systems (ICS) area.

[2] Integrated Care Systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people who live and work in the area.

Southend, Essex, and Thurrock Mental Health Strategy on a Page 2023-28



[Type text]

PRIORITIES FOR THIS STRATEGY – Adults

Prevention & Early intervention

- Provide information and support on wellbeing and managing risks to mental health to help people to maintain good mental and physical health. This could be from non-clinical voluntary services as well as formal services.
- Ensure people have access to local community-based support for their mental health throughout their lives. This should include integrated therapies, especially for people who have complex needs and/ or are particularly vulnerable.
- Ensure people with severe mental illness receive a full annual health check and follow-up interventions
- Improve access to adult eating disorder services
- Increase access to specialist perinatal mental health care for all new and expectant mothers
- Review mental health support for older people recognising the need to support carers, and the impact of social isolation and loneliness
- Improve coordination of support for people through key life transitions especially for 18-25 year olds.
- Embed a 'think family' approach to consider and support the needs of a whole family around a person

Acute and Crisis Services

- Improve pathways and access to community-based support during a mental health crisis to avoid escalation and/ or inpatient admission.
- Ensure prompt access to good quality first response care in an emergency that includes mental health assessment and support
- Improve safety of mental health inpatient environments
- Reduce hospital admissions for mental health conditions, including emergency admissions for self-harm, through improved community support
- Reduce time spent in inappropriate out of area placements by adults needing non-specialist mental health inpatient care

Supporting recovery

- Improve access to effective Talking Therapies for everyone who needs support
- Improve access to integrated, holistic and recovery-focused mental health support for adults with severe mental illness
- Develop supported accommodation in the community to support timely discharge from hospital settings
- Improve and embed integrated pathways to access housing, education, employment, self directed support and skills, particularly for people severe mental illness
- Work with local employers and partners to develop suitable opportunities and roles for people with severe mental illness

Priorities for this Strategy – Children and Young People

Prevention & Early intervention

- Improve access to wellbeing advice and support in communities and schools
- Improve access to FREED (first episode rapid early intervention for eating disorders) and for ARFID (Avoidant restrictive food intake disorder)
- Improve access to trauma informed services through communities or schools
- Improve access to infant mental health services
- Increase access to CAMHS (Children and Adolescent Mental Health Services).
- Increase access to health and justice mental health provision
- Increase provision of mental health in schools teams across Essex
- Continue expansion of non-clinical services to support prevention and a wider determinant of health approach to children, young people, and their families/carers
- Embed a 'think family' approach to consider and support the needs of a whole family around a child
- Develop digital support for children and young people's mental health
- Develop mental health workers in primary care

Acute and Crisis Services

- Improve access to intensive support in the community
- Improve access to the crisis team from hospital or home
- Ensure 24/7 access to crisis care and support and continue to develop these services
- Reduce hospital admissions, especially for those with mental health and learning disabilities/autism
- Reduce length of stays (where appropriate) for inpatients
- Integrate mental health services for children and young people with acute trusts
- Reduce hospital admissions for self-harm by rolling out the self-harm tool kit to schools and other settings
- Expand of the community mental health and CYP learning disability and neurodevelopment team
- Mobilise at risk mental health state (ARMS) teams

Supporting recovery

- Increase access and choice of support and treatment options for young people
- Increase pathways to support the Young Adults 18-25 Transition
- Increase 'step down' services from more intensive to less intensive support
- Improve access to home feeding support teams for eating disorders
- Improve integrated pathways to access education, training, and employment
- Increase access to digital support
- Increase non-clinical support for recovery programmes
- Support children to stay with their families whilst receiving services so that less children with mental health needs entering the care system

How we have developed this strategy

To develop the strategy, we commissioned external consultants (Tricordant) who worked with a steering group of system leaders. Tricordant interviewed the leaders and held two system-wide workshops to obtain a clear sense of direction for the strategy.

Conversations were held with over 100 individuals, groups or organisations representing those with lived experience. This included Mind and Healthwatch, as well as smaller and more locally based organisations such as Trustlinks and Southend Association of Voluntary Services (SAVS) through to very specific groups such as those representing Bangladeshi women and African men.

The Tricordant team included experts by experience. A consultant psychiatrist and an executive mental health nurse carried out research into the specific population needs by working with public health colleagues and local clinicians and professionals and by using data from the local Mental Health Joint Strategic Needs Assessment (JSNA) and key national and local data sources.

Why do we need this strategy?

Societal and Economic cost of mental illness

Poor mental health has a huge impact on the overall health and wellbeing of people and is increasing. Suicide is the leading cause of death for men under 50 with 75% of all suicides being men[3]. Suicide in women aged 24 or under in 2021 saw the largest increase since ONS began recording them in 1981[4]. Depression is now the third most common cause of disability[5]. 1 in 4 people will have mental health challenges at some point in their lives[6].

Poor mental health can impact on schooling and educational attainment, ability to work and stay in work, quality of relationships and experiences of ageing. Half of mental ill health starts by age 15 and 75% develops by age 18[7].

The economic cost of mental ill health is estimated to be approximately £100 billion for the UK [8] which suggests it is around £3.2 billion for Southend, Essex, and Thurrock. 72% of the economic cost is considered to be from lost productivity due to absence from work. The 15-49 age group accounts for 56% of the economic cost and the 50-69 group at 27%. Within Southend, Essex, and Thurrock approximately £400

[3] NHSE Tackling the root cause of suicide https://www.england.nhs.uk/blog/tackling-the-root-causes-of-suicide/
[4] https://mentalhealthinnovations.org/news-and-information/latest-news/ons-report-shows-alarming-rise-in-suicide-rates-among-young-women.
[5] https://www.who.int/news-room/fact-sheets/detail/depression
[6] https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/
[7] https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/
[8] https://www.lse.ac.uk/News/Latest-news-from-LSE/2022/c-Mar-22/

million is spent each year by the NHS, Local Authorities, and Police on emotional wellbeing and mental health.

Population needs

Our engagement and research has identified the following key challenges for Southend, Essex, and Thurrock.[9] ICP strategies include more detailed information for their local populations. Many of these facts are not unique to this area and impact much of the UK.

- **Large and growing demand**
  - The number of adults with common (mild and moderate) mental health problems in the population is approximately 1 in 6
  - 1 in 6 children and young people (CYP) also have mental health problems, an increase from 1 in 9 only 5 years ago[10]
  - There is a smaller, but growing, number of people with severe mental ill health causing significant ongoing impact on their daily lives
  - Current services, particularly for adults, do not appear to match population needs and current or predicted demand
  - There has been a significant deterioration in mental health and wellbeing through Covid 19 and the impact is anticipated to be ongoing
  - Mental health services are experiencing unprecedented demand with a 76% increase in new referrals in February 2022 compared to the same month in 2020, which led to approximately 5% more total mental health contacts in that same period. Children and young people contacts increased by 16% during the same period
  - Mental ill health has a strong correlation with deprivation and the cost-of-living pressure is expected to add to challenges for those living in deprivation and increase the number who will suffer anxiety and depression.
  - The older population in Southend, Essex and Thurrock is expected to increase by 32,000 people by 2027. National data indicates that 1 in 4 are likely to be affected by depression and only an estimated 15% will receive NHS help[11]
- **Demand presents across the whole system,** not just specialist mental health providers. It significantly impacts Primary Care, A&E departments, and the Police amongst others

[9] Unless stated data is drawn from the accompanying document 'Mental Health– Population Health Needs in Southend, Essex and Thurrock' or from https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/.

[10] https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics

[11] https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/older-people-statistics

- It is estimated nationally that 40% of GP appointments are for mental health related issues
- 15-25% of all incidents Essex Police responds to involve mental health[12]

- **Physical and mental health challenges** are often linked with both experienced by many people
- **Complexity through multiple conditions is common** among individuals with mental illness including links with learning disabilities, substance misuse, offending and social exclusion
- **Certain groups are disproportionately affected** by mental health issues as these can bemade more complex by the interaction of different categories of social identity. For example, people from different genders or ethnic groups, LGBTQ+ people, travellers, young adults, older people, and people living in poverty, may receive **inequitable service provision and care.** This can be perpetuated by the inaccessibility of services e.g., for people with low levels of literacy or where English is not the first language or for other cultural reasons
  - Many people find it difficult to access mental health services via their GP
- **Inequality and service variation**
  - The prevalence of common mental health problems varies across Southend, Essex, and Thurrock
  - There is also significant variation in premature mortality in people with severe mental illness
  - Provision varies across areas even when levels of deprivation and resources are accounted for
  - Many people with mental health needs from London Boroughs are placed in Southend,which increases demand.
- Between a quarter to a half of adult mental illness may be **preventable with appropriate interventions in childhood and adolescence**
- Only half of adults in contact with specialist mental health services are in stable and **appropriate accommodation**.
- People in contact with specialist mental health services have a 73% lower **employment** rate than the general population. T

Across Southend, Essex, and Thurrock there are significant local mental health challenges, for example[13]:

- Southend has high rates of common and severe mental health
- Tendring has challenges around mental and behavioural disorders, admissions for self-harm, and suicide
- Thurrock has increasing numbers of children with social, emotional, and mental health needs, and high

[12] Mental Ill Health Problem Profile 2022, Essex Police

[13] Based on various sources quoted in the Joint Strategic Needs Analysis

premature mortality for people with severe mental illness

Taking these community needs into consideration is key. This strategy aims to ensure that need drives provision and provision meets need. We want to have the right provision in the right place for every citizen across Southend, Essex, and Thurrock who requires support and care for their mental health.

National Policy Drivers

In implementing this strategy we will ensure we meet the specific requirements of relevant national strategies whilst delivering the needs of the local population.

The government Department of Health and Social Care are due to publish a Major Conditions Strategy during 2023. This strategy will tackle the conditions that contribute most to the burden of disease in England, including mental ill health, and the increasing number of people living with multiple conditions. This joined-up strategy will ensure that mental ill health is considered alongside physical health conditions. A separate national suicide prevention strategy will also be produced during 2023.

Several other national initiatives are under way such as:

- reform of the Mental Health Act
- reform of Care Programme Approach (CPA), a package of care for people with mental health problems
- Adult Social Care reform, including charging reform
- refresh of the Triangle of Care, a best practice guide that includes and recognises carers as partners in care
- Levelling Up, the government agenda to improve opportunities for everyone across the UK

All of these initiatives will help contribute to the success of this strategy.

Views from Lived Experience

To develop this strategy, we have listened to individuals and groups with lived experience. We have heard some consistent key themes about what people want:

Availability of services

- More clarity and consistency regarding referral pathways to avoid re-referrals or people falling through the gaps
- Shorter waiting lists, especially for children and young people
- Increased provision of personality disorder services
- More resources directed to early intervention and prevention services
- Improved access to primary care services, including in-person GP appointments

Person centred care

- Less need for people to repeat their stories

- More continuity of care and improved communication, especially for those on waiting lists
- Better care coordination and sharing of information, particularly across organisational boundaries and fragmented services
- More choice regarding therapy and treatments, for example where people would prefer to be referred to voluntary, community, and social enterprise providers (VCSE)
- Better listening to understand and tailor care to meet individual need
- Greater engagement with families and carers as partners in care.

Inequalities and inequities

- More accessible and inclusive services that can meet a range of needs
- Less stigma around mental illness across health, care, and public services
- A more consistent base level-standard to reduce disparities between services across Southend, Essex, and Thurrock.
- Greater engagement with people from ethnic and minority communities
- More meaningful involvement and co-production opportunities to strengthen the voice of lived experience
- Better support for transitions of care, particularly between young people and adult services, and inpatient and community services.

Stories of improvement

Whilst we heard many concerns from those with lived experience we did also hear about good experiences, services, and initiatives that we can continue to build on. A few examples of these are:

- Social prescribing link workers in Southend and the Friends for Lives suicide intervention and prevention service
- The children and young people mental health support team in schools in West Essex and the partnership with EPUT to provide seven mental health coaches integrated with Primary Care Networks (PCNs)
- Projects such as the Trust Links Growing Together project, the Colchester based Bangladeshi Women's Association and the Crisis Café in North East Essex, which all provide additional mental health support including out of hours
- Initiatives by Mind in Mid and South East Essex, such as 'Somewhere to Turn' and their supported housing solutions that give people greater independence
- Integrated PCN mental health teams in Thurrock that have multidisciplinary working and psychiatrists running

clinics within surgeries. They are also changing their use of language, such as using the term ‘transfers’ instead of ‘discharge’ to reduce people’s fear of losing a service.

Moving forward from previous strategy

Many aspects of the previous 2017-21 SET mental health strategy are still relevant, and implementation continues. Despite some of the great work that has happened across the system during challenging times, many people's interactions with, or ability to access health and care services can still be difficult. Many people report that they are not seeing benefits from the changes and investment in services.

Whilst recognising thedifficulties of the previous few years it is important to also acknowledge the areas of success. Examples include:

- An enhanced emotional wellbeing offer for children and young people
- New adult urgent care pathways including mental health facilities at emergency departments
- An improved community offer for adults, including support to primary care
- Enhanced community support for people with personality disorders
- Extended employment support to prevent people losing their jobs
- Integration of physical and mental health community services in West Essex to better meet the needs of older people, in particular those with multiple long-term conditions
- Improved culture of learning and improvement within mental health services

Specific focus on Children and Young People

This is an all-age strategy which also covers children and young people; however, it is important to stress our specific areas of focus for this important group. These are:

- Eating Disorder Services
- Crisis Services
- MH Services and Acute Trusts- improving integration
- Mental Health Support Teams working with Education
- Access and Outcomes
- Use of digital technology
- Young Adults 18-25 transition
- CYP specialist workforce

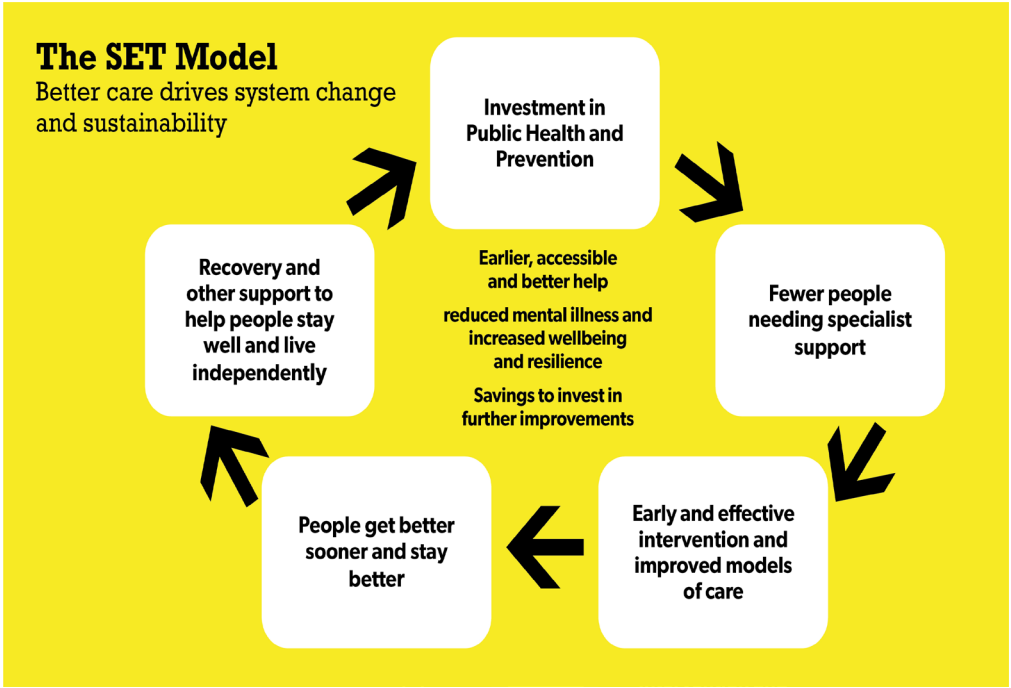
Across Southend, Essex, and Thurrock we will also be working together to support children and young people to manage risks such as the potential for online harm and use of harmful behaviours. This helps enable them to be supported

in the community by preventing need for admission into care or hospital.

There is an annually updated local transformation plan for Children and Young People in place which supports this strategy.

Developing our local model: better care drives system change and sustainability

The diagram below summarises the strategic approach for Southend, Essex, and Thurrock which seeks to further improve our approach to prevention, early intervention, and community support within the context of the wider determinants of mental health, to reduce the need for hospitalised care.



Focussing on the wider determinants of mental health

Wellbeing and mental health challenges affect all of us. Everyone seeks to maintain their own emotional and mental health and support those around us. This is not always easy or possible, especially if there is a background of trauma. When people experience deterioration in their emotional and mental health, this causes distress and can lead to crisis. In our services we want to work with people to understand and address the root of the 'triggers' for deterioration in their

emotional and mental health as well as helping them respond to the symptoms.

It is widely accepted that clinical care only contributes to 20% of the impact on people's general health outcomes. Social and economic factors have double that impact, and in mental health we know that disadvantage and discrimination have a disproportionate impact. We want to work together with communities to develop their capacity to be supportive, inclusive, resilient, and emotionally healthy places for children, young people, and adults.

Whilst the clinical services provided by the NHS have a vital part to play, the role of local authorities and local VCSE organisations and networks is also critical for influencing the factors which support people's mental health.

Local authorities have duties under the Care Act and Children's' Act to promote the wellbeing of individuals and to provide services which help to prevent, reduce, or delay peoples' needs developing, including the impacts on children of adverse childhood experiences. We plan to strengthen our work with families, carers, and schools to improve emotional wellbeing and prevent long term mental ill health in children and young people. Through this strategy we are also committed to further strengthening support for older people.

We are focused on ensuring equity of service provision across the Southend, Essex, and Thurrock geography to improve outcomes for people of all ages in all our communities. We are working together at both the larger geography and local levels to plan and further improve services at the right population level.

Each of the three ICPs have been developing their strategies, with a key leadership role for local authorities in leading, commissioning and coordinating wellbeing, prevention, and community mental health services. There is an active programme of public mental health across SET which aims to develop a prevention strategy to reduce the risk of mental ill health and the need for specialist support. This also links to local approaches to service transformation, Levelling Up and improving Population Health.

Early and effective help and support

Where people do become unwell and need support, this model and the priority areas we have outlined in the strategy will help ensure people can easily access the treatment they need when and where they need it.

Focusing on recovery

Local Authorities have a role in empowering people who have mental illness, as well as their unpaid carers, and wider communities. They enable people to lead fulfilling and independent lives by providing information, advice, advocacy and offering practical support with everyday activities including for example housing, employment, finance and debt advice, direct payments, and technology. We recognise that recovery is enabled as people grow their ability to access a

life with purpose, meaning and a voice. It is more than just the absence of symptoms.

We want to make sure people have the right place to live and can access meaningful activity such as education and employment whilst they are in recovery. A new supported accommodation model is working to help ensure more people live in stable and appropriate accommodation, and there is also work underway to improve support to enter and stay in employment.

Suicide Prevention

The Southend, Essex and Thurrock Suicide Prevention Board strategy and delivery plans will align to support the ambition of this Mental Health strategy and associated plans. The Board has an all-age approach to preventing suicide which is underpinned by the priorities agreed within the national suicide prevention strategy.

Workforce

The organisations working in the SET mental health system face significant workforce pressures. Recruitment and retention are difficult and there are high vacancy and turnover rates; this is a national situation and not just local to Southend, Essex, and Thurrock. The shortage of staff places pressure on our workforce and could limit achievement of our strategic objectives if not quickly addressed.
To overcome this, we are working to reimagine what the workforce could look like and implement new workforce models. Our desire to move care into the community where appropriate, rather than using inpatient facilities, will ease pressure on the inpatient workforce and create the opportunity for different job roles in the community.

We want to create exciting employment opportunities for the workforce to develop new or existing careers within the Southend, Essex, and Thurrock geography. This will include improving support for the wider social care and VCSE workforce within the mental health system and creating positive cultures and working experiences for all of our workforce.

Digital Technology

Digital technology is a key enabler to support people within a joined up mental health care system. During the life of this strategy, we will develop digital technology for staff to share information more easily and for people with mental health needs to access more services online.

We are aware that digital technology is not easy to use for everyone and will work to support digital inclusion and provide alternative options for people using services.

Implementation and monitoring achievement

A plan is being developed to implement the strategy, which will be overseen by a Strategy Implementation Group of senior leaders across the SET mental health and care system. Most of the implementation will be led by partners working in their local places.

There will be clear responsibility and accountability across the system for improving individual outcomes, creating the conditions for promoting good mental health, and delivering services where needed. We will publish information on how partners will work together across the system and the governance arrangements through which decisions will be made. This will include links to other key workstreams such as suicide prevention, and overarching governance boards at Alliances[14], Local Authorities, ICSs and Health and Wellbeing Boards.

An outcomes framework and key performance indicators (KPIs) will be made available with regular ongoing reporting to demonstrate the status of the work and progress achieved to implement the strategy. Measures will include the reported experiences and perceptions from those with lived experience and will be made publicly available.

To measure performance improvement, we will use the financial year 2020-2021 as our baseline, except for where a specific national or local target is already in place.

A key challenge is to ensure that the work to implement this strategy is coproduced with support and input from those with lived experience. This involvement should be genuine and give equal voice to people who traditionally may not have been involved, especially those from ethnic and minority communities. System leaders are working with local lived experience networks to agree the best ways to ensure their meaningful involvement to develop new collaborative decision-making arrangements.

This is an important strategy for the people of Southend, Essex, and Thurrock. The leaders of the local authorities and NHS are determined to make it work and deliver improved prevention and early intervention, as well as high quality care, support, and treatment for those living with mental ill health. Success will come from working together to address the wider determinants of emotional and mental health and reduce the impact of mental ill health.

[14] See appendix 9. There are 6 Alliances across SET, made up of NHS, Local Authority and VCFSE partners focussed on a place covered by a unitary authority and/or district council. These are Thurrock, South east Essex which includes Southend City, Basildon & Brentwood, Mid Essex, West Essex and North east Essex.

Appendix

Local Geographies

West Essex: Population 319,000
Hertfordshire and West Essex ICB works with Essex County Council (ECC) and the 3 District Councils of Epping Forrest, Harlow and Uttlesford, in the West Essex Health and Care Partnership. The partnership has focussed on joining up community mental health services with physical community health services, integrated around primary care.

North East Essex: Population 341,000
Suffolk and North East Essex ICB works with ECC and the 2 Borough/District Councils of Colchester and Tendring in the North East Essex Health and Wellbeing Alliance which is a collaboration of commissioners, providers and other system partners working together to transform the health and wellbeing of the population of North East Essex as an integrated system. Their approach is for everyone at all stages of their life to be able to Live Well, so they work towards outcomes using the 6 domains of the Live Well mode including 'Feel Well; Supporting mental wellbeing' and 'Be Well; Empowering adults to make healthy lifestyle choices.'

Mid Essex: Population 402,000
Mid and South Essex ICB also work with ECC and the 3 Borough/District Councils of Chelmsford, Braintree, and Maldon, in the local NHS Alliance which covers Mid Essex. Existing areas of focus for the Mid Essex Alliance includes suicide prevention.

Southend City Council: Population 183,000
Southend City Council, and Mid and South Essex ICB are the statutory commissioners of mental health services for Southend. The Council's social care vision is to work collaboratively with people to enable them to live safe, well and independently in the community, connected to the people and things they love. This is outlined in **3 key strategies around Living Well, Caring Well and Ageing Well**. Through a strengths-based focus, there is a drive to transform care and support to ensure that there are flexible options that enable independence. In particular, local partners are working together to address the disproportionate number of people in residential care, often placed by London Boroughs.

Thurrock: Population 178,000
Thurrock is a unitary authority area with borough status. It is part of the London commuter belt and an area of regeneration within the Thames Gateway redevelopment zone. The local authority, Thurrock Council, and Mid and South Essex ICB are the statutory commissioners of mental health services and are implementing an ambitious local strategy, Better Care Together Thurrock, developed by local partners through the Thurrock Integrated Care Alliance (TICA). The strategy sets out Thurrock's collective plans to transform, improve and integrate health, care and third sector services for adults and older people, to improve their wellbeing.

Key aspects relevant to this strategy include:

- Human learning Systems as the core guiding approach
- Strengths and assets-based approach to community engagement and development,
- Co-production with residents and communities to develop radically new models of care
- Integrating and transforming community mental health services with General Practice in the context of Primary Care Networks and a wider integrated housing, care and wellbeing workforce
- Transformation in local community mental health services has already begun to see significant reductions in access times and improved quality, and an enhanced focus on recovery
- Focusing on proactive and preventative care using Population Health Management.

Basildon & Brentwood: Population 264,000
Mid and South Essex ICB also work with ECC and the 2 District Councils of Basildon Point and Brentwood in the local NHS Alliance which covers Basildon & Brentwood. The Basildon and Brentwood Alliance is committed to:

- Understanding and working with communities
- Joining up and co-ordinating services around people's needs
- Addressing non-medical factors that affect the health and wellbeing of local people
- Supporting quality and sustainability of local services

SOCIAL IMPACT STRATEGY

Decision Item | NL | 10 minutes

REFERENCES

Only PDFs are attached

Social Impact Strategy 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Social Impact Strategy**					
Executive/ Non-Executive Lead:	Nigel Leonard Executive Director of Major Projects & Programmes					
Report Author(s):	Anna Bokobza Director of Strategy					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	✓
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register?	No	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report presents to the Board of the Directors EPUT's new Social Impact Strategy. for approval	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required

The Board of Directors is asked to:

1. Approve the proposed Social Impact Strategy as a key enabler to the Trust's five-year strategic plan with its focus on the objective of helping our local communities thrive.
2. Publicly acknowledge the importance of its social impact mission and its members to commit to public advocacy and visible leadership.

Summary of Key Issues

As a significant fixed point in the Greater Essex system, EPUT has a responsibility to positively influence many social determinants of health and wellbeing by working in partnership with local people and communities to understand from their perspective what is needed.

EPUT can and should "go further" than providing safe, high quality physical and mental healthcare by adopting principles of equity and ambitiously pursuing its objective to help our communities thrive. As the only statutory organisation operating across Greater Essex (and beyond), EPUT is ideally positioned to convene partners and co-ordinate social impactful activity if grant funding can be secured.

A significant cultural shift will be required to re-orientate our view of our regular processes and practices through the lens of our role as an Anchor institution. This will require a carefully co-ordinated programme of work, starting with the publication of a new Social Impact Strategy as part of the suite of EPUT's corporate, enabling strategies.

The strategy is based on:

- A collective ambition to "go further" than the safe and high quality provision of physical and mental healthcare and enter ambitiously into the Anchor space now with a multi-year plan
- Positioning EPUT as a community enabler, as much as a direct provider of socially impactful interventions
- Focussing on successful delivery of a small number of projects to prove the concept, build the evidence base and attract more funding over time
- Focussing early plans on localities with highest levels of deprivation to maximise impact on reducing inequalities
- Using available population health data to identify addressable equity trends through targeted intervention e.g. readmission rates in specific communities
- Focussing interventions where EPUT can play to its strengths as provider of holistic physical and mental healthcare
- Leveraging Enable East as well placed to lead on identifying, securing and managing grant funding opportunities as supplement to HMT funding
- Docking into MSE ICB Anchors Programme Board and active participation in SNEE and HWE Anchors work
- Adaptation and adoption of UCLP Anchors Dashboard to measure impact.

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

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Going Further: EPUT's Social Impact Strategy

Lead

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NHS
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NHS Foundation Trust

Going Further: EPUT's Social Impact Strategy

Public Board – for approval
27 September 2023

What do we mean by "going further"?

Source: Reed S, Göpfert A, Wood S, Allwood D, Warburton W. *Building healthier communities: the role of the NHS as an anchor institution*. The Health Foundation, 2019.

As a network of Anchor institutions that are rooted in their local communities, NHS providers can positively influence the health and wellbeing of local populations simply by being there. But **by choosing to** invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that create and maintain health.

EPUT can and should **"go further" than providing safe, high quality physical and mental healthcare** by adopting principles of equity and ambitiously pursuing its objective to **help our communities thrive.** As the only statutory organisation operating across Greater Essex (and beyond), EPUT is ideally positioned to **convene partners and co-ordinate** social impactful activity.

Doing good in our local communities should be a natural by-product of good governance

King Committee on Corporate Governance was established and chaired by Professor Judge Mervyn King in post-Apartheid South Africa at the behest of the late President Nelson Mandela.
Professor King argued for four meaningful outcomes of governance:

1. Ethical culture
2. Good performance
3. Effective control
4. Legitimacy.

Anchor organisations that deliver impact do this with intentionality. To be successful, EPUT will need to adopt the key features of successful Anchors:

- Public board acknowledgment
- Commitment to action
- Make explicit link between social determinants of health and core operational functions
- Being explicit about benefits and outcomes
- Public advocacy through ongoing, visible leadership
- Giving agency to staff to innovate.

There are >123,000 Essex residents living in the 20% most deprived areas of the UK

The health determining factors of access to good quality health & care support and the ability to engage in health enhancing behaviours are heavily influenced by a person's social circumstances including their support structures

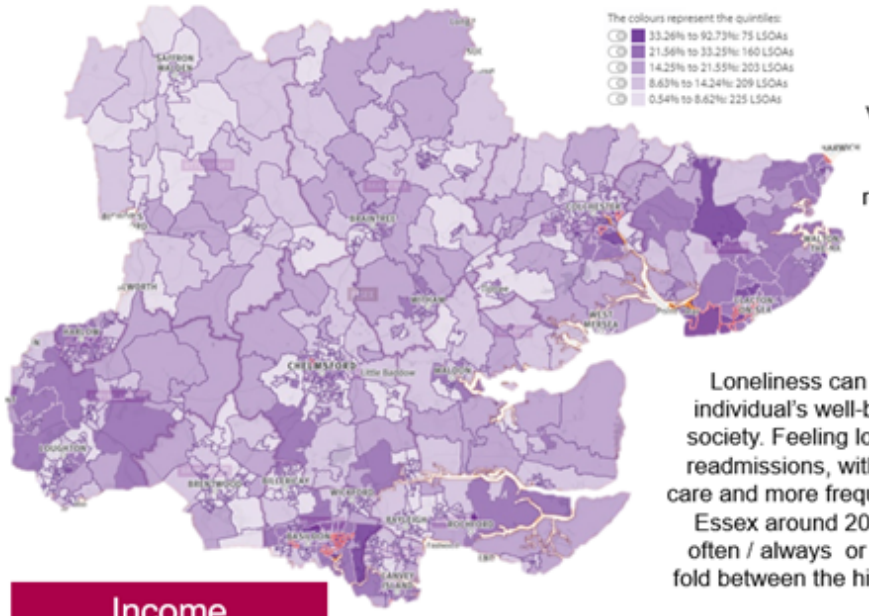
Employment

Well paid, quality work for most people is fundamental for good physical and mental wellbeing, with local employment & good working conditions able to influence the health of the wider community. Around 76% of the working age Essex population are employed but this varies across the county from highs of 85% in Rochford down to 60-66% in Brentwood and Tendring

Education

Educational qualifications is a significant predictor of wellbeing in adult life; determining labour market position, income, housing and other material resources. Educational attainment is influenced by both the quality of education and family socio-economic circumstances. The average attainment 8 score across Essex is around 50 but this ranges from a high of 55 in Brentwood and a low of 44 in Tendring, with the district scores correlating closely with deprivation.

Essex districts by deprivation score, national quartile, IMD 2019



Crime

Public health services have an important role to play in tackling violence, including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities

Support

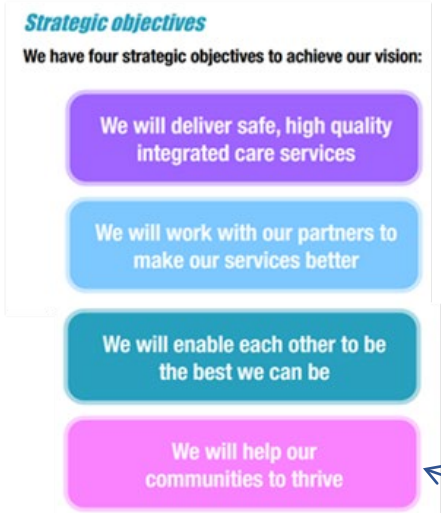
Loneliness can have serious consequences for an individual's well-being, and their ability to function in society. Feeling lonely frequently is linked to hospital readmissions, with longer stays, requiring residential care and more frequent visits to GPs and A&E. Across Essex around 20% of residents report feeling lonely often / always or some of the time. This varies by 3 fold between the highest district, Basildon at 32% and the lowest, Rochford at 11%.

Income

Childhood poverty leads to premature mortality and poor health outcomes for adults. Living in poverty exposes a child to a range of risks that can have a serious impact on life chances and their mental health. The percentage of Essex children in low income families varies from a low of 9% in Uttlesford up to a high of 19% in Tendring.

As a significant fixed point in the Greater Essex system, EPUT has a responsibility to positively influence many social determinants of health and wellbeing by working in partnership with local people and communities to understand from their perspective what is needed.

This social impact strategy will directly support delivery of our Trust strategy



Focusing on delivering maximum social impact is in direct alignment with **caring** for our communities, **empowering** our colleagues to innovate and **learning** what works and what does not.

The specifics of how EPUT will deliver this objective have, until now, been less well developed than for the other strategic objectives. A significant cultural shift will be required to re-orientate our view of our regular processes and practices through the lens of our role as an Anchor institution. This will require a carefully co-ordinated programme of work, starting with the development of a new Social Impact Strategy as part of the suite of EPUT's corporate, enabling strategies.

EPUT will also be supporting local ICBs in delivery of one of their main aims: helping the NHS support broader social and economic development at "place" level

We are not starting from a blank slate

We already know that:

- Health outcomes are only partially driven by healthcare interventions and a range of social factors are more powerful drivers of health outcomes
- Wide inequalities exist in the communities we serve and these need to be deliberately designed out
- As a Foundation Trust and a Public Benefit Corporation, EPUT has a responsibility to ensure it optimises its positive social impact
- As a mental health provider EPUT has a responsibility to raise awareness of the drivers of ill health and work with voluntary and community sector partners on prevention
- EPUT's organisational values align closely with the Anchor agenda and this can be easily reflected in an Anchor Charter
- Orientating our (business as usual) services and corporate infrastructure to optimise our social impact can help address many of the operational challenges we face
- We already have many strong links with our local communities through Foundation Trust membership, Lived Experience Ambassadors, volunteers, reservists and community partnerships
- Many EPUT teams are already delivering positive social impact e.g. Individual Placement Service, Outreach Services, KickStart, Enable East HeadsUp and Multiply programmes, West Essex collaboration with Essex, Department of Work and Pensions, local colleges and Stansted Airport, Community Wellbeing Hub in Harwich
- Change fatigue is a risk and prioritisation of effort is important, with success most likely through building a social movement for change
- We can't do much of this alone
- This requires intentionality in daily operations and a "long game" mind-set.

To make a positive impact in our local communities, we will need to drive a comprehensive shift in mind-set across the whole organisation to focus daily business processes on enabling easier access for local communities (e.g. recruitment paperwork)

We have made significant progress in the last four months

- Agreed executive sponsor and director SRO responsibilities
- Established rapidly growing Social Impact Leadership Group (SILG) open to any EPUT colleague or who wants to contribute and/or gain experience in strategic programmes – intentionally creating flat and inclusive forum where colleagues and lived experience ambassadors (LEA) have agency
- Recruited one LEA and two grass roots community leaders to the SILG with interest from a further six LEAs to join
- Produced high level baseline of EPUT's existing Anchor activities using ICB progression framework
- Ran ideas generation and prioritisation session with L50 (see output in appendix)
- Co-produced prioritisation methodology and agreed three interventions for first wave bidding
- Identified and qualified sources of recurrent and non-recurrent funding through relationships in ECC Public Health, Lottery Fund & Serco
- Identified and initiated development work on a small number of research and innovation opportunities that could be delivered in partnership with local universities, other NHS Anchors and private sector organisations that align with the social impact agenda
- Sense checked approach with MSE ICB Anchors Programme Board – very positively received; plans in place for HWE and SNEE ICBs as their Anchors Programme governance mobilises
- Sense checked emerging approach with EPUT Membership committee – agreed alignment with Membership Strategy
- Met with team from South West London & St George's Mental Health Trust to learn about how they developed their recently launched, stigma-breaking Springfield Village site
- Discussed proposed strategy with Council of Governors.

The Board is asked to approve the proposed approach

- Collective ambition to “go further” than the safe and high quality provision of physical and mental healthcare and enter ambitiously into the Anchor space now with a multi-year plan
- **Position EPUT as a community enabler,** as much as a direct provider of socially impactful interventions
- Focus on successful delivery of a small number of projects to prove the concept, build the evidence base and attract more funding over time
- Focus early plans on localities with highest levels of deprivation to maximise impact on reducing inequalities
- Use available population health data to identify addressable equity trends through targeted intervention e.g. readmission rates in specific communities
- Focus interventions where EPUT can play to its strengths as provider of holistic physical and mental healthcare
- Leverage Enable East as well placed to lead on identifying, securing and managing grant funding opportunities as supplement to HMT funding
- Dock into MSE ICB Anchors Programme Board and active participation in SNEE and HWE Anchors work
- Adaptation and adoption of UCLP Anchors Dashboard to measure impact.

2023/24 to 2027/28

Tier 1: Things we are already doing or could start doing without much material change to maximise our positive impact on our local communities

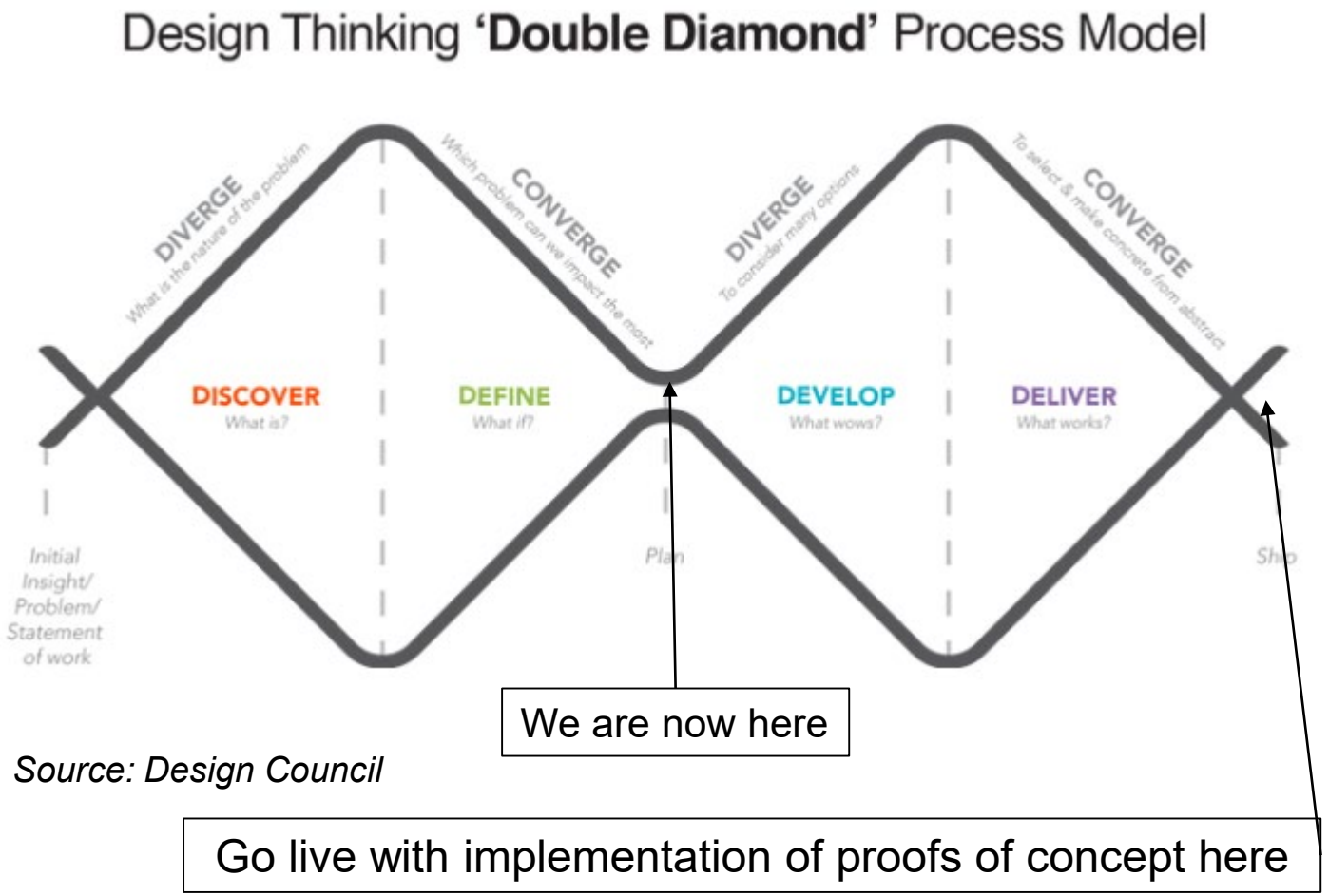
Tier 2: Medium scale projects for the next 1-3 years, likely grant funded and delivered in partnership with local authority and VCSE

Most NHS organisations operating in T1 currently

Tier 3: Larger scale ambitions with 5 year horizon that might attract commercial investment

Ideas could include building a dementia village, partnering with an educational institution to build a training pathway for domiciliary carers aspiring to healthcare qualifications, or partnering with technology company to create digital apps designed to address known public health challenges in Essex

EPUT will use design methodology to shape and scope concrete plans



Source: Design Council

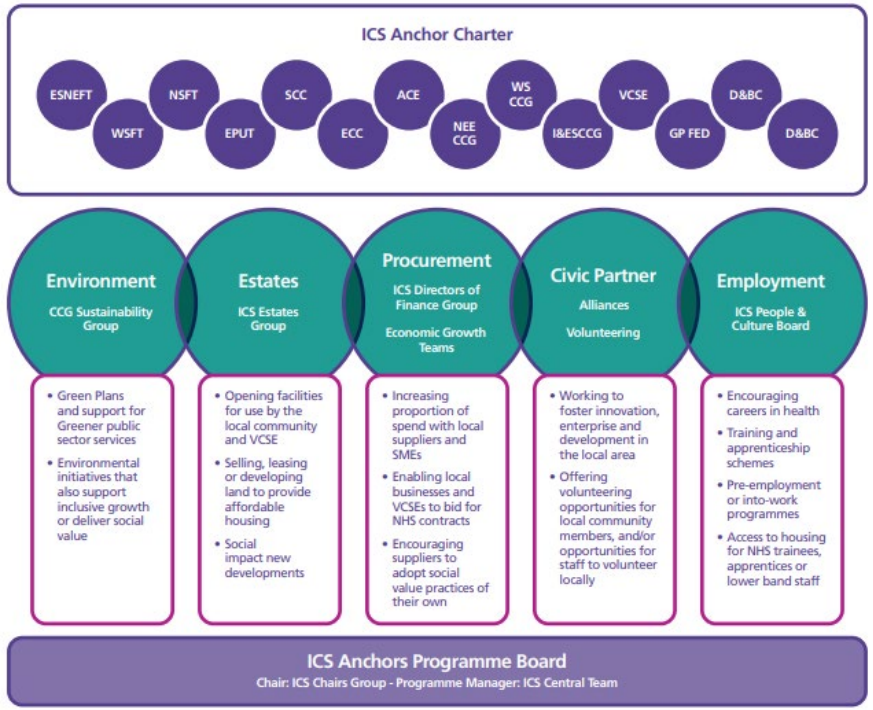
The high level baselining activities and ideas generation sessions have constituted the initial **discovery** phase.
The Social Impact Leadership Group drove the **define** stage where ideas were further investigated and a small number selected according to agreed criteria for proof of concept **development** and **delivery**.

Once an intervention goes live, Quality Improvement methodology will inform PDSA cycles for rapid evaluation, learning and evolution.

When new interventions are identified, they will be triaged through the Single Front Door and assessed for alignment with EPUT's objective to help its communities thrive.

The proposal aligns with the operating principles of the three Essex ICBs' Anchor Programmes which will likely align further in the coming months

Source: Putting communities at the heart of what we do - Our work as an anchor institution 2022/23, Mid & South Essex ICB



Source: Thinking differently about our role as Anchor institutions, Suffolk and North East Essex ICB

West Essex anchors activity is fully aligned with the pan-Essex programme, in which EPUT is an active partner

EPUT's senior leadership group shared collective agreement on which interventions should be prioritised

Top voted short term priorities (3+ votes)

- Linking with local schools & colleges to encourage NHS careers, especially in most deprived areas e.g. Harlow, Waltham Abbey & Debden
- Local apprenticeship schemes
- Staff time allocation for volunteering in local charities
- Collaboration for increased buying power
- Community garden projects on EPUT sites
- Use of EPUT estates to house community hubs e.g. foodbanks
- Extension of rough sleepers projects - allow sleeping in buildings
- Offer our wellbeing services to other local employers

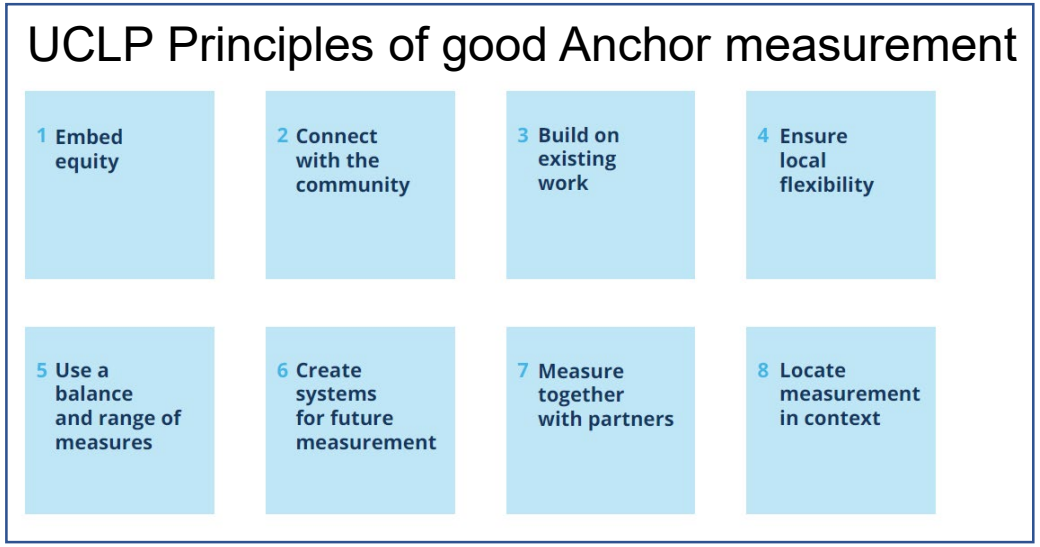
Top voted longer term priorities

- Offer our wellbeing services to other local employers
- Staff time allocation for volunteering in local charities or internally
- Develop partnership with large corporates and/or other community anchors e.g. sports clubs, to work with local communities

The SILG co-designed a prioritisation framework for selection of interventions to progress

- Suitable evidence base pointing to likely impact on health inequalities in EPUT's local communities
- Focus on prevention and impact on social determinants of health
- Partnership delivery model with EPUT as community enabler / integrator
- Suitable evidence base pointing to likely impact on EPUT/system-wide operational challenges in medium to long term
- Alignment with priorities of likely funding bodies e.g. Local Authority Public Health grants
- Scalability (opportunity and feasibility considerations in line with Transformation Prioritisation methodology)
- Feasibility and availability of internal capacity.

UCLP has designed an Anchors measurement toolkit that EPUT will adapt to track and report its social impact



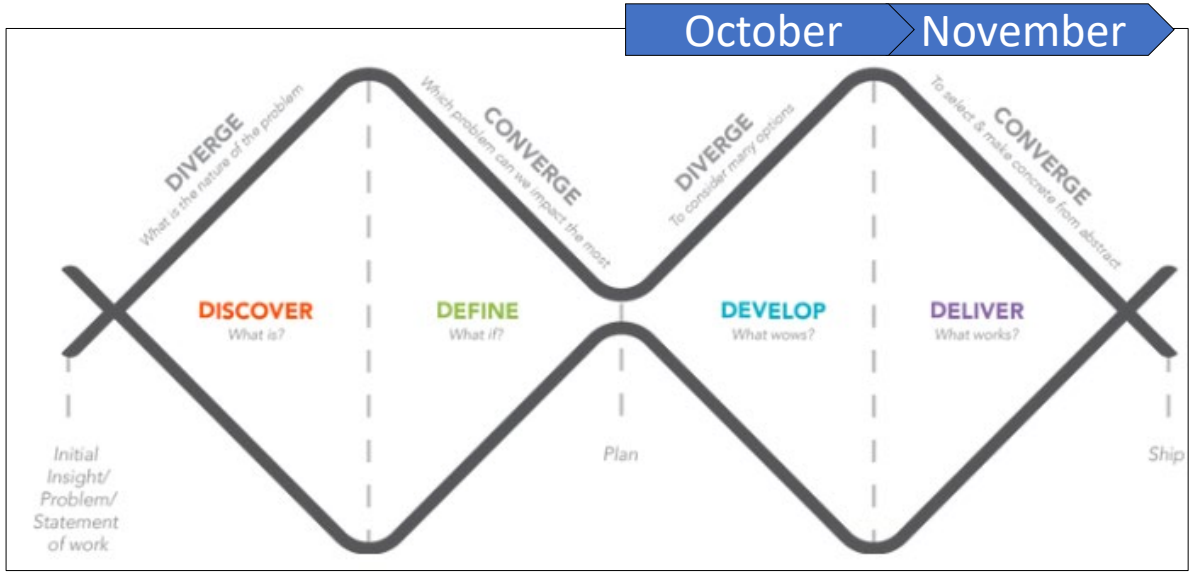
UCLP-Anchor-logic-model.pdf (uclpartners.com)

- UCLP model is based on a logic model that relates inputs to activities, outputs, short to long term outcomes and impacts on population health, health inequalities and social development
- ESNEFT is trialling application of the UCLP toolkit and has developed an Anchors dashboard which EPUT will consider for adoption
- Essex ICBs are working towards simplified versions with maximum alignment to ensure providers like EPUT are not unduly burdened with duplicative reporting (see appendix)
- Director of Strategy and Chief Nursing Information Officer will establish a measurement and evaluation work stream in September, engaging support from academic partners.

For internal oversight and governance, it is proposed that:

- Updates are provided to the Board three times yearly on delivery of strategic objective 4 as part of the strategic impact reporting cycle
- This will be supplemented by an annual Social Impact report to the People & Culture Committee and, by exception, to the Board.

We are clear on the short term actions necessary to take the strategy live



There are notable interdependencies with other corporate enabling strategies currently in development:

- Innovation Strategy – November 2023
- Partnering with People & Communities Strategy – November 2023
- Membership Strategy – November 2023
- Estates Strategy – March 2024

Key actions & milestones	Indicative timescales
Presentation to Council of Governors	CJ to confirm
Recruit more LEAs and community leaders to SILG	October
Establish Task & Finish groups to scope and plan proof of concept interventions for 23/24 + evaluation workstream	October
Work with ECC on 2nd wave Public Health Accelerator Bid	Early November
Review and approve plans for delivery of proofs of concept in 23/24	Early November
Agree programme impact monitoring, reporting and governance structures	Early November
Sign EPUT Anchor Charter	Early November
Complete initial phase of high level planning for T3 priorities beyond April 2024	December

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Appendices

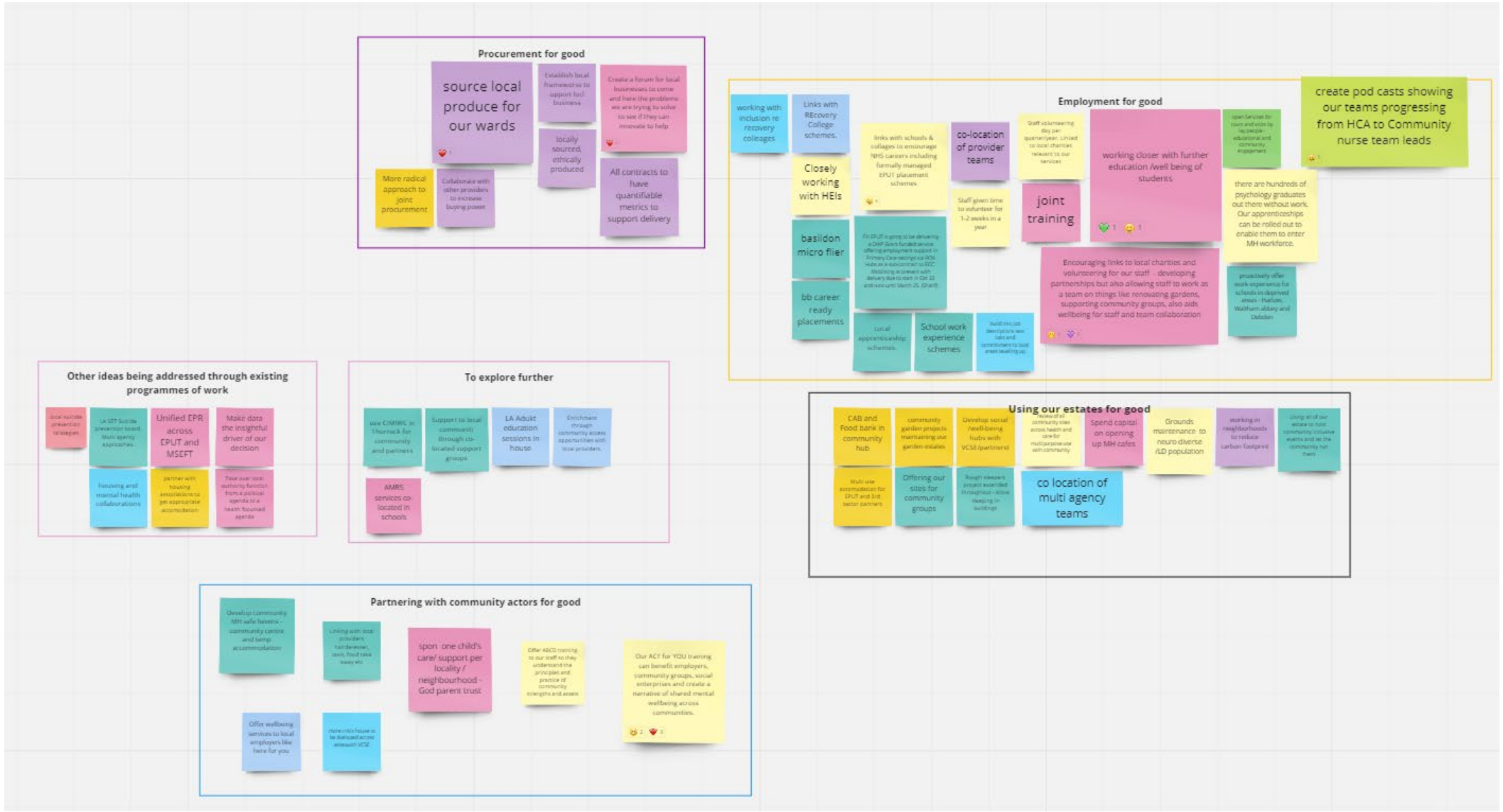
Social Impact Leadership Group Terms of Reference

TERMS OF REFERENCE FOR:	Social Action Leadership Group	TERMS OF REFERENCE AUTHORISED BY:		APPROVED	
CHAIRED BY:	Executive Director of Major Programmes	SECRETARIAT:	PA to Executive Director of Major Programmes	FREQUENCY:	Monthly
PURPOSE:	Essex Partnership University NHS Foundation Trust (EPUT) has a new trust strategic plan for 2023/24-2027/28. One of the four agreed strategic objectives is to help our communities thrive. The purpose of the steering group is to drive the development and delivery of a new Social Action strategy that delivers against this strategic objective. This will include: •Starting a movement that drives a culture change in EPUT and positions social impact/anchor work as a lens through which business as usual is designed and delivered •Using matrix influence to energise others about the social impact/anchor agenda •Using diverse networks to internalise successful or noteworthy social impact/anchor work from other organisations, systems and industries •Empower community and service user representatives to shape interventions and hold EPUT to account for delivery of impact •Support process of ongoing ideas generation from front line service teams •Inform the prioritisation of short, medium and longer term social impact interventions •Co-design a set of metrics through which early and longer term impact can be demonstrated •Oversee the development of the Trust's social impact strategy and provide critical and constructive feedback throughout the process, drawing on a range of professional experience, technical backgrounds and areas of interest •Oversee the delivery of the strategy through individual project teams once approved •Report progress on the development and delivery of the social impact strategy to the Executive Team, Trust Board and system partners •Organise local events for special interest areas				
ATTENDANCE:	**Nigel Leonard (Chair)** Executive Director of Major Programmes **Anna Bokobza (Deputy Chair)** Director of Strategy **Lauren Gable** Finance Director – Commercial & strategic estates **Marcus Riddell** Senior Director of Organisational Development **Richard Whiteside** Head of Procurement **Dean Muslin + 2 others TBC** Lived experience and community leadership representatives	**Matthew Sisto** Director of Patient Experience **Nicola Jones** Director of Risk and Compliance **Sharif Al-Ansi** Vocational Manager (IPS) **Adrian Kirkby** Service Manager, Specialist Services **Chris Jennings** Assistant Trust Secretary **Care unit representatives** [Ops directors to nominate reps in line with PDPs]		**Mark Gravers** Head of Public Affairs **Rebecca Pulford** Chief Nursing Information Officer *The group operates on the basis that any EPUT colleague is welcome to join the discussion and help shape the movement*	
QUORACY:	•The meeting is quorate with the chair or deputy chair plus 3 members.				
INPUTS:	•The Director of Strategy will consult with members on matters arising for discussion/decision and circulate an agenda in advance of each steering group.	OUTPUTS:	•The decisions made within this steering group will be logged with the decision tracker •Any key actions will be logged and reviewed until deemed complete •Priority updates will be reported to the executive team as required		

MSE ICB Anchors Dashboard

Anchor pillar	Anchor sub-pillar (from logic model)	Indicator
Employment	Building the future workforce	Participation in pre-work programmes - volunteering, internships, work placements etc. (number of people participating)
		Proportion of the apprenticeship levy spent (%)
		Do you have a strategy or clear programme for community outreach and working with educational orgs (schools / colleges / uni), to offer support (yes/no)
		Number of local people entering training or work in the Trust, by band (number)
	Widening workforce participation	Proportion of staff in each band and/or staffing group who are local (%)
		Proportion of staff in each band and/or staffing group from target populations (%)
		Relative likelihood of appointment from shortlisting across all posts for target populations.
	Being a good employer	Leaver rate
		Proportion of staff paid real living wage (%)
		Pay gap by target population.
		Sickness absence rate
		Staff health and wellbeing (Cost of Living)
		Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age (%)
		Engagement score from NHS staff survey
Procurement	Social value	Is 10% social value commitment being included in all contracts (yes/no)
		Average social value weighting across all contracts in the last year, weighted by value of contract (%)
		Do you have clear and specific organisational guidance for suppliers on social value expectations and priorities? (yes/no)
		Are you contract managing specific social value commitments using KPIs and as a standard item in contract review meetings? (yes/no)
		What proportion of your overall spend is joint or pooled with other partners in order to generate greater social value together?
	Support to local / target orgs	Proportion of annual (addressable) spend that is with target orgs (%)
		Proportion of annual (addressable) spend that is with local orgs (%)
		Proportion of new contracts, annually, with new target orgs never contracted with before (%)
		Proportion of new contracts, annually, with new local orgs never contracted with before (%)
Land and buildings	New developments	Does your strategy for new building and estates development include provision for community use (e.g. green space)? (yes/no)
		Are the community involved in planning new developments? (yes/no)
	Existing land and buildings	Do you have a policy or strategy for community use of existing land and buildings? (yes/no)
		Utilisation rates for buildings and spaces
Sustainability	NHS estate, fleet and waste	What is the date you are aiming to reach net zero?
		Carbon savings from investment in energy efficient schemes (CO2e tonnes)
		% of fleet vehicles that are LEV
		Total carbon equivalent emissions resulting from building energy use (ktCO2e)
		Does your organisation purchase 100% renewable electricity (yes/no)
		Does the trust have a waste reuse scheme (yes/no)
		Waste re-use scheme - carbon savings (CO2e tonnes)
	Staff, patients, community	Availability of electric vehicle charging stations on-site (number)
		Proportion of staff travelling to work using public transport / active transport (broken down by mode)
Partnership and leadership	Partnership	Are you part of an anchor partnership with organisations outside healthcare? (yes/no)
		How many external partners are you working with on anchor activities, from each of the anchor pillars? (number)
		Does the community have a formal role in decision making related to anchor strategy and delivery? (yes/no)
	Leadership	Do you have a board level anchors plan / strategy? (yes/no)
		Do you have a board level named anchors lead? (yes/no)

SLT brainstorming & prioritisation – 5 June 2023



Taking inspiration from other organisations

- Bromley Healthcare in South East London has partnered with London South East Colleges to run its Prepare to Care training programme to train and recruit skilled staff from local communities who can deliver the highest possible standard of care to fill their vacancies across Bromley, Bexley, Lewisham and Greenwich
- Barts Community Works for Health programme works with Local Authority partners to identify local candidates for hospital vacancies with additional support for those who need with adult learning; they have supported >1,000 into local NHS employment
- Imperial College Healthcare NHS Trust insourced its portering, hotel and cleaning staff from an external contractor in April 2020 to ensure payment of London Living Wage, sick leave and pension contributions
- East London NHS Foundation Trust are focussed on embedding social value in their procurement processes with a focus on evaluation of impact
- Southend Ambition 2050, led by Mid & South Essex NHS Foundation Trust is supporting those who are economically inactive to how in the local health economy with UK Community Renewal Funding and are now expanding scope to Basildon, Thurrock and Chelmsford.

EPUT DIGITAL DATA REFRESH 2023

Decision Item | ZT | 10 minutes

REFERENCES

Only PDFs are attached

Digital Strategy 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**EPUT Digital Strategy Refresh 2023**					
Executive/ Non-Executive Lead:	Zephan Trent, Executive Director of Transformation, Strategy & Digital					
Report Author(s):	Nick Elliott and Andy Vernon, Digital Health Advisory Ltd., Digital Advisors to EPUT					
Report discussed previously at:	Trust Board Seminar – 16/8 Executive Team – 14/9 MSE ICS Digital Data and Technology Board – 14/9 EPUT Digital Strategy Group – Multiple including 14/9 Finance and Performance Committee – 20/9					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	1. Risk to Strategy. There is a significant risk that the Trust will be unable to meet its Strategic Plan due to low Digital Maturity (as assessed independently by BT using HIMSS maturity assessments) in the key dimensions relating to patient records and analytics, although it performs relatively well in core digital infrastructure for an NHS Trust. 2. Risk to Benefits Realisation. There is a risk that digital change will be seen as a technical exercise rather than a people, process, and cultural journey and that the value to EPUT will be diminished if this is not recognised. 3. Risk to Delivery. There is risk that the key digital enablers necessary for safe care will not be delivered if priorities are not agreed and maintained consistent with the resource available and the strategic aims.	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	Adoption of the approach suggested with help mitigate multiple Strategic risks.	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	Yes	
If yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	The risk assessment has been completed and is currently being reviewed through the appropriate governance associated with the risk management framework and will be escalated to the BAF in due course.	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
The draft Strategic Digital Plan attached was produced following a review of the 2021 Digital Strategy considering system changes and the award of funding from NHSE for the procurement of a new Unified Electronic Patient Record (UEPR) with Mid and South Essex NHS Foundation Trust. It provides: • Clarity as to Digital Capabilities required by the Trust based on Strategic Plans to close the Digital Maturity gap identified. • Enhanced service user focus for Digital supported by the suggested capabilities. • An approach to delivery to take account of both the development of a new EPR and demand pressures for digital services that will require Trust Board support. • Specific actions that need to be taken in the near term to align digital and other strategic plans and map the detailed actions and investment of the next 5 years that enable Board oversight. The Strategic Digital Plan builds on the Trust's data strategy which was approved by the Board in March. The data strategy is attached to this paper.	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required
The Trust Board is asked to 1. Approve the Digital Strategic Plan subject to final communications team presentation work. 2. Note the actions now needed and discuss how those are to be monitored to provide assurance of progress.

Summary of Key Issues
1. Digital Maturity. Low digital maturity and fragmented systems mean that focus today is largely on "keeping the lights on" 2. Strategic Needs. Taken together, the Trust's Strategic Plans – including those of the Care Units – and the organisation and its service users require a number of core digital capabilities to be put in place. 3. Strategic Opportunity. There is an opportunity to move forward using NHSE EPR funding to a place where our expectations in support of high-quality safe care could be met, but it needs digitisation to be seen as an investment in transformation and quality and safety of care focussed on: ▪ Culture - Developing a "data curious and capable" culture, able to identify "signals from noise", particularly in relation to patient safety and quality of care. ▪ Transformation - Adopting a service led / continuous improvement approach to digital, led by the Trust front-line and our service users, families, and carers. ▪ Investment - Adopting a targeted approach to investment prioritisation of the digital enablers starting now. 4. Focus Required. This will require focus and commitment, but the prize for our staff, our services users, and the communities we serve will be transformational.

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 £**			Aiming for equivalent annual spend on the core budget in 5 years (reduced in real terms) subject to investment in the EPR in the next 3 years.
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			✓
Equality Impact Assessment (EIA) Completed	**NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
EPR	Electronic Patient Record		

Supporting Reports/ Appendices /or further reading
Draft EPUT Digital Strategic Plan
EPUT Data Strategy

Lead

Zephan Trent
Executive Director of Strategy, Transformation & Digital

EPUT

NHS
Essex Partnership University
NHS Foundation Trust

DIGITAL STRATEGIC PLAN 2023-2029

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PLAN

Foreword

"EPUT aspires to be a digitally and data enabled organisation."

Our Digital Strategic Plan for 2023/24 to 2028/29 takes as its starting point the definition of "digital" as proposed by NHS Providers and now widely used across the NHS:

"Applying the culture, processes, operating models and technologies of the internet era to respond to people's raised expectations." [1]

The Strategic Plan sets out how we will start to create a digitally capable organisation supported by modern digital tools, where our people will be supported to acquire the digital skills needed to operate safely and confidently in their use of digital platforms to deliver the highest quality and safest care possible.

The Digital Strategic Plan is bold and ambitious. It requires EPUT to make a fundamental change to its approach to Digital, starting in 23/24. The opportunity of a new electronic patient record will help us to move from digital "firefighting" to digitally enabled transformation, rebalancing our digital resources and organisational capabilities to support this exciting period of our digital journey.

We will be successful if the organisation as a whole, makes digitisation an investment in transformation and quality and safety of care. This will be in line with national priorities particularly in the wake of the destabilising events of the last year including industrial action and current system pressures following the Pandemic. This will need sponsorship up to Board level of:

Culture - Developing a "data curious and capable" culture, able to identify "signals from noise", particularly in relation to patient safety and quality of care.

Transformation - Adopting a service led / continuous improvement approach to digital, led by the Trust front-line and our service users, their families and their carers. This means an alignment between all strategic plans, including digital.

Investment - Adopting a targeted approach to investment prioritisation of the digital enablers. Today we invest around £16m per year in digital – mostly spending it on maintaining our legacy estate. Our Strategic Plan sets out an approach where the same overall spend is allocated very differently as a result of investment in our new electronic patient record and the capabilities outlined in this plan.

This will require focus and commitment, but the prize for our staff, our services users, and the communities we serve will be transformational.

Zephan Trent, Executive Director of Strategy, Transformation and Digital

[1] NHS Providers (with HEE, NHSEI and NHSX) - A New Era of Digital Leadership

About our Digital Services

Our journey so far

In 2017 we developed a five-year digital strategy that was aligned to the local and system strategies at the time. That strategy served us well. It was instrumental in underpinning digital programmes to date, as well as securing funding for their delivery.

At the end of 2021 the first draft of our new five-year strategy was issued and agreed as a basis for making short term progress. This helped to provide fresh impetus to EPUT's digital journey – most tangibly in plans to modernise our clinical systems with a new electronic patient record. With the new EPUT Strategic Plan, and the trust now refocusing its delivery around five care units crystallising the trust's strategic direction, we have taken the opportunity to refresh and finalise our Digital Strategic Plan for the next five years.

A lot has happened in the last year including:

- the three ICSs (Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex) that the trust serves are now formally live
- new strategic partnerships with the private sector are forming which can support digital innovation, research, and innovation more widely
- tightening economic conditions, leading to pressures on service users and staff and the operating environment of the trust
- the introduction of a new approach to patient safety across the NHS in the new Patient Safety Incident Response Framework (PSIRF) and patient safety findings coupled to the statutory enquiry into deaths at EPUT.

With respect to digital, good progress is being made on:

- acquiring a Unified Electronic Patient Record (UEPR) for the trust and its partners across community, mental health, and acute care settings
- developing a shared care record across the MSE ICS, complementing similar shared care records in HWE, SNEE, and other ICSs, such as London
- a new patient portal for the MSE ICS
- data and analytics platforms alongside a new EPUT data strategy
- digital maturity assessments on patient records, analytics, and digital infrastructure that provide a baseline against which EPUT's digital journey for the next five years can be measured.

There is also support within EPUT up to and including the Trust Board for a strategic approach to digital, but a recognition that at the same time we have a long way to go reflected both in feedback from those consulted in the development of this Digital Strategic Plan, and in a quantitative sense from the digital maturity assessment conducted during the second quarter of 23/24.

We do well with what we have, but are unable to provide the care we know we can deliver or transform because...

The digital foundations are not in place...

Fragmented service user records and performance information.

Creating information needed from a patchwork quilt of sources.

Using costly on-premise data centres.

...focus continues to be 'keeping the lights on'

Limited digital engagement with service users.

Low organisational digital maturity (including culture, literacy, capability and capacity.

Emerging work with programmes on some of the basics but far from transformational.

Figure 1: Current position from stakeholder consultation during 2021 and 2023

Access to real time information and data for managing services is critical, but our people have told us that EPUT is still information poor. There remain an overwhelming number of technologies and logins for different (sometimes the same) jobs. There was a step change in digital communications during the pandemic, but behaviours need adjusting in our culture to avoid on-line meetings encroaching on delivery and care. Additionally, improving role based digital literacy at all levels is critical. To ensure success in digital, EPUT will need to shift from a technology focus to one that is transformational, and we will need better governance and prioritisation of digital spend to be successful.

Demand

In the past three decades since the creation of the World Wide Web in 1989, digital technology has become fundamental to the way we live our lives and to the health and care of our population. Our service users, clinicians and other staff take for granted the use of internet-era technology, including web browsers (first available in 1993) and smart phones (introduced as recently as 2007).

Demand for digital services in EPUT has never been higher. At the time of writing we spend approximately £16M annually on digital technology and we have digital experts in our central team managing 13 core clinical systems and day to day services. We have 45 digital team projects as well as 56 digital transformation projects corporately, of which only nine can be committed at present due to our available capacity and budget. Many other transformation portfolio projects with significant digital dependencies require further analysis (e.g. the West Essex Care Coordination Centre).

Service user, carer, and family engagement

During May and June 2023, 100+ contacts, including Lived Experience Ambassadors, provided inputs to the Digital Strategic Plan via a mixture of 40 interviews, larger meetings, and on-line polls

This built on the work with some 300+ stakeholders on the first version in 2021. Lived Experience Ambassadors and third sector representatives gave a range of insights as to the future direction of the trust's digital approach broken down into the following major themes to inform our strategic direction in two major areas:

Engagement

- Building the role of the Lived Experience Ambassadors in designing digital services using trauma-informed design approaches that are future focused and build well-being.
- Getting the communications right – this means thinking through our digital communications with service users to consider clarity, accessibility, and their effectiveness.
- Making sure that no-one is left behind as not everyone we serve has access to digital channels or is equipped to receive digital content.
- Working in groups using digital – digital means are good at connecting people and we can gain a lot from doing this in the right way, building on experiences gained in the pandemic.

Enhancing Care Provision

- Using digital means to better support direct care – this means having modern systems inside the trust, but also using things like Virtual Wards and other direct care technologies.
- Navigating service user confidentiality and safeguarding – balancing the needs of service users and their loved ones with the risks.
- Keeping carers and families involved.
- Building more joined up services – joining up information across care settings such as primary care and acute settings so that a service user's story is consistent and up to date for all those involved in providing care.

Challenges and opportunities

The context for this Strategic Plan is that we have a legacy digital estate created during the merger of the trust's antecedents with which we continue to operate, but that the injection of new national funding for a modernised electronic patient record creates the opportunity to transform.

Over the next five years we will achieve our vision and meet the raised expectations of our service users, our people, and the healthcare

systems in which we operate by:

- **Modernising digital clinical and operational tools** – in addition to a new electronic patient record, we will build other significant digital capabilities, including shared care records with other integrated care systems and augmenting virtual wards.
- **Accessible and accurate digital information and intelligence** – our clinical and operational information will be real time, complete and accurate and will support us solving day to day challenges and planning. Our Data Strategy will guide this work.
- **Empowering our service users and staff using digita**l – our service users will be able to engage with us as an organisation using digital technology where that makes sense and, where they are able, their care and the involvement of their loved ones will be enhanced and supported by digital technologies.
- **Reliable, resilient, and sustainable digital infrastructure** – everything we do will be supported by strong foundations. Our digital infrastructure will migrate progressively to Cloud based solutions with a lower cost energy and estates footprint, and technically more sustainable.use our digital technology in support of care.

Whilst our digital estate today is fractured and has useability challenges, we are entering a period of significant transformation in our digital estate. We also serve the care needs of populations in three ICSs - Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex. This means that we will need to work closely with each of those ICSs through our Care Units in terms of care needs and with their digital leadership, to ensure that our digital plans align for the collective benefit.

Since the Digital Strategic Plan was developed in late 2021, we have been fortunate in attracting funds from NHS England to replace our electronic patient record systems. That work is now at the procurement stage, and the ambition is to replace our main clinical systems in the next three years to the end of financial year 25/26. At the same time, systems are being introduced to improve our sharing of data between EPUT and other care providers in Essex and wider, and to provide service user access with the delivery of a service user portal.

Navigating the next five years of this Strategic Plan will need an organisational response that includes making decisions on the priorities for new digital solutions, given capacity and funding constraints. It will also need to recognise the development needs of our staff for new digital technologies and have sufficient "business as usual" capacity to make sure that necessary changes to our existing systems can be made to maintain safe care. In our rapidly changing workforce, new and temporary or agency staff will also need timely support to make sure they are trained to use our digital technology in support of care.

Vision, Purpose, and Strategic Objectives

Vision

"EPUT aspires to be a digitally and data enabled organisation."

We now have an opportunity to move forward using NHSE EPR funding to a place where our expectations in support of high quality safe care could be met.

The digital foundations are in place...

Digital clinical and operational tools to provide safe care consistently.

Delivering accessible and accurate information and intelligence.

Reliable, resilient and sustainable cloud based digital infrastructure.

...enabling sustainable transformation.

Using digital to engage and empower service users.

Using digital to support and develop our people, and to help them become digitally literate.

Using digital means to collaborate with partners.

Figure 2: Where our digital strategy should take us

Our full digital vision is:

> EPUT aspires to be a digitally and data enabled organisation. The trust's Digital Strategic Plan will not only enable EPUT to meet national and local digital requirements but will also embed a digital culture where a digital-first approach is applied to transformation and improvement programmes wherever that makes sense. We will ensure access via a range of digital and complementary non-digital channels to maximise inclusion. The strategy will also focus on raising digital capability and literacy across our workforce, and in doing so strengthen the relationship between our service users, our workforce, and technology.

We have consulted widely to create this new Digital Strategic Plan. This has led to a focus on four strategic aims that set out where we want to be in the coming five years:

Modern, reliable digital clinical and operational tools to provide safe care consistantly.

↓

Accessible and accurate digital information and intelligence to support day to day service delivery and strategic population health responses.

↓

Our service users and staff empowered through digital capabilities that they feel confident in using.

↓

Reliable, resilient and sustainable digital infrastructure.

Figure 3: Where we aim to be in five years' time

Modern digital clinical and operational tools – our clinicians and wider operational and corporate teams will be supported by modern systems that perform to best-in-class standards of usability and consistency and completeness with respect to the patient records. Our current clinical systems do not do this, and we have embarked on a programme to replace them with support from national funding.

Accessible and accurate digital information and intelligence – our clinical and operational information will be real time, complete and accurate and will support us solving day to day challenges and planning. Our Data Strategy will guide this work.

Empower our service users and staff using digital – our service users will be able to engage with us as an organisation using digital technology where that makes sense and, where they are able, their care and the involvement of their loved ones will be enhanced and supported by digital technologies. Our people will be supported to acquire the digital skills needed to operate safely and confidently in their use of digital platforms to deliver clinical, operational and corporate priorities.

Reliable, resilient, and sustainable digital infrastructure – everything we do will be supported by strong foundations. Our networks and infrastructure will be modernised and migrate progressively to Cloud based solutions with a lower cost, energy and estates footprint, and technically more sustainable.

Purpose

"We will deliver the Digital Technology capabilities that are fundamental to the achievement of the Trust's Strategic Plans."

This Strategic Plan sets out a "cross-cutting" approach that supports our Corporate Strategic Plan and the individual Care Unit Strategic Plans. It supplements and complements other corporate strategic plans, such as those for research and innovation, and estates.

It is based on a set of core digital capabilities that, if delivered over the coming five years, would each individually support multiple Strategic Objectives, and multiple Care Units rather than show a one-to-one mapping.

The Strategic Plan demonstrates the alignment between our Strategic Objectives and the digital capabilities that these Strategic Plans collectively require, how we propose to deliver them, and what will be different in five years' time as a result.

Strategic Objectives

We are fortunate in having significant funding available for a new electronic patient record (EPR) from the NHS England Front Line Digitisation Programme and the work to make that change has already started, working closely with our clinical and operational teams and regional colleagues.

However, whilst the EPR is delivered alongside other digital capabilities that this strategy identifies, we will need to collectively manage the allocation of resources to the priorities that this Strategic Plan sets out and support the development of our digital teams to ensure we have the capability and capacity to realise our digital ambition.

Our key priorities

The overwhelming themes that came out of consultations are for an approach that gets two things right:

- **Digital Foundations** – our networks, databases and core systems that use them will be reliable, resilient and cost effective.
- **Digital Service** – supported by our digital foundations this means digital technologies that support our service users, staff, and partners in providing and receiving care.

Our key priorities for digital represent the key things we need to work on in support of these two themes:

Digital Foundations.

Delivering digital technologies to enable us to provide safe high-quality care.

Becoming a data, information and intelligence led organisation.

Building reliable, resilient and sustainable digital infrastructure.

Digital Service.

Engaging and empowering service users through digital means.

Supporting and developing our people to become digitally literate and confident.

Enabling collaboration with partners using digital solutions.

Figure 4: Our digital priorities for the next five years

This leads to the selection of some core digital capabilities for us as an organisation, when considered alongside our Trust Strategic Plan and those of the Care Units.

Our key digital capabilities

Our wide consultation has led to a cross cutting approach that supports the Corporate and Care Unit Strategic plans and has identified the core digital capabilities that need to be delivered through projects to support those Strategic Plans. Our analysis of the plans is presented below.

Strategic Objective	Priorities	Relevant Digital Capabilities
Strategic objective 1: We will deliver safe, high quality, integrated care services.	To provide integrated care close to where our service users live.	**Virtual Wards, Unified Electronic Patient Record (UEPR).**
	To achieve world-class outcomes, with a focus on recovery.	**EPR, Analytics.**
	Empowering our service users, families and carers.	**Collaborative Technologies, Advice and Guidance, Service User Portal.**
	Embedding a digital mindset and culture.	**Digital Literacy, Lived Experience Ambassadors co-creation.**
Strategic objective 2: We will enable each other to be the best we can be.	To ensure that EPUT is a preferred employer, and an excellent place to work and train.	**EPR, Evidence and Analytics.**
	To build capabilities that enable us to deploy a flexible, multi-skilled workforce model, including volunteers and lived experience roles.	**Collaborative Technologies, Advice and Guidance, E-Learning.**
	To develop our future leaders and grow our own workforce.	**Collaborative Technologies, Advice and Guidance, E-Learning.**
	To improve organisational digital literacy.	**Digital Literacy, Lived Experience Ambassadors co-creation.**
Strategic objective 3: We will work together with our partners to make our services better.	To continue to build our partnerships with our services users, carers, and their families.	**Collaborative Technologies, Advice and Guidance, Service User Portal.**
	To drive collaboration and integration through our partnerships across Southend, Essex, Thurrock and the East of England region.	**Collaborative Technologies, Advice and Guidance, Service User Portal EPR.**
	To continuously improve quality, experience, access and outcomes through collaboration.	**EPR, Clinical and Operational Analytics, Population Health Management (PHM) Analytics.**
	To better enable local joint working	**Collaborative Technologies, EPR.**
Strategic objective 4: We will support our communities to thrive.	To reduce health inequalities.	**Population Health Management (PHM) Analytics, Collaborative Technologies.**
	To engage proactively with our communities to build on their existing strengths and priorities.	**Population Health Management (PHM) Analytics, Collaborative Technologies.**
	To reduce our environmental impact and operate sustainably.	**Move to energy efficient technologies including Cloud based services.**
	To prevent illness and intervene earlier.	**EPR.**

Figure 5: EPUT Strategic Plan implications for digital

The Care Units have individually and collectively pointed to similar digital capability needs and this is set out in the table below.

Strategic Objective	Relevant Care Unit Priorities*				
	West Essex Community	**Mid and South Essex Community**	**North East Essex Community**	**Urgent Care and Inpatients**	**Specialist Services**
Strategic objective 1: We will deliver safe, high quality, integrated care services.	We will develop our population health management approaches.				
	We will further develop our integrated neighbourhood teams.	We will expand our virtual wards offer.			
Strategic objective 2: We will enable each other to be the best we can be.			We will enhance our multi-disciplinary teamworking across services.		
Strategic objective 3: We will work together with our partners to make our services better.	We commit to delivering the Out of Hospital model of care.			Develop shared education and learning modules..	
Strategic objective 4: We will support our communities to thrive.	We will increase awareness of EPUT's services.	We will continue to focus on reducing health inequalities. We will partner with service users, families, and carers in service improvement.			We will develop family-led decision-making approaches.
Relevant Digital Capabilities.	Population Health Management (PHM) Analytics, Collaborative Technologies, Advice and Guidance, Service User Portal, Virtual Wards.	Population Health Management (PHM) Analytics, Collaborative Technologies, Advice and Guidance, Service User Portal Virtual Wards.	Collaborative Technologies.	E- Learning.	Collaborative Technologies, Advice and Guidance, Service User Portal.

Figure 6: EPUT Care Unit Strategic Plan Implications for Digital

Taken together, the Strategic Plans point consistently to a set of core digital capabilities. In this respect the Digital Strategic Plan differs from the Care Unit Plans as it focuses on "horizontal" or "cross-cutting" capabilities that support multiple objectives and care unit needs. To achieve our aims, and to deliver on our priorities, we will therefore build nine digital capabilities grouped into three core themes as set out below:

Digital Care.

- **EPR.**
- **Shared Care Records.**
- **Virtual Wards.**

Digital Data.

- **Service delivery evidence and analytics.**
- **Population health management analytics.**

Digital Engagement.

- **Collaborative technologies.**
- **Service user portal.**
- **On-line advice and guidance.**
- **e-Learning and digital literacy.**

Digitally capable organisation.

- **Organisation, clinical and leadership capabilities, culture, processes, operating models and modern (Cloud) infrastructure.**

Figure 7: Focus digital capabilities for the coming five years

Digital Care - Replacing our existing clinical systems with modern electronic patient record capabilities including prescribing and medicines management technology and enhancing our virtual wards.

Digital Data - Creating a "single version of the truth" in the information and data we and our partners hold, that underpins excellent patient care and exemplary standards of safety. This will include the evidence and analytics that we need to run our services, alongside techniques that allow us to do advanced population health management analysis. Our new Data Strategy will guide this work.

Digital Engagement - Building the digital services for, and digital capability of, our staff and service users in a way that enhances the care we provide and the outcomes for our patients, their families and their carers. This will include digital capabilities that help us communicate with each other and our service users and partners and the advice and guidance we provide on-line.

Digitally Capable Organisation – This will need to include building fit for purpose organisational and clinical leadership structure, the culture, processes and operating models as well as modern (Cloud) infrastructure and self-service capabilities. Clinically led digital service that advises the organisation and works as a strategic partner, and improving digital literacy for our staff and those we serve.

Case Story – The MSE Shared Care Record (by end 24/25)

Partners across the Mid and South Essex Integrated Care System are working together to develop a system-wide Shared Care Record. EPUT is an active partner contributing to the solution. The Shared Care Record will consolidate information held within the existing separate care records managed by health and care organisations across mid and south Essex. The Shared Care Record will make information such as illnesses, hospital admissions, tests, and treatments available at the touch of a button to the health and care professionals providing direct care for an individual. Information will be shown in a structured, and easy to read format. Some examples of the benefits of this approach include:

Maximising value for our System - To date we have identified just over £1.7M of efficiencies from wasted time within our system due to information not being available to staff when needed.

Reducing Wasted Community Visits - By staff knowing ahead of time that a patient has been admitted to hospital it is estimated that

we could save 3,222 wasted visits per year for community providers and for one Local Authority estimates 50 hours per year, per care worker could be saved.

This will be made available via a secure IT system which can be accessed by different care providers regardless of the computer software programmes they use. All records are strictly confidential and can only be accessed by health and care staff who are directly involved in an individual's care. It will eventually connect to our new Electronic Patient Record solution so that a "single view" of all our service users is available in real time to all partners.

The Digital Capabilities in more detail are:

Digital Care (Medium to Long Term).

Unified Electronic Patient Record (UEPR) across our mental health and community settings as well as across our acute partners in Mid and South Essex, replacing our current clinical systems by 2026.

- Shared Care Records enabling us to exchange care information with other providers across the systems in which we provide care (Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex) including social and primary care.
- Electronic Prescribing and Medicines Administration (ePMA) being rolled out over the next two years.
- Virtual Wards building on existing technologies to care for people at home.

Digital Data (Medium Term) – guided by our Data Strategy and with a move to "Cloud" based solutions and storage.

- Service Delivery Evidence and Analytics – through technologies such as Power BI and MAST to enable us to manage our patients' safely and in the most focused way possible.
- Population Health Management Analytics – to target care at those who need it most and to anticipate the care needs of our population.
- A shared data warehouse to meet trust and partner business intelligence and reporting needs.
- Progressive migration to secure cloud solutions in line with What Good Looks Like (WGLL) for new projects, freeing up resources.
- Rationalisation of and easier access to electronic guidance, SOPs and other key information.
- Cleansing of staff records to make sure they are accurate and that their accuracy is maintained long term.

Digital Engagement (Short to Medium Term).

- Collaborative Technologies (for staff and service users) building our existing use of technologies like Microsoft Teams to collaborate as care providers and with service users.
- Service User Portal – enabling service users to interact with their own care provision and provide feedback, such as PROMS.
- On-line Advice and Guidance – to better inform our service users – for example what to know or ask before, during and after care episodes.
- e-Learning and digital literacy (for staff and service users) – to equip our staff and services for success in a digital world.

Digital Organisation (Medium Term)

- Matching criticality of digital infrastructure to safety and quality of care with investment required.
- Organisational development of wider digital capability.
- Long term capital and revenue planning that recognises multi-year needs of significant digital investment.
- Adoption of the proposed definition of digital (move from "IT" to "digital" thinking)
- Creating a digitally enabled and capable organisation.
- e-Learning and digital literacy (for staff and service users) – to equip our staff and services for success in a digital world.

In addition to the above strategic themes, we will need to maintain **Digital Business as Usual** through a core IT service that manages and keeps digital infrastructure safe and optimises existing digital technologies. However, a key part of the Digital Strategic Plan is to evolve this and to move from "firefighting" to supporting significant change being undertaken by other capability work streams. This will be achieved by the reduction in supported estate, (e.g. systems and data centres) unlocking capability and revenue required in shift to Cloud and other subscription services.

Our Delivery Approach

Getting our Digital Capabilities right will be transformational, but it will take focus, time, and resource investment. They will become the focus for our digital delivery. A strategy without a plan for its delivery that is owned, funded, and adequately resourced is of limited value. To be successful, the EPUT Digital Strategic Plan needs to chart a course that moves us from our position today to one in which we have achieved our aims recognising the following major factors:

- Demand for digital services will continue to be higher than our capacity to respond.
- Using scarce resources and funding in the most effective way possible will be critical.
- Maintaining a day-to-day service that supports safe and high-quality care will be essential.
- Our workforce will need to develop the digitally capable workforce.

The following illustrates the high-level strategic roadmap for the change proposed in this Strategic Plan:

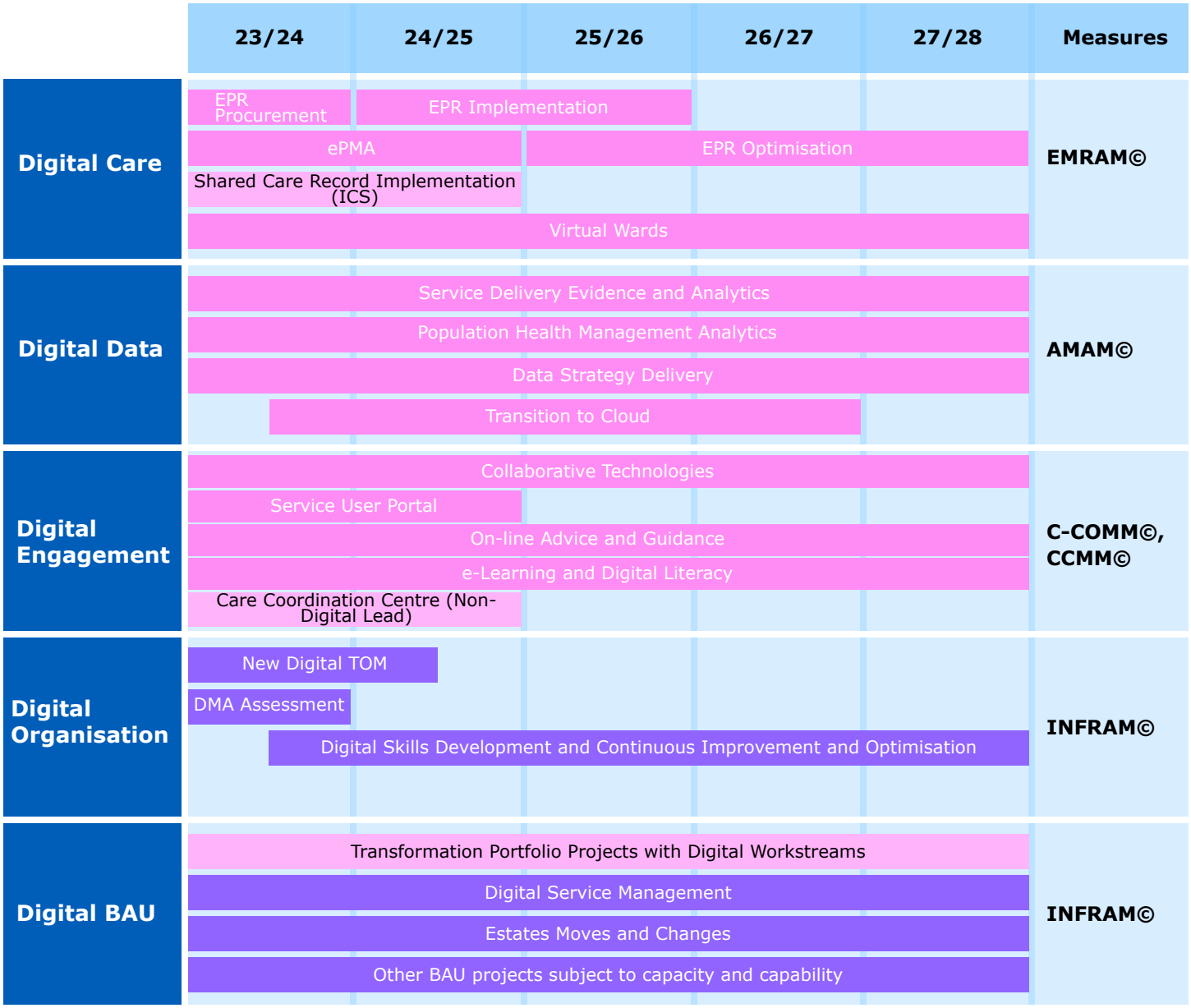


Figure 8: Our digital roadmap

Potential HIMMS© (Healthcare Information and Management Systems Society) Frameworks for measurement of progress inrealising the strategy are:
EMRAM© - Electronic Medical Record Adoption Model
AMAM© - Adoption Model for Analytics Maturity
C-COMM© - Community Care Outcomes Maturity Model
CCMM© - Continuity of Care Maturity Model
INFRAM© - Infrastructure Adoption Model
A baseline assessment against a subset of these planned but not yet delivered.

The following general principles agreed with stakeholders during our consultation will guide the delivery of the Strategic Plan as follows:

Digital Principle	Implications
We will adopt a "solution focused" mindset and design holistic digital solutions (not just the IT components).	This means that any digital project must include all supporting elements and non-digital components (e.g. training and process change), to ensure that the benefits can be realised.
We will design and build solutions in explicit collaboration with end users and partners, whomsoever they may be.	This means that solutions are designed for end-users rather than for digital experts.
We will build our end user solutions on strong foundations and will design for minimal end user disruption, should those foundations change.	We will invest in strategic architecture that enables innovation at pace, sharing of data and minimising impact on front line users when we change back-end components.
We will innovate, where it benefits our service users, staff or partners and is consistent with the trust's risk appetite.	This means that we will ensure that the trust balances strong foundations, moving forward strategically and leading the NHS in its digital mental health ambitions in a way that benefits service users.

Figure 9: Our digital delivery principles

This requires an organisational response that enables a course to be charted within these constraints that is illustrated in terms of the priorities for the "EPUT Digital £". The balance of digital delivery will need to move over time and the budgeting, resourcing and organisational responses need to match that. This leads to several critical success factors and a basis on which a forward look for the digital portfolio and funding to 27/28 now needs to be constructed.

This will need to recognise that:

- Demand will always far outstrip capacity, so prioritisation working with our Care Units will be key.
- We must balance the needs of three Integrated Care Systems of which we are part - Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex – which will reflect different population dynamics and digital infrastructure plans locally.
- EPR delivery with the MSE ICS will dominate from late 23/24 to early 26/27 – and we will have to recognise the capacity draw that this will have. However, this will address most of our clinical system needs and bring significant benefits for the other ICSs we serve through our Care Units.
- A strong "business as usual" capability needs to always exist, particularly with training for new and agency/temporary staff to use our digital systems to provide safe care, essential alongside mandatory changes to our legacy systems as we transition.

Case Story – The MSE Unified Electronic Patient Record (by 26/27)

With NHS England funding, support and involvement, we are looking to implement a "unified" EPR solution across the MSE ICS population and shared care pathways and including a full electronic Prescribing and Medicines Administration (ePMA) capability. The unified EPR solution for MSE will include the following key elements:

- A single, real time, full patient record accessible by care professionals across all care settings in scope.
- Integrated, configurable, pathway management on a single platform across all care settings in scope, with the ability to refer directly and collaborate in real time between involved care professionals.
- Shared real time patient documentation attached to the patient record including care plans etc. across all care settings.

This solution will be enterprise-wide across acute, mental health and community care settings with strong interoperating capabilities to enable seamless working with primary care, social care, and other partners. The unified solution will better support the transition of care workflow to and from the acute trust in line with the national strategy, presents an opportunity to consolidate the digital support model, can share records consistently with partners, increases patient safety across the ICS, and would be the first of type in the NHS.

The following illustrates the outline for our Strategic Journey over the coming five years:

Cost Line	Meaning	Start % 23/24	Strategic Journey 24/25 to 26/27	End % 27/28	Critical Success Factors
EPR Implementation.	Delivering a new EPR and associated organisational capability by end of 26/27.	**0%**	**Replacement of existing clinical systems with UEPR.** Clinical system expertise (up to 30% of team) deployed to UEPR and migration off existing systems in five years of strategy so that expertise transferred to support migration can transition back to support operation and optimisation longer term.	**0%**	Clinical support team will need to transition over time. **Clinical leadership integral to digital operating model. Protection of EPR team from day-to-day BAU.**
Digital Care.	Other frontline capabilities beyond, but integrated with, the EPR, including virtual wards, shared care records, other telecare / health capabilities.	**10%**	**Focus shifts from existing clinical system support and enhancements to EPR optimisation and further clinical digital capability development.**	**10%**	Focus moves to "EPR first" for clinical and operational requests. **Strong pipeline management – "essential" needs rigorous definition and application during transition.**
Digital Engagement.	Digital capabilities that allow clinicians, service users, carers and families and other providers to engage with care via service portals, advice and guidance, digital consultations and so on.	**2%**	**Strategic shift towards systems of engagement** for staff and service users.	**15% - 20%**	Strong engagement and business analysis capability to co-design digital solutions with staff and service users. Using a trauma-informed approach to co-creation that is forward looking and positive for staff and service user well-being.
Digital Data.	Consistent, accurate, single source, safe and accessible clinical and operational data, information and intelligence that is available when needed.	**3%**	**Delivery of Data Strategy** and move from **Data Centres to Cloud** primarily in period to 26/27. Shift to self-service.	**5% - 15%**	Delivery of Data Strategy. **Developing organisational "data curiosity".** Move to Cloud and self-service.
Digitally Capable Organisation.	A digitally enabled and capable organisation. Clinically led digital service that advises the organisation and works as a strategic partner.	**5%**	**Fit for purpose organisational, clinical, and leadership capabilities, culture, processes, operating models and modern (Cloud) infrastructure and self-service.**	**10% - 15%**	Matching criticality of digital infrastructure to safety and quality of care with investment required. **Organisational development of wider digital capability. Long term capital and revenue planning that recognises multi-year needs of significant digital investment.** Adoption of the proposed definition of digital (move from "IT" to "digital" thinking).
Digital Business as Usual.	Core IT service that manages and keeps safe digital infrastructure and optimises existing digital technologies.	**75%**	**Shifts from firefighting to supporting significant change being undertaken by other capability work streams.** Reduction in number of supported capabilities.	**25% - 35%**	**Reduction in supported estate (e.g. systems and data centres) unlocking capability and revenue required in shift to Cloud and other subscription services.**

Figure 10: Our strategic digital journey

The percentage figures represent an indicative target in terms of funding and resource splits in five years and are dependent on the execution of the Digital Strategic Plan as a whole. They represent the shape of the annual plans for digital in terms of overall core budget.

This needs a focus on the coming financial year (24/25) which is the first year of EPR delivery in which a significant refocusing of available resources will be required. The following illustrates that journey in more detail. Whilst it envisages that the overall funding and capacity available in five years' time will be similar to today, it shows a significant transition away from digital "business as usual" to digitally enabled transformation.

This can only be achieved with the full support of the rest of the organisation and some short-term sacrifices for significant long-term benefit. Our consultation during the development of this strategy indicates that the Care Units are supportive of this approach and its implications.

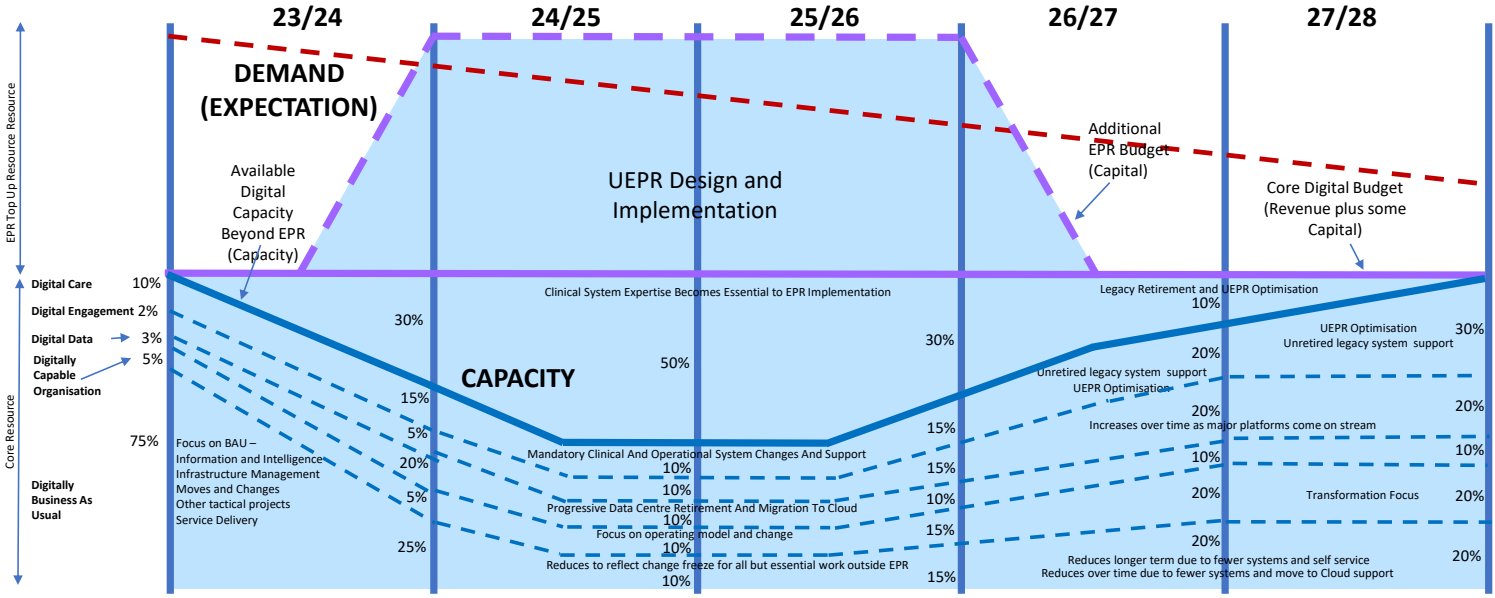


Figure 11: Transitioning our resource focus

= Funding available (capital plus revenue)
= Resources available (people plus unavoidable revenue costs)
= Budget currently +/- £14m revenue
= +/- £2.2m CDEL (£1.7m from EPR)

We will be successful if the organisation as a whole, makes digitisation an investment in transformation with sponsorship up to Board level of:

1. **Culture** - Developing a "data curious and capable" culture, able to identify "signals from noise", particularly in relation to patient safety and quality of care including:

- Delivery of Data Strategy and use of the regional and national data capabilities being developed.
- Move to Cloud and self-service.
- Organisational development of wider digital capability.
- Adoption of the proposed definition of digital (move from "IT" to "digital" thinking)

2. **Transformation** - Adopting a service led / continuous improvement approach to digital, led by the Trust front-line and including:

- Clinical leadership integral to digital operating model.
- Strong engagement and business analysis capability to co-design digital solutions with staff and service users.
- Using a trauma-informed approach to co-creation that is forward looking and positive for staff and service user well-being.
- Matching criticality of digital infrastructure to safety and quality of care with investment required.

3. **Investment** - Adopting a targeted approach to investment prioritisation of the digital enablers including:

- Long term capital and revenue planning that recognises multi-year needs of significant digital investment.
- Reduction in supported estate (e.g. systems and data centres) unlocking capability and revenue required in shift to Cloud and other subscription services.
- Strong pipeline management – "essential" needs rigorous definition and application during transition.
- Protection of EPR team from day-to-day BAU.
- Focus moves to "EPR first" for clinical and operational requests.

We will also need to avoid short term decision making and quick fixes using digital if it is to make the progress that is now within reach.

How will we measure success?

As illustrated, we will measure success in our delivery using internationally recognised maturity assessments from HIMMS© (the Healthcare Information and Management Systems Society). Frameworks for the measurement of progress in realising the strategy will be:

- EMRAM© - Electronic Medical Record Adoption Model
- AMAM© - Adoption Model for Analytics Maturity
- INFRAM© - Infrastructure Adoption Model

In line with our definition of digital, the HIMSS assessments are about the adoption of digital technology by healthcare organisations and measure clinical outcomes, patient engagement and clinician use of digital technology to strengthen organisational performance and health outcomes across patient populations. The aim of the measurement frameworks is to provide a detailed road map to ease adoption and begin a digital transformation journey towards aspirational outcomes.

Achieving these standards is therefore about the successful application of digital technology, rather than delivering the digital technology in isolation. Any improvement in HIMSS scores can therefore only be achieved through a transformation approach that brings together culture, processes, operating models and digital technologies.

An initial baseline assessment of these for EPUT has been conducted and reflects our current low level of digital maturity.

Our current and target scores from independent assessments are shown below with the low 23/24 scores, reinforcing the need for the strategic response proposed in this Strategic Plan.

Maturity Framework	23/24 Score	Target 27/28 Score
EMRAM	1	5 - which relies upon our move to a new EPR
AMAM	0	5 - which relies upon the implementation of our Data Strategy.
INFRAM	4	5 - which relies upon the implementation of our Data Strategy.

Figure 12: Our digital maturity journey

In addition we may choose to adopt the following frameworks in 23/24 to baseline our progress on the Digital Engagement workstream:

- C-COMM© - Community Care Outcomes Maturity Model
- CCMM© - Continuity of Care Maturity Model

The HIMSS assessment process also reviewed our approach to transformation and identified a need to adopt a more holistic, Trust wide approach to design and changes to processes, operating models, estates, and digital technologies in order to be successful.

What will be different?

In response to the challenges outlined at the start of this Strategic Digital Plan, successful delivery will result in EPUT:

- **Delivering Exemplary Safe Care Enabled by Modern Clinical Digital Technology.** Transformation of our Clinical Systems to a single modern EPR, sharing patient information across all relevant care settings for our service users. This will lead to significant improvements in the quality of the care we provide both at EPUT and working closely with our system partners, and our ability to serve those we care for in the most efficient and effective way possible.
- **Being Digitally Fit and Digitally Innovative.** Meeting all the Strategic ambitions that rely upon digital technology in our EPUT Strategic Plan and the associated Care Unit Plans.
- **Being Data and Evidence Led.** Being a truly evidence and data led organisation where we are curious and routinely use data to improve care and to improve our efficiency and effectiveness.
- **Providing The Best Possible Service User Digital Connections.** Being able to engage effectively with the service users and communities we serve, using digital means where that is the best mechanism to use and offering alternatives where it is not.
- **Using A Low Maintenance Cloud Footprint.** Operating modern Cloud based infrastructure having eliminated our expensive, resource intensive and high carbon footprint core infrastructure and data centres.
- **Having Best in Class Digital Support Services.** Delivering a day-to-day service to our users that is exemplary and amongst the best in the NHS.

At the end of this five-year journey we will be a truly digitally and data enabled organisation with a digitally literate team, able to use digital technology to continue to innovate and transform.

Final Words

This Digital Strategic Plan is bold and ambitious. It requires EPUT to make a fundamental change to its approach to Digital starting in 23/24.

We will be successful if the organisation as a whole, makes digitisation an investment in transformation and quality and safety of care focussed on:

- **Culture** - Developing a "data curious and capable" culture, able to identify "signals from noise", particularly in relation to patient safety and quality of care.
- **Transformation** - Adopting a service led / continuous improvement approach to digital, led by the Trust front-line and our service users, families, and carers.
- **Investment** - Adopting a targeted approach to investment prioritisation of the digital enablers starting now.

This will require focus and commitment, but the prize for our staff, our services users and the communities we serve will be transformational.

The initial actions that will be taken as a first step towards achieving this will include:

- A detailed roadmap for transformation aligning all Strategic Plans including the one for Digital.
- A detailed plan for addressing the digital maturity gaps identified in the HIMSS assessments which informed this Strategic Plan as a basis for assuring the Board of tangible progress.
- A 5-year investment plan considering the EPR funding and the other priorities described in this Strategic Plan as an input to the corporate planning process for 24/25 and beyond.

NHS
Essex Partnership University
NHS Foundation Trust

EPUT Data Strategy

Executive Summary

Why this strategy matters

Data and technology provides an opportunity to enable transformation and achieve the quadruple aim of better patient outcomes, national leaders for mental and community health, improved patient experience, and an organisational culture of learning.

The Strategy builds upon the Digital Strategy with a focus on how best the Trust can utilise data and transform it's business intelligence function and service provision to improve patient outcomes.

Our Vision

To be the leading Mental Health & Community Care services provider and a commitment to becoming a data-driven organisation to drive quality, change and patient outcomes.

Delivering our vision

We want to empower our people to use data to make informed decisions, helping them realise the value of the data collected across the organisation. This will require a focus on the quick-wins whilst implementing the longer term supporting technology infrastructure and data literacy programmes to support insightful analytics provision across the Trust.

We will invest in our technology and people to:

- Establish better processes and develop a proactive **culture of learning and workforce engagement** from data to develop data orientated analytics products and services
- Deliver insights to improve **patient experience and safety and initiatives**
- Support overall **operational efficiency across capacity and flow** to enable more accurate and timely reporting
- Introduce **advanced analytics capabilities** for scenario modelling and predictive analytics

What this means for our patients, clinicians and people

Patient, Families & Experience

Accessible healthcare records to enable better coordinated care for patients

I spend less time repeating the same information at appointments as clinicians have access to all my medical records. I can also **access my records** giving me confidence that clinical decisions are based on accurate data to ensure I'll receive the best possible quality of care. I feel empowered to **share this data** with others meaning both me and my family can manage and **contribute to the planning and delivery of my care**, improving my overall healthcare experience.

Clinician

A single view of our patient and service user data

I have **access to digital tools** that provides insights on my patients' **full care record** and support that helps me provide safe, high quality and personalised care every day. I am confident the data I can see is accurate and complete to avoid repeating tests or treatments already completed.

Senior Leader

PHM approach enabling greater clinical and resource allocation insights from data

I have the information I need to continuously improve our services whilst managing pressures here and now. I can take a **proactive Population Health Management (PHM) approach** to improving people's health and wellbeing. Information is shared across systems, is accessible and is designed to make the most of existing resources.

Executive Summary

Developing the strategy

The approach taken to develop the Data Strategy included the following stages:

1) Data Discovery

Documentation review to gather information required to inform current state and future state

2) Current State Assessment

Conducting 1-1 interviews and current state assessment workshops to validate key findings

3) Define Future State

Stakeholder sessions to define and articulate the future desired state of data adoption across the organisation, and the development of design principles to shape and guide the Data Strategy

4) Identify Initiatives

The identification of key initiatives to support the transition from current state to the desired future state

5) Data Strategy and Strategic Roadmap

Creation of an action-orientated roadmap with initiatives grouped by complexity; **High, Medium** and **Low,** and priority; **Foundational, Transformational** and **Leading Edge**

This Data Strategy document is the culmination of significant organisation-wide engagement and co-creative thinking and planning to define the future state of the organisation's data vision.

51 people were engaged via one-to-one interviews and collaborative design workshops

38 documents reviewed including Five Year Strategy, Digital Strategy and Accountability Framework

5 workshops covering current state, future state and initiatives

Consideration for existing programmes

- **EPR Appraisal**
  To address administrative and systematic burdens identified from existing EPRs
- **Time to Care**
  To provide a single avenue for data sharing and reduce complexities to siloed system-to-system interface
- **Shared Care Records**
  To provide a single avenue for data sharing and reduce complexities to siloed system-to-system interfaces
- **Digital Strategy**

'To be the leading Mental Health & Community Care services provider and a commitment to becoming a data-driven organisation to drive quality, change and patient outcomes.'

Executive Summary 1

Current challenges

1. Access to real-time data is limited to support immediate and strategic decision-making to improve patient outcomes and direct care
2. Demand for business intelligence capacity is overstretched and is driven from complex BAU reporting requirements
3. Stakeholders lack confidence in the data quality of reports primarily driven by misalignment to good data governance standards
4. Reporting compliance is challenged due to lack of available and up-to-date or real-time data
5. Data literacy improvements are required across the Trust to support in developing a data-driven culture
6. Limited interoperable standards across systems which decrease opportunities to develop a single patient view
7. Existing KPIs are exhaustive but limited to performance reporting and not focused on driving patient outcomes
8. Processes to access key datasets and definitions are complex resulting in poor user experiences for stakeholders

Future state key themes

User friendly self-service

- User friendly visualised reports and insights that are readily accessible and allow users to customise views to obtain the relevant intelligence. Support available to perform additional and advanced analytics to gain further insights

A single view of our patient and service user data

- Interoperable data systems allowing information to be shared across the ICS creating a single source of truth that ensures all partners are making evidence-based decisions from the same data

Accurate and real-time data to support decision making and research

- Access to accurate and real-time integrated datasets driven by intelligent data capture methods to draw on trends, leverage opportunities in research and enable immediate and strategic decision making for improved patient outcomes

A single approach to data management

- Aligned data management governance principles that ensures ownership and accountability is in place. Standardised processes and controls are in place to enable maximum value gain from data

Advanced business intelligence (inc. Population Health Management)

- Advanced analytics capabilities and use of intelligent systems and technologies (e.g. Artificial Intelligence, Machine Learning) to enable predictive analytics and drive PHM initiatives

Enable patients and families to contribute to their care delivery

- Patients are able to access and choose who their healthcare records is shared with enabling wider participation in the planning and delivery of care of all those involved, leading to better joined-up care and improved self-management

'To be the leading Mental Health & Community Care services provider and a commitment to becoming a data-driven organisation to drive quality, change and patient outcomes.'

Executive Summary 1

Delivering sustainable change

We have developed a roadmap of prioritised initiatives structured into three stages (Foundational, Transformational, and Leading Edge) with clear timescales for implementation providing a well-defined, actionable path to deliver the Strategy. The key programmes of work are highlighted below:

Foundational – ensuring the core building blocks are in place

- **Power BI Governance Model** – Establish governance for an enterprise level reporting platform (Power BI)
- **Performance Indicator Review** – Review existing KPI's to ensure they are outcome driven and fit for purpose

Transformational – building on the foundations to get better value from data

- **Data Literate and Data-Driven Culture** – Develop data literacy programme and embed data related KPI's into Trust's performance management processes
- **PHM, Maturity Assessment, Strategy and Key Initiatives Implementation** – Undertake a PHM maturity assessment, develop a PHM strategy and joint development of a PHM strategy with MSE ICS
- **Data Platform** - Develop a high-level data solution architecture and a roadmap to establish a data platform for both business intelligence and research. ***Phase 1 to be considered first.**

Leading edge – maximising the potential of data to enable data-driven decision making and improve patient care delivery and outcomes

- **Advanced Analytics** – Create environments to enable experimentation, explore use cases for scenario modelling and piloting/adopting Artificial Intelligence and Machine Learning
- **Intelligent data capture** – Develop and adopt an intelligent data collection approach from real-time data captured from voice and digital systems (e.g. video cameras) using advanced technologies to automate data processing and improve data quality
- **Learning and Improving Together** – Explore benchmarking and collaboration opportunities with regional Trusts and carry out an assessment of available TRE/SDE's to facilitate greater research and data sharing opportunities

Delivering the Strategy in full will take 3 to 5 years, however we will start by focusing on quick wins (see below) that will deliver value in the short term and then address the full list of initiatives (see page 8) to build on the outcomes delivered:

- ✓ **Power BI Governance Model** (Opportunity to integrate with Phase 1 of the Data Platform initiative and introduce as a collective quick-win)
- ✓ **Proof of Concept for Data Dictionary** (Opportunity to integrate with Phase 1 of the Data Platform initiative and introduce as a collective quick-win)
- ✓ **Phase 1 of the Data Platform / Business Case and Additional Capacity**

'To be the leading Mental Health & Community Care services provider and a commitment to becoming a data-driven organisation to drive quality, change and patient outcomes.'

Why an EPUT Data Strategy?

2

This document outlines the Data Strategy ("the Strategy") for the Essex Partnership NHS Foundation Trust (EPUT) for the next three years.

The Strategy defines the strategic direction and the role of the Trust in delivery of data and technology across the geography. The Strategy seeks to demonstrate the potential value from implementing best-practice procedures and delivering products, services and platforms in a co-ordinated way across the organisation.

Why an EPUT data strategy?

Data and technology provides an opportunity to enable transformation and achieve the quadruple aim of better patient outcomes, national leaders for mental and community health, improved patient experience, and an organisational culture of learning.

The Strategy seeks to build upon EPUT's digital strategy with a specific focus on where the Trust can accelerate data transformation and support valuable care across our landscape.

The Strategy represents our collective ambition and underpins our Trusts operational planning and budgeting.

The Strategy aims to provide clarity on the Trusts role, the direction of travel for data and technology and a roadmap for delivery.

Related initiatives

The following were considered when developing the data strategy:

01 The findings and recommendations contained within the EPUT Digital Strategy Development Report (December 2021)

02 Initial findings and quick wins from the ongoing 'Time to Care' programme focused on helping clinicians focus even more on giving high quality care to patients

03 Data related observations from the ongoing five year strategy planning process

04 The findings and recommendations contained within the Mid and South Essex Health and Care Partnership ICS Business Intelligence Strategy and Roadmap (January 2021)

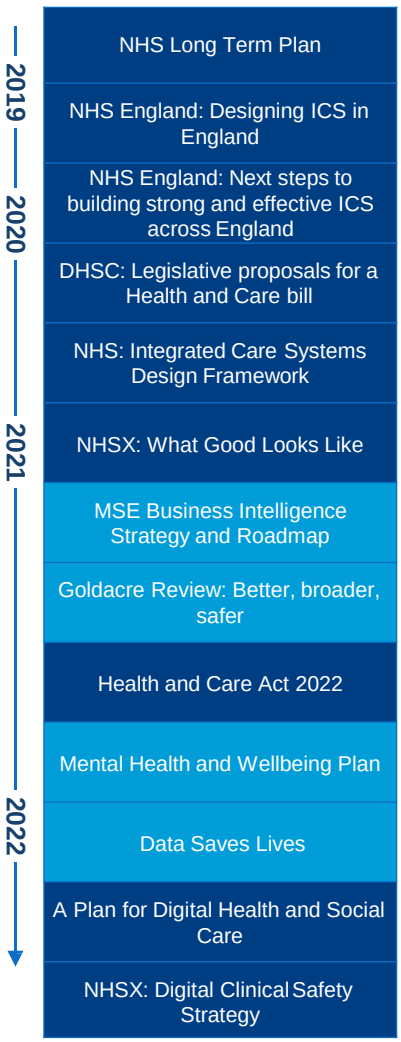
National Strategy & Policy

The NHS Long Term Plan (LTP) provides the national strategy mandate underpinning transformation of the Health and Social Care system. Data and Digital is highlighted as imperative to achieve the aims outlined in the LTP.

> The Long-Term Plan, Goldacre Review and Data Saves Lives White Paper aim to deliver a technology and data enabled healthcare service that supports the needs of the population, as well as those of the workforce providing care.

1. Empowering People
2. Supporting Health and Care Professionals
3. Supporting Clinical Care
4. Improving Population Health
5. Improving Clinical Efficiency and Safety

The following papers have been considered during the development of the Strategy to ensure it aligns to both local and national objectives.



Data Saves Lives

Success measures for data transformation:

- Prevention. Personalisation, Performance and People.
- Investing in secure data environments to power life-saving research and treatments
- Using technology to allow staff to spend more quality time with patients
- Giving people better access to their own data through shared care records and the NHS App

Goldacre Review: Better, broader, safer

Success measures for data transformation:

- Investing in a coherent approach to data curation, and a small number of secure platforms
- Show the public that we have built secure platforms for data sharing, then every patient can confidently embrace sharing their records, safely and securely
- Utilise the Office of National Statistics (ONS) and the GDS best practice principles for modern, open, collaborative work with data

Mental Health and Wellbeing Plan

Success measures for data transformation:

- Use innovative approaches to collect and share data to provide the best possible care for patients and better integrate services
- Improve the availability, quality and use of data for the whole of the patient's journey
- Improve data literacy of front-line staff, as well as managers and policy makers to ensure the greatest potential of data is harnessed to improve the mental health and wellbeing of the population

MSE and SNEE Data Strategy

Success measures for data transformation:

- Clear visibility of responsibilities to implement data governance processes, via a data governance steering group and have localised data owners for specific datasets
- Develop an iterative data quality improvement process in order to drive consistent data quality improvement and improve workforce productivity with integrated technology
- Use data and information safely and whenever needed to make evidence based and data driven decisions to improve patient care and experience
- People and carers are empowered to manage their own care through having access to their own health and care records as well as coordinated ways for people to look after themselves accessing clinical support

Essex Partnership NHS Foundation Trust

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

EPUT provide community health, mental health and learning disability services for a population of approximately 3.2 million people across three ICSs: Suffolk and North East Essex, Mid and South Essex, and Hertfordshire and West Essex.

Our Objectives:

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

Extra considerations

The following are

- EPUT deliver a number of services in the community requiring data flows across a number of organisations including those in the Voluntary Community and Social Enterprise (VCSE) sector
- EPUT deliver services across three ICS, each having different processes and priorities
- There is a significantly larger proportion of free text clinical notes used within mental health services

>£450m turnover	**>5,400** NHS Staff	**200** Sites	**6** Clinical Operational Delivery Units	**7** CCGs
3.2m Population	**>1.3m** Covid-19 Vaccines	**3** Principle Local Authorities	**2** Ambulance Services	**3** Number of ICS'

Digital Strategy

2

It's imperative that the newly formed Data Strategy is aligned to the Trust's existing five year Digital Strategy and be seen as an enabler for data-related initiatives listed in the Digital Roadmap.

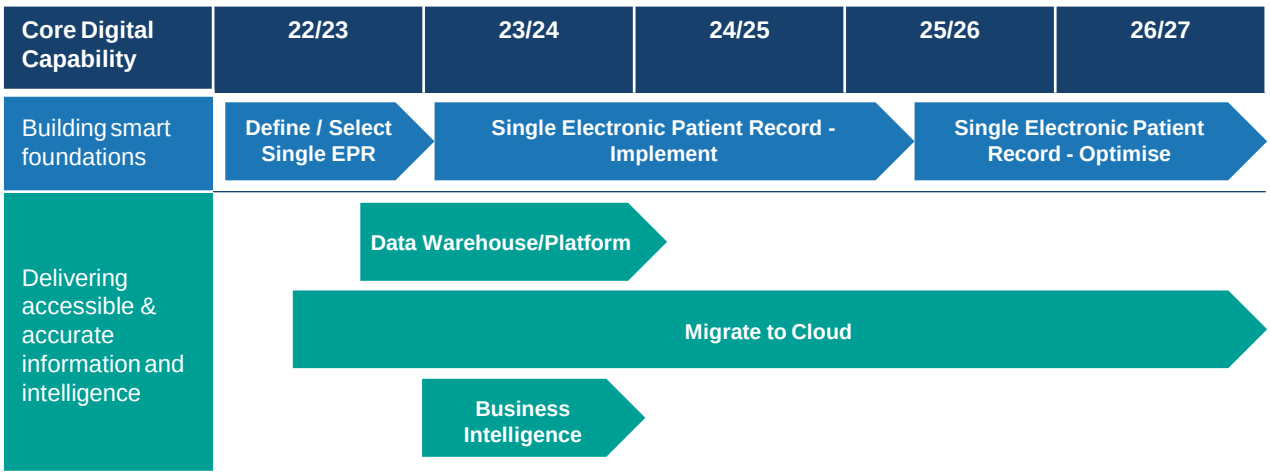
Given a number of the transformation programmes included as part of the Digital Roadmap are data-related, these have been further developed and explained within this Data Strategy.

Below are the data initiatives taken directly from the Digital Strategy:

Building smart foundations	
Single Electronic Patient Record	A single electronic record with modern tools and capabilities replacing the multiple systems used today

Delivering accessible & accurate information and intelligence	
Data Warehouse/Platform	A data warehouse to meet the Trust needs and enable sharing with partner organisations to support business intelligence requirements.
Migrate to Cloud	Progressive migration to secure cloud solutions in line with WGLL for new projects freeing up resources.
Business Intelligence	Tools to provide real time business intelligence capability to those who need it.

As per the Digital Roadmap, the timelines for these programmes are outlined below:



Methodology and Approach

3

This Data Strategy document is the culmination of significant organisation-wide engagement and co-creative thinking and planning to define the future state of the organisation's data vision.

51 people were engaged via one-to-one interviews and collaborative design workshops.

EPUT's Transformation Leads presented progress across senior representation from operational and clinical groups for feedback, as well to validate, gain buy-in and commitment on the approach where the Data Strategy becomes central to their day to day work and direct care delivery.

01 Data discovery

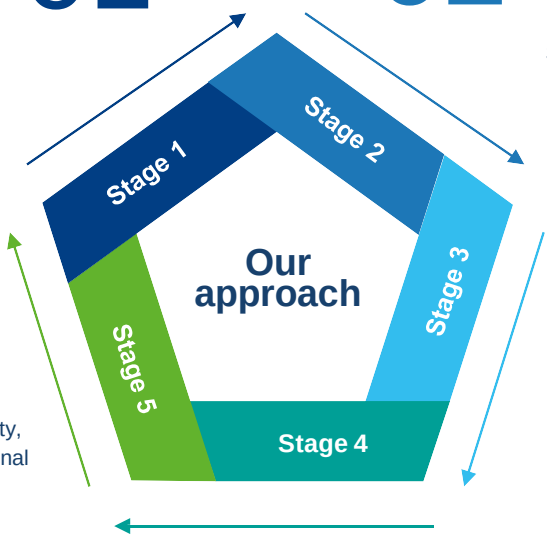
Carry out documentation review to gather information required to inform current state and future state

See section: 3

02 Current state assessment

Conducting 1-1 interviews and carrying out current state workshops. Identification of current challenges, opportunities and capabilities

See section: 4 5



03 Define future state

Continued stakeholder engagement from future state workshops, articulating organisation's future vision and design principles for data to guide the strategy

See section: 6

04 Identify initiatives

Identify the initiatives to support the transition from current state to desired future state

See section: 7 8 10

05 Data strategy and strategic roadmap

Creation of an action orientated roadmap with initiatives by complexity, priority; Foundational, Transformational and Leading Edge

See section: 7 8

Approach: Data Strategy Framework

3

To deliver system-wide data transformation, we have identified eight aspirational components and where the organisation can add most value. The Strategic Pillars will enable and be used to evaluate progress in delivering the desired outcomes for our patients, service users and workforce.

Data Strategy Framework

The framework comprises of four core building blocks and will form the foundations of the strategy and developing a data-driven culture:

- Business goals
- User focused service
- Data and technology platform
- Capacity and capability plan

These blocks ensure that the data strategy will be comprehensive and tailored to varied user needs. The strategy will be actionable and establish clear processes for data management.

The roadmap will prioritise the recommendations by their success criteria over the short, medium and long term, indicating strategic aims and quick wins.

Existing Programmes | Shared Care Records 5

The **Shared Records** platform is intended to provide EPUT with a single means of sharing data, reducing the complexity of individual system-to-system interfaces.

Current State

- Information is currently published and consumed using PDF's accessible via a portal. The need to move away from PDFs is recognised but this is currently the easiest way to get information out of the EPR systems
- Information is not timely and not fit for purpose for non- technical users
- Majority of datasets are non-transformable and can't be used by systems
- The current format of the information limits the ability to perform insightful analysis
- Currently unable to access and share information with other providers

Desired State

- To have access to live structured patient data direct from systems, in accordance with national standards
- To be able to share patient data with other providers and systems
- To be able to reliably deliver the right information, at the right time to health professionals and to patients, to enable them to make good decisions
- Improved integration with other Shared Records across the NHS as they come online

EPUT Shared Records Programme:

- The intent of the programme is to create a means of publishing and consuming data to and from a wide variety of sources and organisations, including in the Health, Social Care, Police and Third Sector.
- The existing Shared Records platform is in the process of being moved to a new infrastructure which will provide greater capability in terms of performance and function. The new infrastructure will enable the use of the new Tiani product, reduce outages, enhance monitoring and increase capability to publish and consume additional information.

Next Steps/Roadmap

01 As stated in the Digital Roadmap, the Shared Care Record programme commenced at the start of 22/23 and is due to be complete at the end of 23/24

02 The Clinical Steering Group has been stood up to oversee the programme

03 The move to the new infrastructure is due to be complete by mid October 2022

04 Access to current regional shared records is planned to be in place across System One, Mobius and Paris by end of November 2022

Existing Programmes | Electronic Patient Record 5

Fundamental requirements for a single view of the patient which enables better patient safety either for the trust or for the wider systems within which it is a partner.

Current State

- The current EPR architecture (seven different electronic patient systems) does not support a future vision of working in an integrated way
- EPUT do not have a view of the other systems data of a patient which causes inefficiency when delivering patient care
- Data capture duplication is a burden and gets in the way of doing day-to-day job
- Multiple EPR systems cause increased patient safety breaches due to lack of information sharing

Desired State

- To have a single joined up patient record that provides rich insights into the full patient story
- Have the ability to share patient data with partner organisations
- Allow patients and carers to be involved and engaged
- Have the ability to improve patient safety due to having a complete record and improved access
- Forensic review function to allow for an audit trail to be kept

Progress to Date:

EPUT is embarking on a business case development for a new EPR. The goal is to reduce duplication and disjointed patient care records. Strategically, all options will be considered in order to serve the overarching objectives of:

- Increasing patient safety
- Enabling a patient-centric and more seamless way of working across Mental Health, Community, Social Care, Acute Care and ICS
- Enabling a population health management approach at regional and local level

Next Steps/Roadmap

Upcoming milestones for a new EPR are outlined below with their planned timelines:

1. OBC approval (Jan 2023)
2. Procurement launched (Jan 2023)
03 FBC approved (Jul 2023)
04 Deployment (Jul 2023)

Assessing Maturity and Ambition

6

Discussions with stakeholders highlighted a **clear need** to advance the Trust's data maturity. Outlined below are the **desired maturity levels for the future state** articulated during stakeholder sessions for what is achievable following the **implementation of the Data Strategy initiatives.**

Desired outcome will be realized over an 18-24 month period after the data strategy signoff.

Current State Future State

	1	2	3	4	5
Business Goals (Strategic Objectives and Tactical Priorities)	Majority siloed data transformation initiatives with some integration and collaboration.	A high level data vision exists, but no one leader to drive the data agenda, causing varied interpretations and limited benefits.	Appointment of data transformation lead to drive strategy and support with investment.	Data transformation lead has established relationships and influence across the organisation.	Dedicated data transformation lead drives accountability and investment in line with agreed priorities & requirements.
User Needs	Analysis is largely descriptive and not fully trusted by stakeholders. Limited engagement with data functions and no self-service capabilities available to drive autonomy for divisions.	Analysis generates basic insights, but still a highly manual process to generate reports. Some engagement and interaction with divisional teams.	Established data reports are automated, with limited advanced analytics capabilities. Customer requirements are embedded into analysis effectively.	Business partnering and increased domain understanding. Established with self-service, user-friendly visualised reports and insights are readily available, with support for advanced analytics available.	Customer requests systematically prioritised with agreed timeframes. Reports are automated, with standardised quality assurance and advanced analytics insights regularly embedded.
Products & Services	Some awareness of emerging technology products and services but reluctancy and little appetite to explore the across organisation.	Some appetite to procure new products and pockets of innovation however lack of knowledge and resources transformation programme.	Executive team sponsored technology and analytics transformation journey and roadmap, with allocated funding for innovation	Dedicated advanced analytics capabilities supported with investment and leadership to drive initiatives and change.	Digital teams manage pipeline of innovative use cases ad existing implementation of advanced techniques e.g. NLP in a BAU environment
Data Governance	Data management standards are unclear with no or limited governance framework in place to inform of data assets available along with their quality.	Data quality processes and root cause analysis for issues varies between teams with some good governance frameworks established.	Real-time data catalogues and business glossaries to describe data assets and to encourage system interoperability.	User-friendly and interface driven data repositories that are interactive and searchable with a view to improve the underlying data assets.	Data assets are auditable, searchable and include robust metadata. Consistent governance approach across organisation and wider partners.

Assessing Maturity and Ambition

6

Discussions with stakeholders highlighted a **clear need** to advance the Trust's data maturity. Outlined below are the **desired maturity levels for the future state** articulated during stakeholder sessions for what is achievable following the **implementation of the Data Strategy initiatives.**

Desired outcome will be realized over an 18-24 month period after the data strategy signoff.

Current State Future State

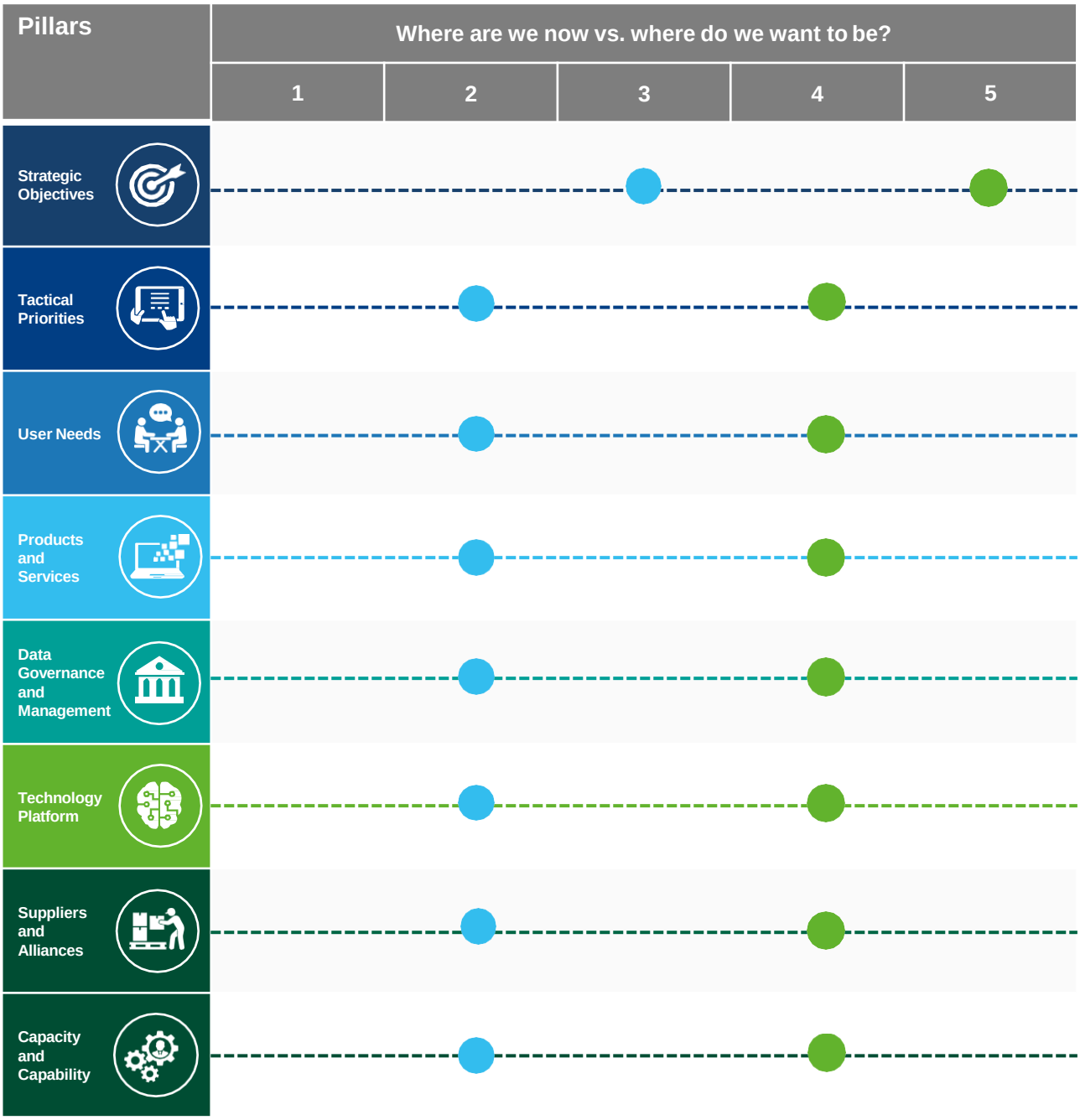
	1	2	3	4	5
Technology Platform	Minimal oversight of technology inventory leading to limitations in interoperability, frequent duplication and systems that are obsolete and nor fit for purpose.	Technology supports existing basic direct care needs but lacks flexibility and interoperability with wider strategic datasets	Some centralisation to support a' single version' of the truth (some interoperability) to support intervention and tracking of outcomes.	Use of contemporary infrastructure e.g. cloud technology to promote interoperability, with a front-end UI for systems and embedded workflow monitoring capabilities	A Cloud infrastructure supporting scalability, centralisation and economies of scale and used on interoperable data and systems standards for the application of advanced analytics
Suppliers and Alliances	Relationships and integration with vendors, partners and alliances are limited with minimal opportunity to collaborate and adopt strategic products.	Some collaboration with suppliers and alliances with a view to directly support ongoing transformation programmes however minimal trusted external research partners.	Working with partners for mutual benefit realisation and some data integration with all partners to develop ongoing transformation programmes e.g. PHM initiatives.	Comprehensive engagement with wider providers to establish a culture of learning to learn from each other and implementation of best practices.	Effective use of technology to support provider level integration / movement of data between all partners and systems to support learning and collaboration
Capacity and Capability	Fundamental resourcing challenges and data skills gaps and key person dependencies resulting in ineffective knowledge sharing	Capacity constraints limiting data skills growth and limiting the successful execution of ongoing transformation programmes.	Some consolidation of skills and capabilities and an understanding of the core skill gaps existing in teams with plans to resolve through training and development.	Career paths established and programmes in place to develop organisation wide data literacy and encourage a data-driven approaches.	Stakeholders are confident interrogating data independently and have defined and user roles training. Bench marking with market talent standards in place to align to a 'workforce of the future'.

Assessing Maturity and Ambition

6

Discussions with stakeholders highlighted a **clear need** to advance the Trust's data maturity. Outlined below are the **desired maturity levels for the future state** articulated during stakeholder sessions for what is achievable following the **implementation of the Data Strategy initiatives.**

Desired outcome will be realized over an 18-24 month period after the data strategy signoff.



Design principles for future state

Stakeholders **across the Trust's multi-disciplinary teams** contributed to the development of the design principles across the stakeholder engagement sessions. Design principles below have been **co-designed to establish values on which data is utilised, shared and managed** and should be developed into **a set of standards and frameworks** to achieve the strategic objectives.

- Be brave and ambitious in investment and decision making
- Processes in place to improve data quality and interpretation through common definitions and glossaries.
- Adopt of a culture of learning to improve patient experiences and research approaches
- Data and insights will be made as real-time and accessible as possible to support decision making, data transformation and research initiatives
- Develop common IT reference architecture to promote open architecture and to enforce interoperability standards
- Adapt to change and new technology solutions must not limit progress
- Increase data literacy to develop a data-driven culture
- Performance indicators will focus on driving outcomes
- Data assets to enable key decisions and PHM approaches to support patient safety outcomes
- Data should be managed and processed securely with a view to share and collaborate with local and national partners

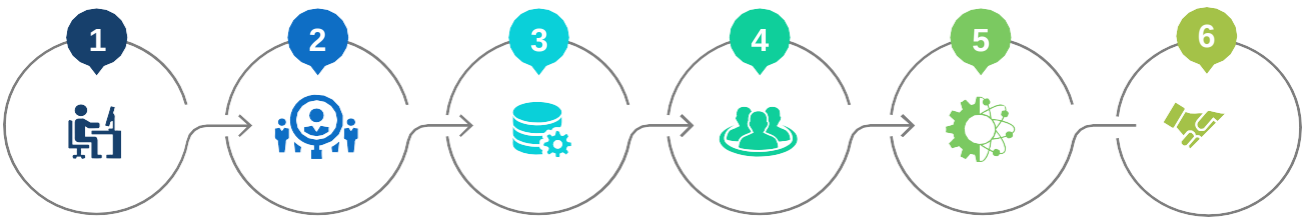
User Persona: Impact of future state

6

Interview and workshop discussions with EPUT's executive, clinical and operational stakeholders provided opportunities for the wider Trust teams to feedback on ideas and suggestions to support the current state assessment and the potential target 'to-be' state for the data strategy.

Feedback received from stakeholders has been reflected in the user personas below.

Future State Key Themes



1. **User friendly self-service**
2. **A single view of our patient and service user data**
3. **Accurate and real-time data to support decision making and research**
4. **A single approach to data management**
5. **Advanced business intelligence (inc. Population Health Management)**
6. **Enable patients and families to contribute to their care delivery**

User Personas

User Persona	Current State Pains…	Future State Expected Gains…
Patient Safety Lead	Even though we have an established patient safety strategy, I can't monitor patient safety metrics effectively or support developing a 'Culture of Learning'. Data stored in different systems can lead to inaccuracies and are a risk to patient safety.	**A single view of our patient and service user data** Systems are sharing data and I can see a 'single view' of the patient, making it easy to access and reducing errors. I can use information to monitor progress and gather feedback and to drive a 'Culture of Learning'. I can proactively look at the information and identify opportunities to improve patient safety.
Senior Leader	I am keen to move from 'reactive' care to 'proactive' PHM. I am supporting improvements to the EPR and Shared Care systems to ensure they meet user needs and data sharing standards. However, we don't have the all of the skills and team to fully support this.	**PHM approach enabling greater clinical and resource allocation insights from data** I have the information I need to continuously improve our services whilst managing pressures here and now. I can take a proactive Population Health Management (PHM) approach to improving people's health and wellbeing. Information is shared across systems, is accessible and is designed to make the most of existing resources.

User Persona: Impact of future state maturity

6

Interview and workshop discussions with EPUT's executive, clinical and operational stakeholders provided opportunities for the wider Trust teams to feedback on ideas and suggestions to support the current state assessment and the potential target 'to-be' state for the data strategy.

Feedback received from stakeholders has been reflected in the user personas below.

User Persona	Current State Pains…	Future State Expected Gains…
Patient, Families & Experience	I am always giving the same details about myself when I access NHS and Local Authority services. Clinicians can't see all of my medical records and often clinicians outside of primary care can't see any details at all. I cannot access or share my records which makes me worried that decisions about my care will be made without all the correct information. It also prevents me from taking ownership of my own care planning.	**Accessible healthcare records to enable better coordinated care for patients** I spend less time repeating the same information at appointments as clinicians have access to all my medical records. I can also access my records on my patient portal giving me confidence that clinical decisions are based on accurate data to ensure I'll receive the best possible quality of care. I can choose to share this data with others and both me and my family can contribute to the planning and delivery of my care, improving my overall healthcare experience.
Clinician	I often don't have access to my patients' full medical history because it's on a paper records or not in the shared care record systems. It's hard for me to get information about my patients from other services to get a full understanding of my patient's health and wellbeing history and activity.	**A single view of our patient and service user data** I have access to digital tools that provides insights on my patients' full care record and support that helps me provide safe, high quality and personalised care every day. I am confident the data I can see is accurate and complete to avoid repeating tests or treatments already completed.
BI Analyst	Most of my time is taken up doing routine reporting, and I don't always have time to help with important projects that can really improve patient outcomes. The quality of data is inconsistent so I need spend a lot of time cleaning the data before I can develop reports.	**User friendly self-service and accurate real-time data to support decision making** With routine reporting tasks automated and users being able to access and customise their reports, I can spend more time working with other teams on analytical projects that help the Trust improve the quality of care. Users trust the data in the reports are accurate because they know where the data is from and that we have robust processes to manage the quality.
Corporate Lead	I don't have the information to assess whether we are investing in the right things to meet our strategic objectives. We monitor and manage contracts, procurement activities and workforce planning reactively. It takes me extra time to log on to different systems as I need to login separately each time.	**A single approach to managing data to enable quick, easy access to information** I can access information I need to create a complete view of the organisation so I can effectively allocate capital into the right place. I can proactively monitor and make informed decisions about contract renewals, procurement and workforce planning. I can easily and quickly access different systems without having to login each time.

User Persona: Impact of future state maturity

6

Interview and workshop discussions with EPUT's executive, clinical and operational stakeholders provided opportunities for the wider Trust teams to feedback on ideas and suggestions to support the current state assessment and the potential target 'to-be' state for the data strategy.

Feedback received from stakeholders has been reflected in the user personas below.

User Persona	Current State Pains…	Future State Expected Gains…
Mental Health Nurse	I often work with patients who have complex and long-term mental health conditions and it can be challenging to track and monitor the progress of patients using the manual reporting processes which often do not provide a single patient view or real-time updates, making it difficult to understand and analyse error prone data.	**Accurate and real-time data to support clinical decision making** I have access to accurate, real-time data and insights that is easy to understand and allows me to monitor the condition of my patients to identify patterns and changes in behavior early on. This means I can make more timely and accurate interventions and clinical decisions to improve patient outcomes.
Operational Lead	I don't have all the information I need to understand and forecast where supply is not meeting demand at a Place level. I can't find and predict service bottlenecks in the system before they reach a crisis levels. I don't have the detailed information I need to fully evaluate the performance of commissioned services.	**User friendly self-service to generate information and insights** Whenever I need them, I have access to dynamic dashboards and reports which allow me to easily visualise the information I need to help make informed decisions. The tools also help me look ahead and identify bottlenecks before services reach crisis levels. I can easily see the current status, for example 'ward heat map' to understand referrals and patient flow.
Information Governance Lead	We have processes and resources in place to support IG including mandatory training, and documentation that is readily available via the intranet. However, not everyone fully understands and follows IG requirements.	**A single approach to bringing together and managing data** Everyone has a clear understanding where to access relevant IG documentation and how to get support. I work closely with colleagues to promote safe data sharing practices and support the strategic initiatives to collaborate with suppliers and partners.
Clinical Research Manager	I need access to accurate and timely data to produce reliable results from my analysis. Currently, data is manually collected and processed giving little confidence in it's assurance, quality and accuracy. Clinicians often do not understand the importance of recording high quality data and this impacts the validity of my research and makes it more difficult to spot trends and patterns.	**Accurate and real-time data to support research initiatives** The use of automated systems and improved data collection processes for clinicians means I now have access to accurate and more complete real-time data to draw on trends and generate better insights to form more meaningful conclusions. It also provides new sources of data to enhance my research.

Articulating the future state

6

Summarised below are a set of key ideas on the Trust's future aspiration with regards to data and insights. These ideas have emanated through discussions from interviews and workshops across the engaged stakeholder mix.

1 Strategic Objectives

- An **established leader in mental health and community care services**, providing the best possible patient experiences and zero compromise to patient safety to drive care outcomes.
- **Top-down leadership drive and buy-in** to encourage and develop a culture of learning across workforce and patient safety via the provision of good data intelligence and reporting.
- Data is viewed as a strategic asset to **make better and informed decisions** to support patient safety objectives and **accelerate the growth of digital and data capabilities** across the Trust.
- Greater **collaboration across partners and ICS'** to encourage evidence based care and effective outcome-driven PHM strategy development, and related initiatives design and implementation.
- **KPIs are utilised to drive outcomes** and are not ineffective or limited to performance reporting. Metrics are strengthened to include wider strategic objectives and not just for mental health.

Score: 5 Dedicated data transformation lead drives accountability and investment in line with agreed priorities & requirements.

2 Tactical Priorities

- A data steering group providing **leadership** and resources with **clear roles and responsibilities** to drive the data strategy delivery, as well as drive and monitor tactical objectives
- Appropriate investments to **acquire additional BI capacity to help deliver immediate priorities** such as report redevelopment and to enable longer term BI team capability and capacity development
- A **strategic approach** to the implementation of new technologies, accompanied by the appropriate governance protocols, including the finalisation of Power BI licensing and understanding backlog and prioritisation of work required
- A **comprehensive view** is available of all data sources and their respective owners via a dataset inventory to have visibility of available resources and individuals responsible for them

Score: 5 Dedicated data transformation lead drives accountability and investment in line with agreed priorities & requirements.

3 User Needs

- Intelligent data capture mechanisms and a data-driven culture in place to support clinicians with having access to **accurate** and **real-time integrated datasets to** draw on trends, research opportunities and support immediate and **strategic decision making**
- **Clear processes for reporting requests and new development items** with associated SLAs and prioritisation mechanism in place with **technology integration to support custom views.**
- **Accessible tools for PHM are utilised maturely for risk stratification and for actional insights**, supporting the wider shared care planning and patient safety initiatives.
- **Non-technical users upskilled** in the use of modern technology to generate insights to eliminate key person dependencies and reduce burden on BI functions.

Score: 4 Business partnering and increased domain understanding. Established with self-service, user-friendly visualised reports and insights are readily available, with support for advanced analytics available.

Articulating the future state

Summarised below are a set of key ideas on the Trust's future aspiration with regards to data and insights. These ideas have emanated through discussions from interviews and workshops across the engaged stakeholder mix.

4 Products and Services

- Consistent **product development standards** to **unlock efficiencies and technology best practice** to support wider opportunities for interoperability across systems.
- Business intelligence reports and services should be **easily accessible and located centrally** for subject matter experts to review, opine on and explore further development iterations.
- Technology products must be **better aligned** to support real-time, **broader and rounded views of patient data (a single EPR)** and accessible by clinicians to review insights for outcome driven decisions. Products to contribute overall to the improved Shared Care and PHM agendas.
- Campaigns to **embed awareness and training for existing product and services** to continue to prioritise on strategic objectives on patient safety (e.g. Datix).
- **Exploration of cognitive computing and remote monitoring devices** to align with wider technology agenda and leverage **opportunities to mitigate patient risks.**
- **Sandbox environments** to encourage experimentation and **hypothesis testing** to support the adoption of new capabilities in a safe learning environment

Score: 4 — Dedicated advanced analytics capabilities supported with investment and leadership to drive initiatives and change.

5 Data Governance

- **Top-down commitment and ownership of data assets** to promote robust data standards and develop a data driven culture to view and **utilise data as a strategic asset.**
- Data assets structured into **accessible inventories** with associated data dictionaries and business glossaries to increase **comprehension and opportunities for interoperability**, and to provide local and wider stakeholders transparency on available data assets to enhance clinical interactions.
- **Robust controls** in place to **guide data sharing agreements** and data ethics commitment to patients to enable consent management and the effective and safe use of patient data.
- **Data quality assurance and standardised processes across key datasets** with opportunities for automated detection, cleansing and resolution of poor quality data within catalogues.
- Data governance processes need to be streamlined through the **application of robotics**. Manual fixes must be avoided and ways of working adapted to a **contemporary technology** market.

Score: 4 — User-friendly and interface driven data repositories that are interactive and searchable with a view to improve the underlying data assets.

6 Technology Platform

- **Patients** to **access live patient data** and connect into 3rd party data systems and sources to empower patients and carers to **manage their own care** and choose who their records is **shared** with, leading to **better joined-up care** and overall improved self-management
- A cloud infrastructure promoting **scalability across partners and better economies of scale** – integrated with contemporary technologies across hosting, ETL and data visualisation, and blended with **ambitious technology roadmap** with advanced tools e.g. dictation technology for data capture
- **Self-service dashboards** and intelligence with real-time data streams to allow clinicians to customise views as necessary and to assist in **reducing capacity constraints** in BI teams. Dashboards are integrated with the Trust's infrastructure layer to enable single sign on capability.
- A **modern data warehouse and data platform** to collate, cleanse and curate data across data sources and accessible to stakeholders. One source of truth and i**ntegration into the wider shared platform** initiatives across partners. Considerations on using wider cloud components (e.g. data lakes) to house all unstructured data to be written back to the data warehouse.

Score: 4 — Use of contemporary infrastructure e.g. cloud technology to promote interoperability, with a front-end UI for systems and embedded workflow monitoring capabilities

Articulating the future state

6

Summarised below are a set of key ideas on the Trust's future aspiration with regards to data and insights. These ideas have emanated through discussions from interviews and workshops across the engaged stakeholder mix.

7 Suppliers and Alliances

- **Alliances between strategic partners, academia and local authorities** to encourage data sharing to support primary/secondary care and PHM use cases to deliver positive patient outcomes. Adoption of tried-and-tested best practices across partners to underpin key decisions.
- Collaborative workforce across partners to establish **virtual resource models** to aid capacity constraints and create an efficient and collective approach to strategic programmes**.**
- Effective use of regional and national trusted research and secure data environments (TRE/SDE) to **unlock new opportunities, methods and processes for service improvement**.
- **Early integration** with procurement teams to ensure economically viable decisions are made with the right capital considerations and the right people in mind.

Score: 4 — Comprehensive engagement with wider providers to establish a culture of learning to learn from each other and implementation of best practices

8 Capacity and Capability

- **Capacity and capability assessment** to ensure BAU demand can be met with **sufficient resourcing and skillset** by tapping into analyst potential and to inform funding requirements.
- **Transparent technical career paths** and established L&D curriculums to encourage career drive and develop a **culture of upskilling to be professionally recognised i.e. accreditation.**
- Stakeholders are comfortable in utilising new technologies to execute patient safety decisions and are supported by **data literacy programmes and business partners**.
- Increased internal specialisms i.e. in **advanced analytics capabilities** and develop appetite for AI/ML to leverage predictive and statistical analytics to improve patient safety initiatives,
- **Knowledge sharing** between partners on data science implementation to explore opportunities to contribute to the strategic agenda of review the art of the possible.
- Behavioural change management and **accelerated change cycles** for **faster benefit realisation** to develop the organisation's culture to be built upon data driven initiatives.

Score: 4 — Career paths established and programmes in place to develop organisation wide data literacy and encourage a data-driven approaches

What benefits will the Data Strategy unlock?

Below are the **key benefits the data strategy aims to unlock to** support the Trust in achieving it's strategic objectives in becoming a data-driven organisation to support patient outcomes.

Benefits were discussed and validated throughout stakeholder engagement sessions.

Single Version of the Truth

Interoperable systems ensures all partners are making evidence-based decisions from the same data.

Capacity and Productivity

Automating ingestion, self-service performance reporting and removal of manual processes creates capacity for BI teams for more value-add analysis.

Data-Driven Decision Making

Integrated datasets and revised KPIs create a holistic view to fuel clinical, operational and corporate decision making.

Culture of Learning

Having interconnected datasets can give greater insights for root cause analysis and feed into a 'Culture of Learning' improving the service we provide to patients.

Workforce Learning

Improved learning platforms and clear training pathways can develop system wide data literacyy, capabilities and increase compliance.

Patient Safety & Experience

Improvements to services are data driven and not based on professional instinct. Patients and carers can easily view and choose to health care records to help manage own care and allow others to contribute.

Data Literacy

System-wide, data dictionary providing sight of assets, definitions and architecture, and improved access to self-service BI fosters a cultural shift across the organisation.

Proactive Insights

With more integrated, longitudinal and trustworthy data, BI teams can shift away from historical analysis to more advanced predictive analysis and PHM initiatives.

Population Health Management

Integrating more datasets into MAST advanced analytics tool can help identify cohorts of high risk patients for targeted interventions.

Population Health Management (PHM)

PHM enables effective allocation of healthcare resources to meet the “Quintuple Aim” - enhanced experience of care, improved health and wellbeing of the population, reduced per capita cost of healthcare and improved productivity, increased wellbeing and engagement of the workforce and reduced health inequalities.

The “What Good Looks Like” framework, “NHS Long Term Plan”, and the “Data Saves Lives” strategy each set out specific requirements for digital and data services, including enablers to support a PHM approach

Successful PHM requires capacity and capability in four key areas, for which data and analytics are essential:

1. Infrastructure
2. Intelligence
3. Interventions
4. Incentives

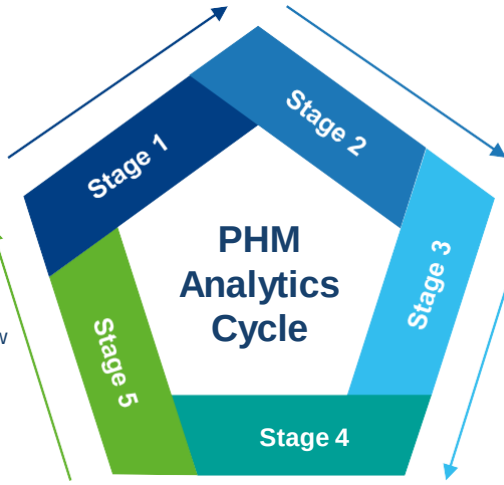
The following cycle highlights how data and analytics drives continuous improvement for PHM.

01 Understand your population

Understand and assess the needs and characteristics of your population, including health inequalities

02 Segment & stratify your population

Segment your population by need and characteristics, predict future risk and cost, and stratify by risk/cost



03 Plan for the future

Design new services and interventions for population segments, an outcomes framework to monitor performance, and determine the workforce to achieve your ambitions

04 Surveillance and care co-ordination

Tools and dashboard to monitor performance, manage operations and co-ordinates care

05 Evaluate performance

Evaluate the effectiveness of your new service and interventions

PHM analytics cycle

Case Studies

Case study #1

New mental health 111 service reduces A&E visits by a third.

Source: NHS England

Case study #2

A multidisciplinary and data driven approach to suicide prevention in Lancashire and South Cumbria.

Source: NHS England

Case study #3

Mental health nurses working with London Ambulance Service to prevent mental health hospital admission

Source: NHS England

Population Health Management (PHM) 8

PHM enables effective allocation of healthcare resources to meet the "Quintuple Aim" - enhanced experience of care, improved health and wellbeing of the population, reduced per capita cost of healthcare and improved productivity, increased wellbeing and engagement of the workforce and reduced health inequalities.

The "What Good Looks Like" framework, "NHS Long Term Plan", and the "Data Saves Lives" strategy each set out specific requirements for digital and data services, including enablers to support a PHM approach

Current State

- There is no strategy for PHM, however a Director of Strategy is due start on the 19th of November 2022 who will provide (non-tech) leadership in this area
- There is no integrated and linked dataset to enable the analytics and insights needed
- Management and Supervision Tool (MaST) initial phase to identify patients at risk of requiring urgent medical care
- Social care and community teams working closely together in West Essex

Challenges

- The focus is on activity and input processes rather than outcomes, and there is a limited understanding of cost effectiveness of services provided
- The current dataset does not enable effective segmentation of patients

Recommendations

- Develop an integrated and linked dataset, supported by a modern and robust data architecture (please see 'Data warehouse' section for more details)
- Consider the importance of different parts of the system working with primary care, as highlighted by the Fuller stock take report when orientating to a local population health approach. For example, PHM risk stratification is best applied within a primary care setting, and neighbourhood-level interventions typically require primary care involvement.
- While EPUT can work on a limited number of focused PHM initiatives (for example building on MAST and collaborative working in West Essex), it will be more effective to work on PHM with system partners such as MSE ICS to ensure joined up thinking for the population and opportunities for the most efficient use of system resources.

Data Warehouse

8

A **data warehouse** is a type of data management system that is designed to enable and support business intelligence (BI) activities, with a focus on analytics to make informed decisions. Data warehouses are intended to perform queries/analysis and often contain large amounts of data.

Current State

- Multiple source data systems including 7 EPRs with varying data storage and (manual) reporting processes
- Varying data storage within SQL databases, PSD (Patient Summary Database) and extracted data 'stored' within Excel files
- No cloud resources at present (i.e. no Azure tenant). External agency is develop the first lot of Power BI resources (starting with board reports)

Desired State

- Enable the right people to access the right data and insights, in near real time where needed
- Have a linked, reliable and structured dataset that provides the foundation for informed decision making and population health management, and that can be shared with external partners
- Application of data governance best practice to have clear owners, provenance and appropriate access controls
- Automation of data pipelines and analytical processes to minimise 'BAU report creation', freeing up analyst time to engage with organisation and focus on highest value add insight generation
- Conduct predictive analytics to enable looking forward and correlation/causation to identify actionable insights on focus areas

Challenges

- Current infrastructure has resulted in a significant amount of technical debt with a risk of knowledge being concentrated with a small number of individuals
- Data needed is collated from various sources resulting in 'multiple sources of the truth'
- Preparation of data requires a significant amount of manual intervention, taking up the majority of analyst time
- The current data architecture does not enable real time reporting, a linked dataset or a consistent data model to support insights and self service reporting

Next Steps/Roadmap

- Consolidate disparate data storage into a data lake within a cloud based environment
- Align technology choices (i.e. Microsoft) with MSE ICS to benefit from better information and knowledge sharing, and potential cost efficiencies with scale
- Automate data cleansing, data curation and implement semantic models to support optimal self serve BI functionality
- Staged and iterative approach with realistic outcomes at end of each stage, and quick wins to demonstrate value to wider stakeholders
- Prioritise organisational and strategic outcomes needed when considering which data sources to integrated first (For example, the board report that is currently being developed in Power BI).

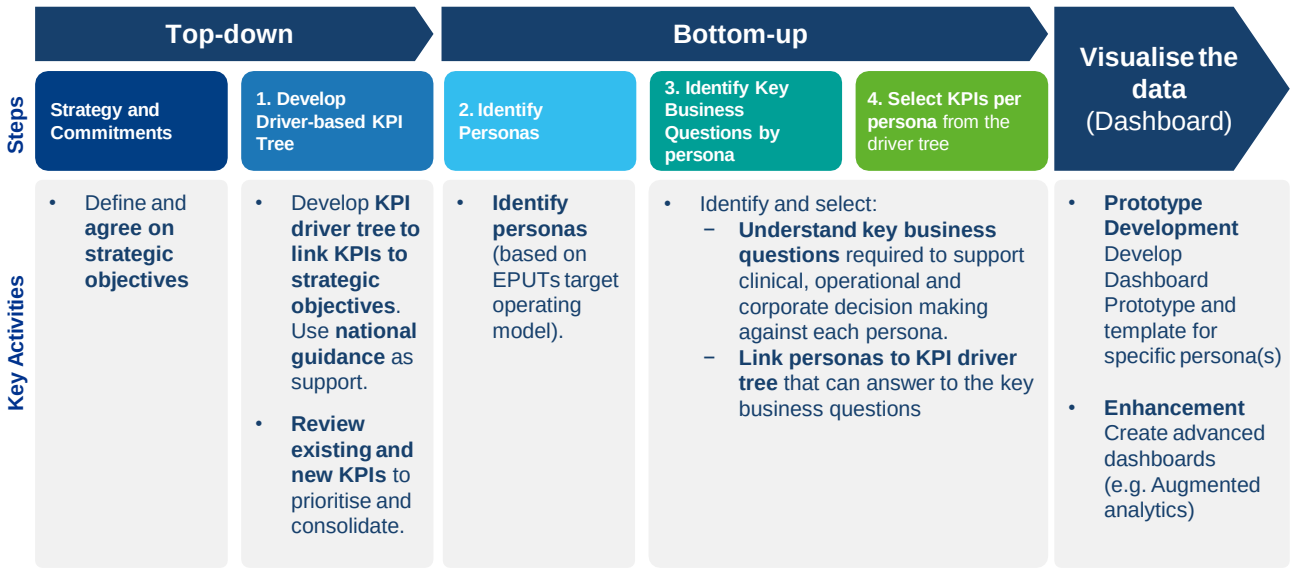
How to get there:

- Vision document to articulate the case for change, the future state and benefits, and indicative roadmap to achieve the transformation
- Business case to articulate the necessary detail including options appraisal and costing
- Indicative roadmap to achieve transformation

KPI Redevelopment Approach & Methodology

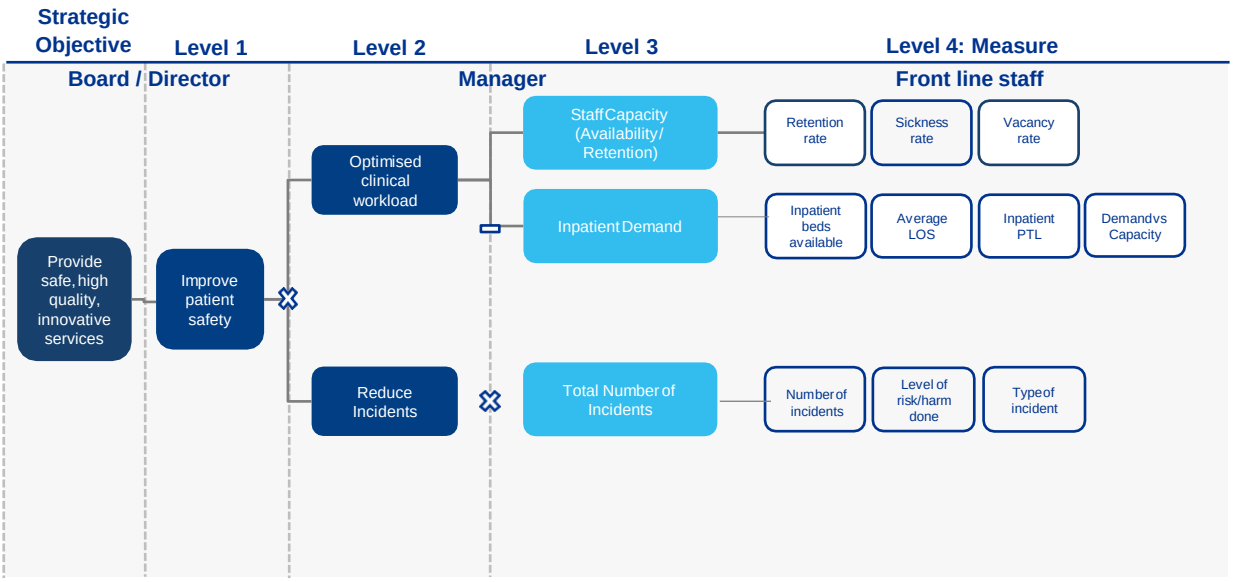
The methodology below will act as a guide for **developing meaningful KPIs that support clinical, operational and corporate decision making**. The top-down steps ensure alignment to the organisation strategies, and the bottom-up steps help drive the right behaviours, decisions, and accountability for each driver. The approach is based on industry and healthcare best practices.

KPI methodology overview:



1) Top Down: Develop Driver-based KPI Tree

First, the Driver-based KPI Tree creates a direct alignment to the organisations strategic objectives (top-down) and clarifies the outcome drivers of each KPI. Below provides an illustration example of a driver diagram:



KPI Redevelopment Approach & Methodology

National Guidance

Whilst developing and implementing the Data Strategy, consideration of National Guidance needs to be taken into account, to ensure adherence to national standards and standardisation of care across trusts.

The below provides example of external bodies that should be considered:

- The NHS England Oversight Framework - NHS England » NHS oversight framework 2022/23
- Care Quality Commission's key components:
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well-led

Review existing and new KPI's

Developing a shortlist of KPIs is essential to ensure you are concisely measuring your performance and your organisation focusses on critical issues. **We recommend regular reviews of KPIs.**

KPIs to deprioritise / retire:

- KPIs that do not bring value to the organisation i.e. not relevant to supporting strategic initiatives
- KPIs that do not provide significant benefit given the time and resource requirements to monitor
- Indirect KPIs that provide a small degree of impact on strategic objectives but are not essential

KPIs to prioritise:

- KPIs that have a direct impact on achieving our strategic goals and are essential for performance monitoring
- KPIs that are required to monitor key operational activities and/or for performance reporting

2) Bottom Up: Identify Personas

Second, personas represent **different individuals** that use reports in a similar way. This matrix includes detailed description of 3 suggested role based personas as well as some variances around function and speciality. This information would feed into additional variance of standard reports.

Director/Board	Manager	Front Line Staff
E.g. Corporate Lead	E.g. Business Process Lead	E.g. Clinician

Area / Functions	Clinical Specialty
Finance	Oncology
Estates	Pediatrics
Workforce	Orthopedics
People & Culture	Psychiatry
IT	Dermatology
Mental Health	Neonatal
Community	Cardiology
IG	Neurology

Below provides an example of different persona aspirations encapsulated in three views in each of the standard reports:

3) Bottom Up: Identify Key Business Questions by persona

Create Business Question per User Persona

For each user persona define business questions that are specific to the role and function as shown below. The examples provided are centred around Patient Safety.

Persona 1: Director / Board	Persona 2: Manager	Persona 3: Front Line Staff
Do I have enough capacity to provide safe care across the organisation?	Do staff have the required equipment and tools to treat patients?	Am I delivering the best quality care to my patient?
Are we reducing safety incidents?	What is the average time for patients waiting to be seen?	How am I performing against other consultants?
Do patient feel safe? Are patients providing feedback on the quality of our care?	Does the staff rota provide adequate staffing cover to support demand?	Are we reducing the number of self-harm incidents?
How does EPUT compare to other Mental Health Trusts performance?	What is my forecast demand for beds?	How long have patients been in my care? Are any patients exceeding 21 day bed times?

4) Bottom Up: Business Questions and Strategic Objectives

Persona	Business Questions	Strategic Objectives		
		Improve service user experience and outcomes through the delivery of high quality, safe, and innovative services	Be a high performing health and care organisation and in the top 25% of community and mental health trusts	Be a valued system leader focused on integrated solutions that are shaped by the communities we serve
Director / Board	Do I have enough capacity to provide safe care across the organisation?	X		
	Are we reducing safety incidents?		X	
	Do patient feel safe? Are patients providing feedback on the quality of our care?	X		
	How does EPUT compare to other Mental Health Trusts performance?		X	X
Manager	Do staff have the required equipment and tools to treat patients?	X		
	What is the average time for patients waiting to be seen?	X		
	Does the staff rota provide adequate staffing cover to support demand?	X		
	What is my forecasted demand for beds?	X		
Front Line Staff	Am I delivering the best quality care to my patient?		X	
	How am I performing against other consultants?			X
	Are we reducing the number of self-harm incidents?		X	
	How long have patients been in my care? Are any patients exceeding 21 day bed times?	X		

Using the user persona matrix, business questions and KPI driver tree you can effectively allocate KPIs. **This process will ensure KPIs are directly linked to strategic objectives and are aligned to individual business needs**. An example is show below:

Persona 1: Director of Patient Safety

Business Questions

Do I have enough capacity to provide safe care to my patients?

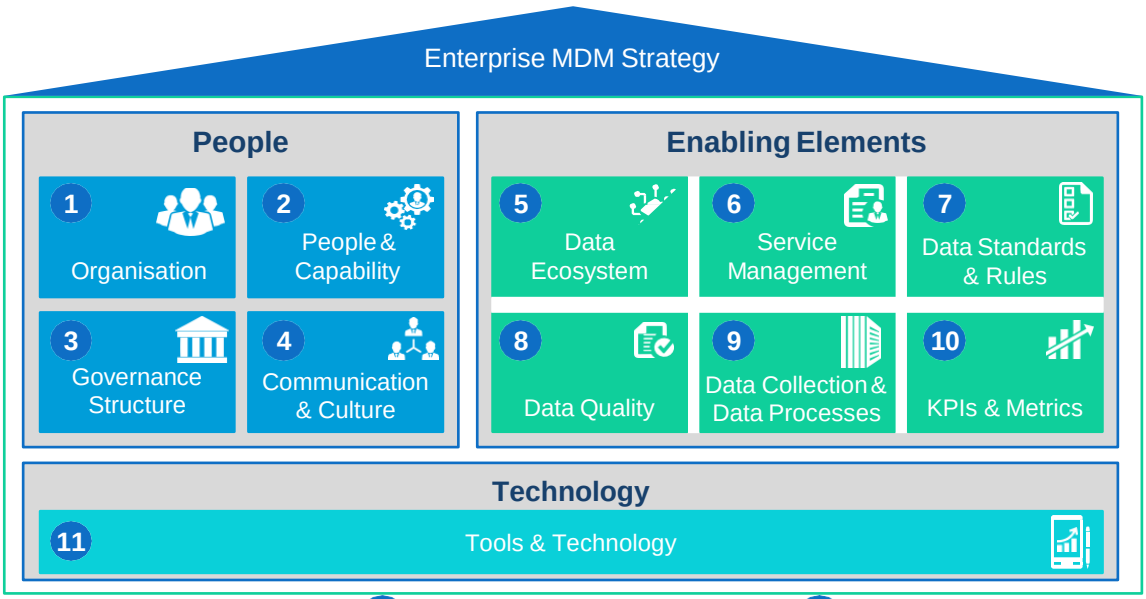
KPIs

- Retention rate
- Sickness rate
- Vacancy rate

Master Data Management Framework

9

Master Data Management (MDM) is a technology-enabled framework allowing EPUT to ensure technology, tools, processes and data assets are coordinated across the organisation in uniformity and consistency to promote stewardship, accuracy and accountability.



1 **Organisation**

Structure of the team for both data operation and data management including defined roles and authority to the governance organisation

2 **People & Capability**

Defines best practices to implement focus, clear accountability, efficiency and enhanced employee experience for the MDM organisation

3 **Governance Structure**

Provides the chain of command required to make strategic and tactical decisions, Including the escalation process and decision-making process

4 **Communication & Culture**

Support processes to help deliver and manage change in MOM activity across the organisation including stakeholder engagement and facilitating change in behaviours

5 **Data Ecosystem**

Defines the Master Data Management roles & responsibilities

6 **Service Management**

Defines the structure for service delivery, including the service catalogue and service SLAs & KPIs

7 **Data Standards & Rules**

Defines the common data definitions and standards including data quality standards that support processes using each data which use data entities

8 **Data Quality**

Defines the common data quality standards and activities to ensure clean and consistent master data for the business

9 **Data Collection & E2E Processes**

Defines standardised and simplified procedures for creating new data records and managing existing data across the organisation. A single global process from creation to archive

10 **KPIs & Metrics**

Defines metrics to support performance management and continuous improvement for both the MOM organisation and data quality

11 **Tools & Technology**

Defines the enabling tooling options and requirements that can support each step of the data lifecycle (Definition, Quality, Collation and E2E Process Integration)

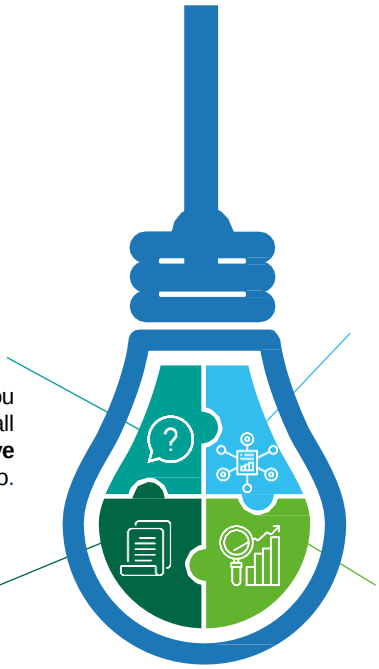
What is Data Governance

What Data Governance Is

Data Governance is all the things you do to enhance the overall management of data to help **achieve the data outcomes** you aspire to.

Principles & Practices

Data Governance is a set of principles and practices that help **control** the complete lifecycle of your data.



The Data Governance Framework

A Data Governance Framework sets out the **overarching structures, roles and ways of working** through which you will address the management, improvement and protection of data, including all regulatory requirements and risks associated with data.

What Data Governance Does

Data Governance develops, strengthens and enhances the overall data management activities within an organisation. It crosses various organisational levels, from strategic to operational, to ensure that ownership and accountability is in place and standardised processes and controls are available to achieve data value.

Data Standards, Definitions & Rules Overview 9

Data Definitions

The business definitions of data, including the attributes that are required to describe the object. They are a business artefact and technology agnostic. Data definitions will deliver the common languages for all data objects within scope of the MDM service. Data definitions are owned by the relevant Global Process Owner

Components:

- Business data definition
- Technical data definition
- Metadata framework – business
- Taxonomies
- Rules
- User Guide

Data Standards

Instructions about how to build data definitions, and how to implement them. Data standards will give clear instruction on how to maintain and use data definitions and are defined for each master data object. Defined standards ensure data is managed in line with relevant quality assurance standards and industry standards

Components:

- Design Principles
- Lifecycle management
- Naming conventions
- Attribute/ entity/domain rules
- Metadata framework
- Technical metadata
- Operational metadata

Data Rules

Describe how the data should exist in order to be useful and usable. The rules can be aligned with quality dimensions (accuracy, veracity and validity etc.). *Data rules will be defined in Collibra*

Components:

- Conformity to definitions
- Data completion validation
- Data consistency validation
- Data range validation
- Data accuracy validation
- Data uniqueness validation

Communicating Definitions, Standards & Rules

Roadmap and strategy for ensuring that the data definition, and standard artefacts are discoverable.

Components:

- Portal – presents data standards, DQ KPI and business rules, and meta data
- Links to data policies, and data standards
- Links to data to process mappings
- Links to taxonomies
- Maintenance/update and links to the user guides

Approach to developing data definitions

Summary

Business

1 **Business Definition**

- The business definition consists of a short statement that sets scope for the master data object
- Permits business sign off
- Provides guidance and boundaries for subsequent detailed definition work

MDM

2

- Concept definitions reflect the way that the business talk about the master data object
- For example, the business concepts that a vendor fulfils include payee, legal, intercompany
- Most business rules are articulated at this level

Technology

3

- The Logical Definition is the home for the description and rules about each attribute
- It also defines how entities relate, for example how a person can have many addresses, a work address, a home address
- It is the model that will be used by the developers to ensure the right data is kept in the right place
- It provides the home for defining taxonomies and drop-down lists

4

- The physical data model is what relates the business definition to the chosen implementation technology
- It is out of scope of the MDM programme, and belongs to the solution provider

Detail

Data Quality High Level Approach

The complete Data Quality Management program is an **ongoing process of understanding the data, solving its quality issues, enhancing it and monitoring the status of data and its quality**. This approach is followed so that the initial effort for data cleansing is not wasted and data quality continues to improve.

Ensuring Data Quality means ensuring that:

- Data Content for Data Objects is complete, accurate, precise, consistent, unique, and valid.
- Data Content presented to any businessprocess can be trusted as being fit for purpose
- Fit for purpose Data Content is easily accessible and available when needed

Define	Report	Assess	Embed	Cleanse	Monitor
Identify & prioritise data items that need to be monitored for quality and define the associated rules and metrics	Report data residing in the repositories in order to measure the rules and metrics defined	Uncover data anomalies by inspecting the true content, structure and relationships hidden within the data sources	DQ checking and validation at the point of creation and maintenance rather than as an post-hoc exercise	Reconcile, correct, consolidate and enhance the value of the data prior to loading	Provides the confidence and assurance that once you've fixed your data problems, they will stay within limits
Key Considerations					
• Understand content of data held in operational systems • Define metrics and business rules for Data Quality • Define what needs to be measured • What can be fixed and what can be accepted as wrong/unknown	• Require both a reactive (address issues) and proactive (prevention) DQ Management program • Four types of DQ reports: (1) Technical reports, (2) Technical Status of DQ, (3)DQ Tooling effectiveness & (4)Business data reliability reports	• Identification of outliers and duplications • Discover and validate data patterns and formats • Validate data specific business rules within a single record or across sources • Identify redundant data	• Integration into operational systems • Sustaining the integration on an ongoing basis • Culture of continuous improvement will drive the right first time data at source	• Correct errors, standardise information across sources and validate information that is inconsistent • Cleansing procedures typically include (1) Accuracy, (2)Consistency and (3) Validity (Inc. Data parsing, format correction and content-based cleansing)	• Method for managing DQ over time based on pre-set metrics • Define measures to maintain consistent, accurate and reliable data • Identify trends in DQ • Systems for alerts of violations in established DQ and business rules • Continuous improvement programme to fix violations issues at source

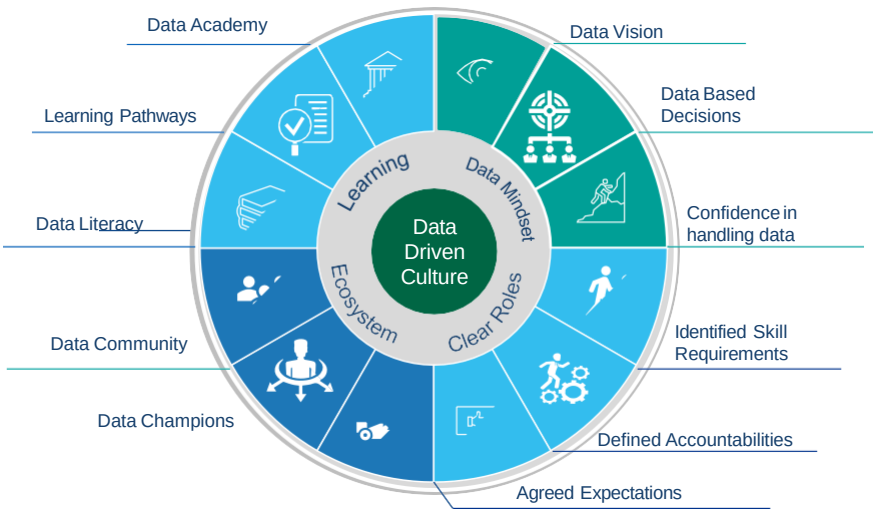
Key steps to improving data culture and adoption

1 **Make it clear**	• Articulate a clear statement of the strategic aims, ambition and scale of change and align with leadership. • It is often useful to have a specific senior sponsor of the initiative e.g. the head of BI or Head of AI and Machine Learning
2 **Make it known**	• Communicate the change vision and case for change and begin to create owners and promoters of the solutions. We have found that the combination of an engaging Vision document and a specific "roadshow" activity to be an effective way to "make it known" • A careful stakeholder mapping exercise is recommended to support the communication and engagement process
3 **Make it real**	• Translate the change vision into reality for people in the organisation and define what it means for them as well as the organization as a whole. A useful tool for this is the development of change profiles for specific corporate personas.
4 **Make it happen**	• Demonstrate value early by picking and delivering the right use cases in the right order. • In parallel, the organisation's "data foundation" must be brought up to a sufficient level of quality to drive trust in data. Upskilling/re-skilling of staff is critical, as is embedding a DevOps/DataOps-based culture to maintain the pace of delivery.
5 **Make it stick**	• Ensure there is capability and governance and an attitude of continuous improvement in the organisation to sustain the change. • Take specific steps to promote "data literacy" (e.g. drop in surgeries and webinars) and embed data communities within the organisation.

Driving Culture and Adoption

Data Culture and adoption

For you to become fully “Data Driven” and drive adoption the right level of data culture must be in place alongside leading practice capabilities



The four key drivers which will establish a data driven culture:

- **A learning framework** which builds and maintains overall data literacy and capability in the organisation.
- **Injection of a data mindset** which promotes data and **evidence based decision making.**
- **A data Ecosystem and clear roles** which identify **data related skills, responsibilities and accountabilities of each individual.**

Appendix 4 – Acronyms

Acronyms 13

Acronym	Acronym Description
AI	Artificial Intelligence
Azure AD	Azure Active Directory
BAU	Business As Usual
BI	Business Intelligence
CCG	Clinical Commissioning Group
CoE	Centre of Excellence
DG	Data Governance
DQ	Data Quality
EPR	Electronic Patient Record
E2E	End-to-End
ETL	Extract, Transform & Load
FBC	Full Business Case
IT&S	Information Technology & Services
IG	Information Governance
KPI	Key Performance Indicator
L&D	Learning & Development
LTP	Long Term Plan
MaST	Management and Supervision Tool
MDM	Master Data Management
ML	Machine Learning
OBC	Outline Business Case
PHM	Population Health Management
PoC	Proof of Concept
PSD	Patient Summary Database
RACI	Responsible, Accountable, Consulted and Informed
RBAC	Role Based Access
RPA	Robotic Process Automation
SDE	Secure Data Environment
SLA	Service Level Agreement
SOP	Standard Operating Procedure
TOM	Target Operating Model
TRE	Trusted Research Environment
VCSE	Voluntary Community and Social Enterprise

STRATEGIC IMPACT REPORT

Information Item | ZT | 10 minutes

REFERENCES

Only PDFs are attached

Strategic Impact Report 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Strategic Impact Report**					
Executive/ Non-Executive Lead:	Zephan Trent, Executive Director of Transformation, Strategy & Digital					
Report Author(s):	Anna Bokobza, Director of Strategy Richard James, Director of Finance Lauren Gable, Director of Finance & Commercial					
Report discussed previously at:	June 2023 Board Seminar, Executive Committee, Finance & Performance Committee					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/ Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	✓
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	✓
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	~~Yes/~~ No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	~~Yes/~~ No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
This report provides the Board of Directors with the Strategic Impact report September 2023	**Approval**	
	Discussion	✓
	Information	✓

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

Summary of Key Issues

In January 2023, the Board approved the new EPUT Strategic Plan 2023/4-2027/8. EPUT's new approach to progressively monitoring and assessing delivery of its Strategic Plan was agreed by the Board at its development session in June.

The report presents an update on progress with delivery of the Trust's four strategic objectives. At M4, EPUT is making steady progress against each of its strategic objectives within each care unit, though recruitment and staffing remain a risk across all services:

- **We will deliver safe, high-quality integrated care:** Across all care units, place-based integration is progressing through a range of delivery models. Safe, high quality and integrated care will progressively be underpinned by a modern and unified Electronic Patient Record, for which the business case has been approved and the programme is on track for procurement. Patient reported experience for M1-4 shows a significant improvement on the prior year.
- **We will enable each other to be the best we can be:** Although day-to-day staffing remains challenging, major transformation programmes like Time to Care have progressed since the beginning of the financial year with strong multi-professional leadership and buy-in. Under new executive leadership, work is progressing to refresh our *People, Workforce & Culture* and Education strategies which are on track for completion and approval in early 2024.
- **We will work together with our partners to make our services better:** relationships across our four Integrated Care Systems continue to mature and there is evidence across the Trust of increasingly integrated and joined up planning and delivery. ICB restructure plans poses a risk to this trajectory, but the strength of EPUT's provider collaborative arrangements will mitigate this in part. Plans for the implementation of the Southend, Essex and Thurrock All Age Mental Health Strategy will kick off in September and work is progressing to refresh our *Working Together with Patients and Communities* strategy, which is which are on track for completion and approval in November 2023. The Mid & South Essex Community Collaborative continues to evolve as we work together with North East London NHS Foundation Trust (NELFT) and Provide Community Interest Company (Provide CIC) to review how community health services can best meet the needs of our local communities. Similarly, EPUT plays an important role in the East of England Specialist Mental Health Collaborative as we constantly look to optimise provision of secure mental health services, specialist mental health services to children and young people and those living with learning disabilities, autism or disordered eating.
- **Will help our communities thrive:** whilst quantitative data relating to the outcomes of this objectives are still in development, EPUT has invested four months in the development of its Social Impact strategy that is designed to co-ordinated and amplify the work going on across the Trust that is helping local communities thrive. The strategy is presented to Trust Board for approval in September 2023 and a small number of high priority initiatives are in development.

The report provides an update on the positive progress we have made since June to ensure we are successfully delivering our transformation portfolio and that we are delivering meaningful and sustainable change. In the last three months, we have:

- Agreed our transformation portfolio and dashboard providing clear executive accountability and director level Senior Responsible Officers (SROs) at individual project/programme level;
- As planned, there has been a month-on-month reduction in the number of active projects with a target to reach 50 by financial year end;

- Business Partners engage earlier with Single Front Door (SFD) change submitters, allowing us to further simplify the change request/idea process and make it more accessible to all staff within the Trust;
- Increased scrutiny of SFD submissions through tighter triage and introduced a clear Project Initiation Document (PID) process;
- Progress against financial efficiencies projects is now a standing agenda item at transformation steering group;
- Continued review of transformation team resource commitments and forecast to ensure the team are deployed on the highest priority projects/programmes.

Finally, the report presents a proposed approach to Operational Planning for 2024/25, building on the processes of co-production and triangulation between corporate teams and care units embedded in the last two years.

A strategic impact report will be prepared and presented to the Board three times per year and will be structured based on the Risk and Viability reporting guidance from the Financial Reporting Council. This will be the first in a three times yearly reporting cycle and will continue to iterate and evolve based on new data workflows as well as constructive feedback from the Board. This first report in the series has been developed based on available performance data available from Business Intelligence (reported by exception) and supplemented by thematic analysis of Accountability Framework papers and informal discussions with Care Unit leadership teams. Plans are in place to build out reportable performance data flows with the aim of delivering a more data-informed report against key indicators to the Board in January 2024.

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	✓

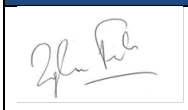
Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

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**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Strategic Impact Report (Month 4)

Lead



Zephan Trent
Executive Director of Strategy, Transformation & Digital

NHS
Essex Partnership University
NHS Foundation Trust

Strategic Impact Report

M4 2023/24

EPUT

CONTENTS.

01 Introduction

02 Delivery against strategic objectives

03 Transformation delivery framework update

04 Operational planning process

05 Development of corporate strategies

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Introduction

EPUT

In January 2023, the Board approved the new EPUT Strategic Plan 2023/4-2027/8. EPUT's new approach to progressively monitoring and assessing delivery of its Strategic Plan was agreed by the Board at its development session in June

- In the Strategic Plan we committed to a series of outcomes, sub-outcomes and measures for each of our four Strategic Objectives
- The majority of the agreed measures already feature in standard reports, whereas some require new data flows
- Due to the varying stages of development of our strategic commitments, some measures represent outcomes whereas some, appropriately, represent inputs. As interventions and projects mature, so will associated reporting practice
- As a principle, metrics routinely reported via committee will only come to Board by exception to avoid duplication
- A **strategic impact report** will be prepared and presented to the Board three times per year and will be structured based on the Risk and Viability reporting guidance from the Financial Reporting Council. This will include updates on the Trust's major Transformation programmes.

Figure 1.1 The business model as narrative. Source: Financial Reporting Lab (October 2018) *Business Model Reporting; Risk and viability reporting*. Reproduced with permission.

1. **September** report: Strategic impact metrics (M4 YTD) + proposed plan for 2024/25 Operational Plan development
2. **January** report: Strategic impact metrics (M9 YTD) + update on progress with 2024/25 Operational Planning
3. **May** Report: Strategic impact metrics (end of Y1) + reflections on 2024/25 Operational Planning process

REPORTING DEVELOPMENT PROCESS

This report has been developed through a combination of:

- Analysis of available performance data by the Business Information team aligned with the measures agreed for each of the Trust's four strategic objectives
- Thematic review and distillation of Accountability Framework papers for M1-4 2023/24
- Supplementing Accountability Framework discussions, informal quarterly meetings with care unit leadership teams to review progress against operational plans for 2023/24 and five-year care unit strategies as well as risks to delivery. This report focuses on three out of six care units (Mid and South Essex, West Essex and Psychological Services). The next report in January 2024 will focus on the other three care units.

This will be the first in a three times yearly reporting cycle and will continue to iterate and evolve based on new data workflows as well as constructive feedback from the Board.

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Delivery against strategic objectives

M4 2023/24

EPUT

At M4, EPUT is making steady progress against each of its strategic objectives within each care unit, though recruitment and staffing remain a risk across all services

- **We will deliver safe, high-quality integrated care:** Across all care units, place-based integration is progressing through a range of delivery models. Safe, high quality and integrated care will progressively be underpinned by a modern and unified Electronic Patient Record, for which the business case has been approved and the programme is on track for procurement. Patient reported experience for M1-4 shows a significant improvement on the prior year.
- **We will enable each other to be the best we can be:** Although day-to-day staffing remains challenging, major transformation programmes like Time to Care have progressed since the beginning of the financial year with strong multi-professional leadership and buy-in. Under new executive leadership, work is progressing to refresh our *People, Workforce & Culture* and Education strategies which are on track for completion and approval in early 2024.
- **We will work together with our partners to make our services better:** relationships across our four Integrated Care Systems continue to mature and there is evidence across the Trust of increasingly integrated and joined up planning and delivery. ICB restructure plans poses a risk to this trajectory, but the strength of EPUT's provider collaborative arrangements will mitigate this in part. Plans for the implementation of the Southend, Essex and Thurrock All Age Mental Health Strategy will kick off in September and work is progressing to refresh our *Working Together with Patients and Communities* strategy, which is which are on track for completion and approval in November 2023. The Mid & South Essex Community Collaborative continues to evolve as we work together with North East London NHS Foundation Trust (NELFT) and Provide Community Interest Company (Provide CIC) to review how community health services can best meet the needs of our local communities. Similarly, EPUT plays an important role in the East of England Specialist Mental Health Collaborative as we constantly look to optimise provision of secure mental health services, specialist mental health services to children and young people and those living with learning disabilities, autism or disordered eating.
- **Will help our communities thrive:** whilst quantitative data relating to the outcomes of this objectives are still in development, EPUT has invested four months in the development of its Social Impact strategy that is designed to co-ordinated and amplify the work going on across the Trust that is helping local communities thrive. The strategy is presented to Trust Board for approval in September 2023 and a small number of high priority initiatives are in development.

STRATEGIC OBJECTIVE 1:

WE WILL DELIVER SAFE, HIGH-QUALITY INTEGRATED CARE

Trust level highlights M1-4 by exception

- Patient reported experience measures give the best indication of the quality of care EPUT provides. In M1-4 2023/4, 91.3% reported a positive experience and 3% negative, representing a significant improvement from 79.8% positive and 14.3% negative experience in the same period in the 2022/23
- The proportion of incidents reported in Mental Health services with low/no harm has increased from 86.3% in M1 to 94.9% in M4. The reverse trend is seen in Community Health Services where staffing pressures are impacting on time to sign off incidents which is forecast to improve in the coming months
- The number of patients admitted for inpatient mental health treatment from the community caseload rose to a peak of 157 in M3 and then fell to 128 in M4. There is evidence of a rising trend in the percentage of patients admitted who had contact with community teams prior to admission (57% in M2 to 70% in M4), showing increasing integration through the mental health pathway
- Patients undergoing Talking Therapies and moving to Recovery has exceeded the 50% national target every month this year in all localities
- Further work is required to finesse reporting of Goal Attainment Scores (GAS) as the Care Programme Approach (CPA) is replaced, reporting on purpose of admissions and to increase understanding of clinical outcome measures beyond Talking Therapies

STRATEGIC OBJECTIVE 1:

WE WILL DELIVER SAFE, HIGH-QUALITY INTEGRATED CARE

Care unit highlights M1-4

Care Unit	Successes at M4	Risks to delivery of strategy
Mid & South Essex (Thurrock locality)	• Integrated locality working progressed through local engagement • Follow ups to initial physical health checks for those with MH issues	• Estates – Grays Hall
Mid & South Essex (SEE locality)	• Progress with integrated working towards Population Health and complex case management • Lighthouse: eliminated 78 week waits and introduced waiting well psych-education pathway	• Lighthouse 65 week waits increasing due to local demand – NHSE supporting with demand & capacity modelling
Mid & South Essex (Mid Essex locality)	• Since the introduction of the Mental Health Primary Care Network team waiting time to assessment has reduced from 28 to five days	
Psychological services	• Limbic, Talking Therapies care support and waiting list management tool in clinical development phase with commercialisation potential	• Stabilisation of patients at home post discharge before Community Mental Health teams can take on
West Essex	• Fall Car Co-ordination Centre implementation with new processes and staff on track to go live including access to EEast stack and falls car introduced • Integrated Neighbourhood Teams population health management approach now live in two out six PCNs • New provision of uro-gynae pathway for improved community access	• Streamlining of auto scheduling of community visits with IT support • Corporate capacity to support pace of operational change • General quality and availability of fit for purpose estate

STRATEGIC OBJECTIVE 2:

WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Trust level highlights M1-4 by exception

- The in-year trend in Workforce Race Equality Standard indicators shows a broadly improving picture with improvements both within the Trust as well as nationally. Despite progress, there are still significant improvements to be made in the following areas:
    - Relative likelihood of staff from black and minority ethnic backgrounds (BAME) entering the formal disciplinary process compared to white staff
    - Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives, the public or other staff in last 12 months
- EPUT is now able to track internal promotions proportionally between BAME and non-BAME staff which has been stably at 30-33% since M1. Similarly, the percentage of BAME staff in roles B7 or above is now reported monthly and has been stable at 27.5% since M1
- Formal reports of poor staff experience remain low
- From M5, EPUT will be able to report quantitatively on its progress partnering with people and communities. Monthly numbers will be available to show total numbers of Lived Experience Ambassadors working across the Trust, the hours they invest and in which activities..

STRATEGIC OBJECTIVE 2:

WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

Care unit highlights M1-4

Care Unit	Successes at M4	Risks to delivery of strategy
Mid & South Essex (Thurrock locality)	• Open dialogue (new therapeutic approach) training ready to go live in autumn with higher education funding	• Speed of recruitment • Continuation of high demand as a result of reducing barriers to access, leading to more complex mental health case mix in community
Mid & South Essex (SEE locality)	• Freedom to Speak Up activity increasing • Ran successful senior leadership workshop on team culture	• Need for locally specific recruitment and retention plans
Mid & South Essex (Mid Essex locality)		• Behind plan for delivery of supervision and appraisal in some areas, being addressed with individual team managers and supervisors
Psychological services	• Internal secondment for two years agreed to develop family therapy across EPUT	• Speed of recruitment delaying some initiatives • Here for You - national funding dropped from end February, though opportunity to explore hub provision model to ICBs
West Essex	• Continuation of improving trajectory in turnover rate • Development of new roles and training for all bands to support recruitment and retention	• Time consuming recruitment systems and processes • Inequality in pay across West Essex system (fringe allowance)

STRATEGIC OBJECTIVE 3:

WE WILL WORK TOGETHER WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Trust level highlights M1-4 by exception

- EPUT is involved in the delivery of a complex range of shared and partnership contracts. Delivery of shared performance targets remains variable by service and geography but care units have plans in place to address any areas of underperformance
- Plans are developing to agree a standardised approach the management of key strategic stakeholder relationships, following on from the stakeholder surveys commissioned in 2021 and 2022
- From M5, EPUT will be able to report on the number of joint appointments established with local partners as a measure of collaboration
- Integrated mental health provision in Primary Care Network teams fully implemented and staffed in Thurrock, progressing well in Basildon, Brentwood and South East Essex despite recruitment challenges. Ongoing work to engage some GPs in Mid-Essex
- Mid & South Essex Complex Mental Health transformation programme impacted by NHSE funding and need to re-cost workforce plan.

STRATEGIC OBJECTIVE 3:

WE WILL WORK TOGETHER WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Care unit highlights M1-4

Care Unit	Successes at M4	Risks to delivery of strategy
Mid & South Essex (Thurrock locality)	• S117 pathway process review started with Council	• Digital interoperability with primary care
Mid & South Essex (SEE locality)	• Rough sleepers team won EPUT award • Community teams progressively outreaching via third sector partners	• Implementation of Transfer of Care hubs delayed by Alliance agreement on delivery model
Mid & South Essex (Mid Essex locality)	• Appointed three neighbourhood programme managers via Essex County Council/Provide/Alliance to deliver neighbourhood integration including mental health	
Psychological services	• Adult Community service offering flexible working and salary support to increase diversity in psychology assistant roles	
West Essex	• Continuation of improving trajectory in turnover rate • Development of new roles and training for all bands to support recruitment and retention	• Time consuming recruitment systems and processes • Inequality in pay across West Essex system (fringe allowance)

STRATEGIC OBJECTIVE 4:

WE WILL HELP OUR COMMUNITIES TO THRIVE

Trust level highlights M1-4 by exception

- EPUT's outreach services are currently caring for approximately 2,500 vulnerable or marginalised people across the region
- Across the care units, there are early signs of cultural change and significant effort is being invested this year in local recruitment initiatives with a focus on addressing the barriers to workforce entry in partnership with local councils and other organisations, in line with EPUT's Social Impact aspirations
- From M5, EPUT should be able to report on the number of staff employed from local communities and the reported experience of local staff in different demographic groups
- Uptake of suicide prevention and self-harm training is increasing. Since M1, 16 sessions have been held with 102 delegated in total and 65% of delegate places filled. This is an increase from 51 staff trained through eight courses in M4-9 2021/22.

STRATEGIC OBJECTIVE 4:

WE WILL HELP OUR COMMUNITIES TO THRIVE

Care Unit highlights M1-4

Care Unit	Successes at M4	Risks to delivery of strategy
Mid & South Essex (SEE locality)	• Better Start Southend delivering targeted interventions to vulnerable groups • Levelled up provision of paediatric services through Community Collaborative • New Tuberculosis outreach offering into asylum facility in mid Essex	
Mid & South Essex (Basildon & Brentwood locality)	• Two paid 'career ready' placements started for 17-18 year olds from deprived areas • Micro recruitment flier campaign planned	
Mid & South Essex (Mid Essex locality)		• Challenge of meeting population need with estate in Maldon & Dengie area to
Mid & South Essex (Thurrock locality)	• Mental and physical health teams investing time in visiting under-served communities in need e.g. Tilbury Dock Workers event, St Vincent's soup kitchen	
Psychological services	• Interest in Clinical Associates In Psychology apprenticeship scheme growing from London region • Oliver McGowan workshops on track to go live in Q3	
West Essex	• Supporting delivery of Harlow and Epping Forest community hubs • Harlow Levelling Up programme demographic profiling and identification of need to support health equity	• Operational capacity and competing priorities

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TRANSFORMATION DELIVERY FRAMEWORK

SEPTEMBER 2023

EPUT

INTRODUCTION

EPUT has an ambitious transformation agenda to improve services, change our culture and learn lessons from the past. Supporting this is an extensive portfolio consisting of transformational programmes, incremental and quality improvement projects.

To support delivery of the above, over the last 18 months we have:

- Implemented a "single front door" (SFD) for all requests for change
- Introduced a transformation steering group to oversee our transformation portfolio
- Re-organised the service development and transformation teams into a single team which supports the Trusts operating model
- Appointed transformation business partners for each care unit and corporate services teams
- Implemented a prioritisation framework for all projects and programmes to ensure we are focusing on the things that will provide the greatest benefit to our patients, service users and colleagues

In March this year we agreed that we needed a clear framework for linking this extensive change portfolio to our strategic objectives, vision and purpose.

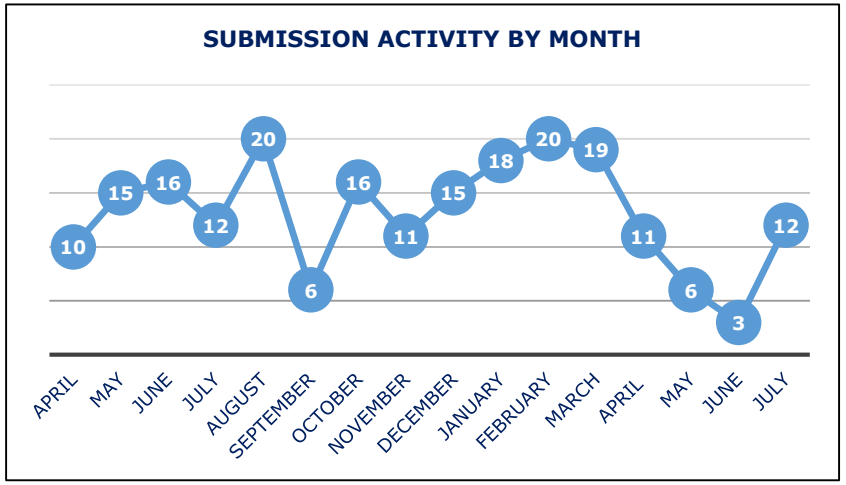
This report provides an update on the positive progress we have made since June to ensure we are successfully delivering our transformation portfolio and that we are delivering meaningful and sustainable change.

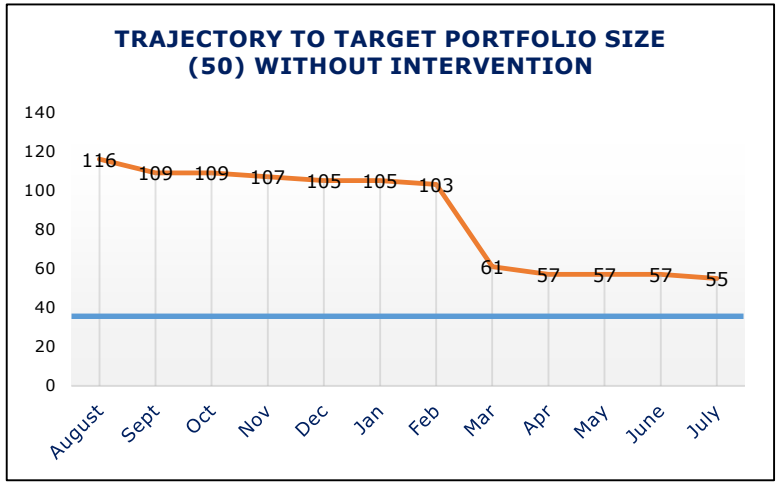
PROGRESS SINCE JUNE 2023

- Agreed our transformation portfolio and dashboard providing clear executive accountability and director level Senior Responsible Officers (SROs) at individual project/programme level
- As planned, there has been a month-on-month reduction in the number of active projects with a target to reach 50 by financial year end
- 20 project/programmes have closed in the last 3 months
- Business Partners engage earlier with SFD change submitters, allowing us to further simplify the change request/idea process and make it more accessible to all staff within the Trust
- Increased scrutiny of SFD submissions through tighter triage and introduced a clear Project Initiation Document (PID) process
- Progress against financial efficiencies projects is now a standing agenda item at transformation steering group
- Continued review of transformation team resource commitments and forecast to ensure the team are deployed on the highest priority projects/programmes

PORTFOLIO STATUS

	March 2023	June 2023	August 2023
Active Projects *(initiate, plan, execute, digital for scoping, closing phase)*	**136**	**141**	**116**
Committed Projects	*(not reported)*	**85**	**75**
Non committed projects	*(not reported)*	**56**	**41**
Projects supported or led by Transformation Team *(Inc. BAU support)*	**70**	**69**	**59**
Planned projects due to close in the next 3 months	**32** *(Mar, Apr, May)*	**30** *(Jun, Jul, Aug)*	**9** *(Sep, Oct, Nov)*
Actual projects closed in past three months	**9** *(Dec, Jan, Feb)*	**32** *(Mar, Apr, May)*	**20** *(Jun, Jul, Aug)*





TRANSFORMATION DASHBOARD – AUGUST 2023

Time To Care	Workforce & Culture	Safety, Learning & Q.I.	Clinical Model	People & Community	Digital & Data	Estates and Commercial
Executive Sponsor Alex Green	**Executive Sponsor** Susan Young	**Executive Sponsor** Francis Bolger	**Executive Sponsor** Milind Karale	**Executive Sponsor** Nigel Leonard	**Executive Sponsor** Zephan Trent	**Executive Sponsor** Trevor Smith
Overview Staffing model; process improvement	**Overview** Changing culture; staff development & leadership	**Overview** Safety; learning; independent inquiry; QI	**Overview** Clinical strategy; clinical pathways	**Overview** Community engagement; lived exp. & participation	**Overview** Modernisation of digital and data systems and processes	**Overview** Modernisation and optimisation of estates
Projects 4 Live Projects in Execute Of which • 2 Green • 2 Amber • 0 Red • 7 Pipeline projects	**Projects** 2 Live projects in Execute Of which • 2 Green • 0 Amber • 0 Red • 2 Pipeline projects	**Projects** 17 Live projects in Execute Of which • 13 Green • 2 Amber • 2 Red • 9 Pipeline projects	**Projects** 19 Live projects in Execute Of which • 15 Green • 3 Amber • 1 Red • 9 Pipeline projects	**Projects** 3 Live projects in Execute Of which • 1 Green • 2 Amber • 0 Red • 1 Pipeline project	**Projects** 9 Live projects in Execute Of which • 7 Green • 0 Amber • 1 Red • 23 Pipeline projects • 17 in Scoping	**Projects** 2 Live projects in Execute Of which • 1 Green • 0 Amber • 0 Red • 23 Pipeline projects
Transformation team Resource Committed • 2.9 WTE	**Transformation team Resource Committed** • 1.3 WTE	**Transformation team Resource Committed** • 2.7 WTE	**Transformation team Resource Committed** • 4.2 WTE	**Transformation team Resource Committed** • 1.8 WTE	**Transformation team Resource Committed** • 1.7 WTE	**Transformation team Resource Committed** • 0.4 WTE
Major programmes/ projects • Time to Care • International Recruitment	**Major programmes/ projects** • AHP Review	**Major programmes/ projects** • Statutory Inquiry • Safety Dashboard • CQUIN • Embedding Gold Standard SOPs • Ligature Risk Reduction - Training	**Major programmes/ projects** • Community MH Transformation • Outcomes Measures • Approved/ Responsible Clinician • Complex Care Programme • Specialist Perinatal Mental Health Transformation • Eating Disorders Transformation	**Major programmes/ projects** • Care Coordination Centre	**Major programmes/ projects** • EPR • ESLMS • ePMA	**Major programmes/ projects** • CAFM • Hadleigh Unit Refurb • Woodlea Clinic Refurb • Brockfield House Safety Improvement Works

MAJOR PROGRAMMES/ PROJECTS: TIME TO CARE, WORKFORCE AND CULTURE, SAFETY LEARNING & QI

PROJECT/PROGRAMME NAME	STATUS UPDATE
Time To Care	**To release significant & quantifiable time to care on inpatient mental health wards through changes focused on four key areas (1) Staffing Model Redesign; (2) Process Improvement; (3) Data / Technology Improvement; and (4) Engagement, Inclusivity and Wellbeing.** (re 1) We received EPUT board approval in principle in June 2023 on the Staffing Model Business Case, which is now being socialised with commissioning colleagues for their input. (re 2) We are digitising the ward handover process and have developed the Ward Manager Development Programme (WMDP), which has been delivered to a pilot cohort of ward managers across inpatient services. Feedback on the pilot has been positive and full rollout will take place across EPUT from the 15th September 2023.
International Recruitment	**To increase the numbers of international recruits to address the staffing shortfalls, which currently place ward staff under continuing stress and create undue reliance upon temporary staff.** Since Oct 2021, we have recruited 228 nurses and Allied Healthcare Professionals (AHP) with a further 31 due to arrive by the end of November 2023. Of those that have arrived 97.3% of Nurses remain employed by the Trust, 100% of AHPs remain employed by the Trust and 100% of Nurses have passed their OSCE examination. To support retention, a number of initiatives are being proposed: RMN Conversion course (opportunity for dual registration to support a career in MH), Band 5 to 6 programme (career development opportunity), Post Objective Structured Clinical Examination training programme (enhance clinical skills) Inclusion in the RISE programme, Cultural Competencies (Learning from NHSE sponsored course to be delivered to all staff once managers and train-the trainer sessions have been completed), Continued adult registered nurse skills training (Phlebotomy and ECG) and a global reciprocal programmes to develop skills, learnings that will support retention but also teachings of NHS MH overseas.
AHP (Allied Healthcare Professional) review	**To embed a clear AHP operational and leadership structure to align with each care group to more effectively deliver change at pace, with improved alignment between operational and strategic agendas.** By increasing AHP visibility and empowerment, in addition to increasing effectiveness and impact this change will lead to more AHPs wanting to join EPUT inpatient services and ensure improved staff satisfaction in their role. We have proposed a new AHP leadership structure and will be meeting with the Deputy Directors of each care unit to gain approval and explore funding options.
Statutory Inquiry	**To support the Essex mental health independent inquiry to investigate matters surrounding the deaths of mental health inpatients across NHS trusts in Essex between 2000 and 2020** Following the announcement in June that the Essex Mental Health Independent Inquiry would be granted statutory status under the Inquiries Act 2005, Dr Strathdee stepped down as Chair. On the 4th September 2023 Baroness Kate Lampard CBE was announced as the new chair of the inquiry and in an open letter advised that she would start in in this capacity on the 9th October 2023. The Trust's dedicated project team are continuing to review information in line with the Independent Inquiry's current terms of reference to ensure we are as prepared as possible for requests for information. The Trust remains committed to supporting the Inquiry now and in the future so that families, carers and service users receive the answers they rightly deserve.
Safety Dashboard	**To visualise data from different sources in a digital dashboard view to enable timelier, data driven decision making to further improve patient and staff safety** We continue to develop enhancements to the safety dashboard for the initial cohort before full EPUT roll out Autumn 2023
CQUINS(Commissioning for Quality and Innovation)	**To achieve the annual performance aims set out in 9 national Commissioning for Quality and Innovation (CQUIN) improvement goals as part of our culture of continuous improvement to support better patient and staff outcomes.** The 9 CQUIN goals are focused on patient outcome measures, reduction of restrictive practices, flu vaccination campaign and improvement of community services. We are on track to meet our performance targets for 7 of the 9 CQUIN goals. The two CQUINs that we continue to work on relate to staff vaccinations and pressure ulcer risks. We will continue to support and encourage staff to have the annual flu vaccination, however this is voluntary and so will impact achieving the CQUIN goal. We have started to assess the digital impact for the change in national guidance for pressure ulcer risk monitoring and aim to implement those changes in line with the CQUIN timeframe.
Embedding Gold Standard SOPs (Standard Operating Procedures)	**To develop 'Gold Standard' digitised Standard Operating Procedures (SOPs) to support staff to deliver the Mental Health and Community Services in a way that is safe, effective and consistent.** In partnership with Carradale Futures, we have started to record and optimise an initial set of SOPs to provide step by step guides that support team members to complete tasks. 10 priority areas have been identified for SOP development; (1) Local induction, (2) Transfers, (3) Risk assessment, (4) Admissions, (5) Post-discharge follow-up, (6) Record keeping, (7) Disengagement, (8) Identification and Management of Deterioration (Includes Medical Devices SoP), (9) Management of Falls (10) RAG rating for care coordinators (Includes MasT SoP).
Ligature Risk Reduction - Training	**To develop a bespoke in-house Ligature Risk Awareness and Management Training course for all clinical and non-clinical EPUT staff that allows for practical mandatory training drills, therapeutic engagement, identifying and managing environmental risks and after incident care for staff.** We have developed the Ligature Risk Awareness and Management Training course, which has been piloted for 3 months. A report will be presented to the Executive Team to outline the findings from the pilot and propose next steps with funding options for full rollout across EPUT.

MAJOR PROGRAMMES/ PROJECTS - CLINICAL MODEL, PEOPLE AND COMMUNITY

PROJECT/PROGRAMME NAME	STATUS UPDATE
Integrated Mental Health Primary Care Transformation Programme	**Delivering Integrated MH PCN Teams across Essex is part of the national drive to provide a GP wrap around provision of physical, mental health, social care and VCSE**. Across Essex all PCNs now have a MH practitioner (Nurse, Social worker, OT), a new tier of psychological services bridging the gap between NHS primary care talking therapies and Secondary care psychology and psychotherapy. Essex Social care agencies are carrying out a major review of strategy with a view to providing more social care access with PCNs including ensuring that access to Care Act assessments, care support and treatment is provided to support intervention and prevention. Most of the PCNs already have MH pharmacy embedded and consultant psychiatrist sessions providing advice and support. Subject to funding and recruitment, all PCNs will have access to psychiatry sessions within PCNs. All Integrated MH PCN Teams delivery is expected to move into BAU on 31/03/2024.
Outcomes Measures Programme	**Implementing a Clinical Outcomes Framework (1) New Care Plan (2) Outcome Measures Tools** The new care plan has a number of features to support the move away from the Care Programme Approach and towards personalised care delivery. The care plan is designed as a collaborative tool between the people receiving and delivering care, supporting empowerment and shared decision making. It contains an outcome measure that captures statistically significant clinical change. This gives clinicians, supervisors, managers, the Trust, commissioners, and most importantly patients and carers feedback on effectiveness, it also contains a national goal-based outcome measure providing the opportunity for staff delivering care and people receiving care to check progress. The care plan is SMART based to release clinical time by supporting succinct but specific goal setting and associated interventions. It is built for full system interoperability across all local providers. EPUT is working with PKB Digital to build a suite of outcome measure tools integrated with our Electronic Patient Record systems (EPRs). These outcome measures are patient led evidence-based checkpoints in a person's care journey to demonstrate effective change. PKB have already built Dialog+, REQOL and Core 10 onto the platform and are currently investigating how EPUT clinical systems can send an alerts to people that use services where they can then log in and compete outcome measures that come back into our EPRs and into the Mental Health Minimum Data Set (used for national reporting). Initial testing will be complete in September with a plan to launch in Q3 2023.
Approved/Responsible Clinician	**To train mental health professionals, other than psychiatrists, to carry out Approved Clinician (AC) duties to deliver an enhanced quality of care while ensuring the best use of our skilled and professional diverse workforce.** Classroom-based training is nearing completion, and work-based portfolios are being progressed. We are exploring AC training partnership options with Anglia Ruskin University, which will be dependent on future funding.
Complex Care Programme	**To review and redesign the community Mental Health Team model as a complex care pathway.** This work across MSE, WE and NEE includes the changes required to move away from the Care Programme Approach (CPA), implementation of the three Essex Personally Disorder Business Cases and developing integrated Neighbourhood Teams linked to local Alliance infrastructure. This is a whole systems pathway redesign involving Community Mental Health Teams, Social Care, Voluntary Community Social Enterprises, Probation, Housing, Police Ambulance and physical health care providers. Complex care pathways will integrate with the new integrated Mental Health Primary Care Network services in current implementation as a seamless continuum of service provision. Pilots are currently taking place in Essex to better understand the potential of how we achieve full local system integration from a single point of access to treatment for both physical and mental health care needs. West Essex, one of 11 national early implementers has an advanced whole systems model for comprehensive care delivery and continues to develop fully integrated local system infrastructure over the next year. North East Essex (NEE) has a strong Alliance infrastructure and is currently piloting the joining up of its complex care and integrated MH PCN Teams.
Care Coordination Centre (CCC) Programme	**To improve people's outcomes and experience by navigating them to services at the right time, in the right place.** The CCC is an integrated service supported by colleagues from community health, mental health, therapy and adult social care to provide a multidisciplinary team (MDT) care approach to adults in West Essex. The CCC supports East of England Ambulance service by identifying patients that are on their ambulance patient stack, that could be supported in the community rather than being admitted to hospital. Virtual Hospital provides both face to face and remote monitoring in the adult's usual place of residence and working as a WEX system, proactive case management is established and supports early discharge and prevention of admission. We have developed an integrated system wide Transfer of Care Hub to support early discharge from hospital, launched a new telephony system to support adults to the right services within CCC, a falls response service launched to support prevention of admission and EPUT e-referral for users of SystmOne, continued to build relationships between all West Essex and associated acute hospitals to promote virtual hospital and identify appropriate patients and won the EPUT future Quality and Excellence award for the Virtual Hospital service
Specialist Perinatal Mental Health Transformation 2019 – 2024	**To ensure that 10.6% of all pregnant people in Essex have access to perinatal mental health care through an expansion of specialised perinatal mental health care services** The programme is reaching its final year of a four-year transformation programme, with the access figures target of 10.6% being surpassed (now at 11.95% across Essex) the service is utilising the final year to focus on quality and health inequalities. We now offer peer support through Parents 1st following a successful pilot and continue to work closely with third sector organisations within our community. We are exploring digital innovation to enhance therapeutic service offerings and provide better data insights. We continue to expand therapeutic knowledge with EPUT attending specialised training, while also offering perinatal training to colleagues across the health and social care system in Essex to increase awareness of Perinatal Mental Health.
Eating Disorders Transformation	**To transform adult community eating disorders services to provide a safe staffing level, roll out early intervention services for 18-25 and merge the two teams (north and south) into one Essex-wide service.** Initial communications have taken place with Acute colleagues (Gastroenterology Consultants, Service Manager and Dietitians) to embed the MEED (Managing Emergencies in Eating Disorders) pathway. We have appointed a Service User Network Co-ordinator to lead the co-production element of the transformation and a day services workshop has been booked. We are now focussing on the design and launch of an innovative recruitment programme with support from HR, which includes the creation of a Clinical Nurse Specialist and Consultant Nurse job description with a focus on how these would fit into the existing structure. We plan to continue communications with our PCN (Primary Care Network) colleagues and agree a shared care protocol with acute colleagues in Gastroenterology departments.

MAJOR PROGRAMMES/ PROJECTS: DIGITAL AND DATA, ESTATES AND COMMERCIAL

PROJECT/PROGRAMME NAME	STATUS UPDATE
EPR (Electronic Patient Record)	**To provide a unified Integrated Care System enterprise-wide digital Electronic Patient Records solution for community, mental health and acute services** To provide a unified Integrated Care System enterprise-wide digital Electronic Patient Records solution for community, mental health and acute services In July 2023, the Boards signed off the EPR Programme governance and the EPR programme was officially stood up with a Project Management Office in July 2023. This is the major transformation programme across the Trusts, it will be clinically and operationally led and digitally enabled.
ESLMS (EPUT Safety and Lessons Management System)	**To deliver a digital solution to drive a culture of continuous learning and safety improvement, through the analysis and interpretation of data relating to incidents.** These insights, from a range of sources such as patient records and incident reports, will enable the EPUT Lessons Team to develop action plans to address issues raised, cascade and embed learnings across all EPUT locations. We are currently working in partnership with MASS to develop a digital solution.
ePMA (Electronic Prescribing Medicines Management Administration)	**To remove paper-based processes for prescribing and medicines administration by implementing a dedicated bespoke digital system** This project is currently in the planning phase with configuration of the system and development of the training materials due to commence in October 2023. Delivery is planned over three phases: (1) Pre-implementation, which includes development and configuration of the system, training materials, processes and policy; (2) Preparation of the inpatient wards including training of staff in system use and then go live of the system at each ward; (3) Training and go live of our community mental health teams
CAFM Solution	**To replace our digital Computer Aided Facilities Management (CAFM) system to improve the facilities services we offer to staff and service users** Estates and Facilities have started the procurement of a new modern system. The shortlisted suppliers are now preparing their fee proposals, which are due back in September when we will then evaluate the costs and quality of submissions. Once we have details of the preferred supplier including costs, we will develop a business case to be approved by the Trust. It is proposed that we will have all approvals in place by December 2023 with a view to implementation in January 2024.
Hadleigh Unit Refurbishment	**To upgrade the existing environment to improve patient experience and to meet the Trust Risk Stratification standards to reduce potential ligature issues.** These works include refurbishing all areas of the ward including new heating and ventilation system, new bedroom alarmed doors, new flooring and lighting, upgrading bedrooms and en-suite bathrooms, re-design of the clinic, seclusion suite, dining rooms and redecoration. Following a tender process and contractor appointment, works commenced on the 5th June and is due to be completed on the 18th December 2023. To carry out the installation of the new heating and ventilation system to the bedroom corridors and works to the communal area, it was agreed that the unit be decanted, and patients be transferred to other units. This took place on the 14th July 2023 and works are due to be completed to the one-bedroom corridor on the 27th October with the unit being able to admit patients from the 30th October 2023.
Woodlea Clinic Refurbishment	**To improve the therapeutic environment for our patients and to ensure that patient safety improvement works take place to meet with the Trust standards** These works include a new de-escalation room, introduction of en-suite bathrooms to four of the bedrooms, new access to the patient garden, redesign of the main kitchen, patient safety improvement works to reduce ligatures, new flooring and lighting and re-decoration throughout the unit. Weekly User Group meetings have taken place since May 2023 with the clinical team on the development of the detail design to agree room floor plans and the specification of works in line with the standards of Forensic Mental Health Services, Low and Medium Secure Care. A tender package has been submitted and following an evaluation of the tenders and appointment of the preferred contractor, it is estimated that works will commence in mid-October 2023 and be completed by the 31st March 2024.
Brockfield House Safety Improvement Works	**To enhance our patient environments and to increase patient safety, a significant programme of improvement works is currently in progress for Brockfield House** The works include the replacement of patient bedroom doors with new Kingsway Sentry alarmed anti-reduced ligature doors, installation of Oxevision to all bedrooms, the removal of drawer units and installation of closed-circuit security cameras to all common areas on the wards. In addition to these works, the Trust PFI partner has taken the opportunity to replace fire doors, installation of new flooring and lighting and decoration of the wards at the same time. Construction works commenced in June 2023 with the programme of works running until March/April 2024.

SIX MONTH PLAN

NEXT MONTH	1-3 MONTHS	4-6 MONTHS
Complete categorisation of projects and programmes under remaining authority levels • *Board Approved 'Large' (above £1m) - completed* • Executive Approved 'Medium' (£101k > £1m) • Executive Delegated 'Small' (up to £100k)	**80:20** Ensure Transformation Team resource is deployed 80% to major projects/programmes and 20% to medium sized 'Prioritised' projects and programmes	**Provide the organisation continued support/coaching** to run small to medium projects including Quality Improvement, Standard Operating Procedures
Identify any 'small change' on the portfolio (e.g., low value, simple complexity, operational 'keep the lights on') to agree an appropriate level of governance and reporting	**Continue to work with Executive Sponsors to reduce portfolio** to target of c50 projects and programmes by end March 2024	**Plan for 2024/25 portfolio of change** Continue Business Partner planning to incorporate organisation capacity to deliver to inform a realistic view for achievability and options
Consider ways to maximise our project management capacity and remove duplication increasing our effectiveness to deliver e.g. across Transformation and Digital	**Continue to explore opportunities to maximise our project management capacity**, and consider how we can better enable colleagues to deliver change as part of business as usual	**Continue working in partnership with Digital to mature our P3M3 processes,** to assure project and programme benefit specification and realistic, achievable measures
Continue to better articulate the case for large change earlier in the change lifecycle to empower decision makers through business partner consultations and Project Initiation Documents (PIDs)	**Plan for 2024/25 portfolio of change** Commence Business Partner planning with care units and corporate service leads to establish a portfolio of change that considers projects carried forward from 23/24 FY and new initiatives for 24/25	**Conduct benefits realisation assurance on a subset of closed projects** to assess and inform future project and programme continuous improvement and learning lessons
Continue working in partnership with the Digital PMO to mature our portfolio, project and programme (P3M3) processes, starting with embedding the new guidance for project and programme reporting	**Continue working in partnership with Digital to mature our P3M3 processes,** to assure that projects and programmes are closed with focus on developing a culture of learning through lessons learnt	
Work with project managers to ensure gold standard reporting for projects and programmes and provide support to those 'delayed' (red) and 'at risk' (amber)	**Continue to work with project leads for projects and programmes delayed or at risk to ensure a clear, achievable 'route to green'**, with timely recommendations for escalation or intervention.	
Ensure forecast end dates populated for all projects and dependencies are understood	**Conduct deep dive assurance on a subset of 'live' projects** to assess whether they are 'set up for success' to deliver the desired outcomes / outputs.	
	Assess to what extent the revised business case templates and process have improved our P3M3 process maturity.	
	Refresh our Intranet presence as a means of sharing best practise, lessons learnt and coaching for continuous improvement	

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Operational planning process

2024-2025

EPUT

SUMMARY

- EPUT continues to be on a journey of maturation in its annual operational and in-year planning processes
- The operational planning process for 2023/24 concluded in March with the approval of the annual operating plan by the Board
- The 2023/24 operating plan constitutes Year 1 of the delivery of EPUT's five year Strategic Plan
- The senior planning triangulation group met in May to reflect on how the process was run, the quality of its output and agree how to further evolve the process for 2024/25
- It was unanimously agreed that starting the operational planning process in September (as opposed to December/January) would be highly beneficial
- A proposed process for the 2023/24 planning round at EPUT has been developed and will be presented to the Finance & Performance Committee this month.

EPUT'S SENIOR PLANNING GROUP HAS REFLECTED ON WHAT WENT WELL LAST YEAR

- A succinct and clear, good quality operational plan was produced by EPUT, despite the challenges of the process
- There was broad engagement from across the Trust in shaping the plan
- The collaborative and transparent approach to capital prioritisation was welcomed and felt mature and inclusive
- The process provided a good learning experience for those that had not previously been involved in operational planning
- Commissioners were more active in the process than in previous years (particularly MSE ICB), in part facilitated by EPUT.

WE ARE CLEAR ON HOW WE PLAN TO FURTHER EVOLVE THE PLANNING PROCESS FOR 2023/24

- Start the process earlier (September) and iterate once national planning guidance received (December)
- Prioritise dissemination of key messages about why operational planning matters to engage staff early on and create platform for learning and sustained engagement
- Collaboratively log cost pressures, service developments and efficiency plans throughout the year to inform early draft of plans, with priority for proposals during annual planning window and reduction of in year proposals
- Tighten triangulation process between workforce, finance and performance planning – creates an opportunity to deepen understanding of other disciplines and helps pre-empt commissioner feedback
- Strongly encourage attendance at weekly triangulation meetings by flagging in advance when decisions are going to be made
- Run some weekly triangulation meetings in person to create team building opportunity
- Apply 23/24 process of collaborative prioritization of capital programme to revenue cost pressure review
- Factor in major system-led programmes early in the process
- Build in opportunities for peer review between care units
- Engage provider collaboratives more to ensure alignment of objectives
- Use emerging approach to strategic relationship management to strengthen relationships with ICBs as system planning coordinators.

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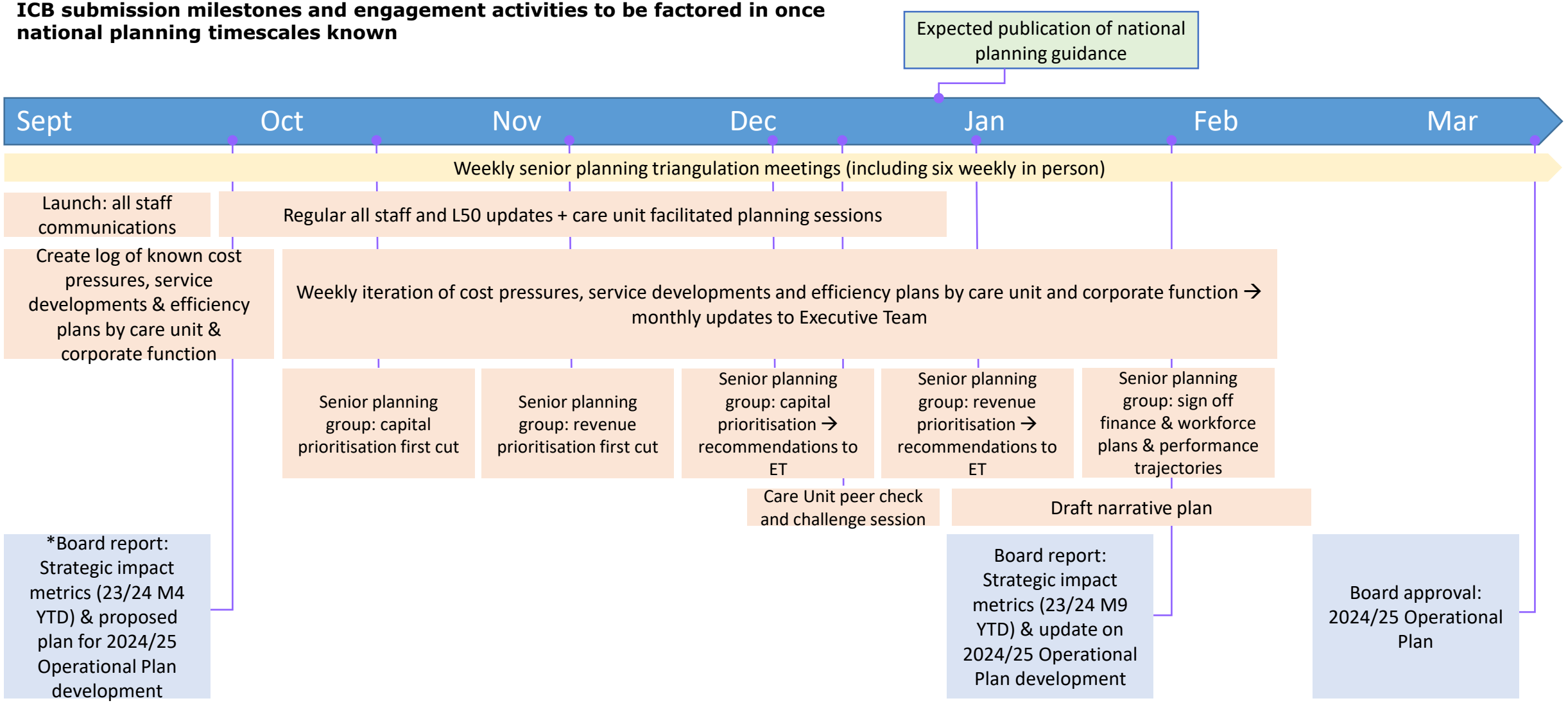
INDICATIVE OPERATIONAL PLANNING PROCESS 2023/24

ICB submission milestones and engagement activities to be factored in once national planning timescales known



*** All reports to the Trust Board will be preceded by reports to the Executive Committee and Financial & Performance Committee***

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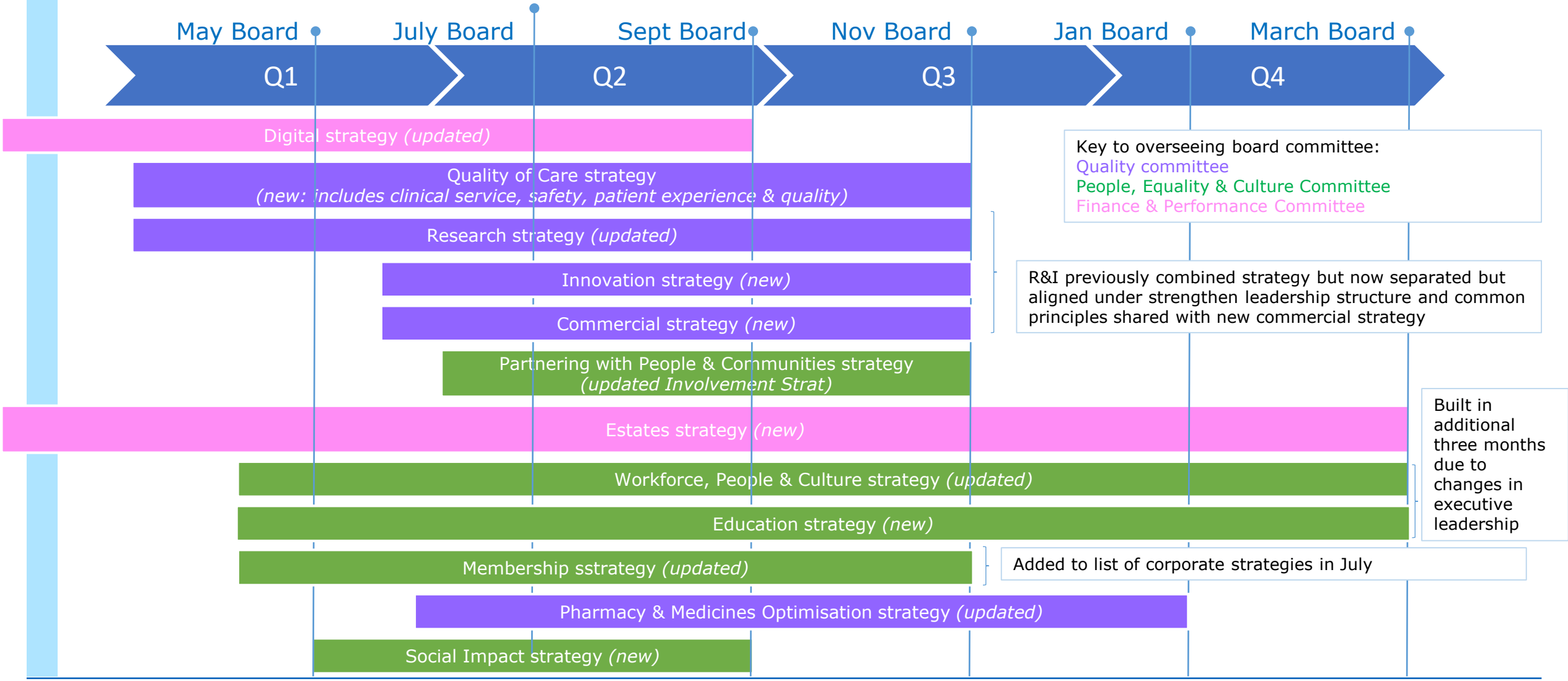
Development of corporate strategies

EPUT

The Board is asked to note some minor updates to the programme of strategy development for 2023/24 as plans have developed since June to ensure deliverability



APPENDIX: OUTCOMES DASHBOARD

Green	Already reported by BI/another team
Amber	Workflow to be adapted – timescale TBC with BI
Red	Workflow to be developed – timescale TBC with BI

Strategic Objective 1: We will deliver safe, high-quality integrated care	Strategic Objective 2: We will enable each other to be the best we can be	Strategic Objective 3: We will work together with our partners to make our services better	Strategic Objective 4: We will help our communities to thrive
• PREMS • Staff survey results • % patients with CPA (but will be replaced by GAS in time) • Reasonable adjustments for those with LD or Autism • Patient Safety incident rates (PSIM) • Harm rates • Waiting list performance • Inpatient LoS • Service caseloads vs capacity • Admission rates from community caseload • OOA placements • Performance against UCRT targets • User-defined goals in care plans • Clinical outcome measures • Clear purpose recorded for admissions	• Vacancy rate • Substantive vs B&A usage • WRES indicators • WDES indicators • Retention rate • Conversion of students, apprentices and work experience placements to substantive roles • Number of PSE and Lived Experience roles • Range and update of learning & development opportunities (inc. volunteers and lives exp. roles) • Internal promotions • % BAME staff in roles >B7 • Staff survey & Pulse results • Sickness rates • Wellbeing uptake • Incidence of poor staff experience	• Stakeholder feedback survey • Achievement of shared performance t argets • Number of joint appointments • Annual review of lived experience/co-production impact • Lived experience survey	• Numbers supported through outreach services • Rates of restraint, seclusion and detention among Black, Asian and Minority Ethnic (BAME) communities • % of workforce employed from local communities • Number and range of trainee- and apprenticeships offered and successfully completed by local people • Uptake and evaluation of suicide awareness training • PREMS, Patient survey, PROMS and staff survey results segmented by socio-demographic groups

ANNUAL REVIEW OF GOVERNANCE DOCUMENTS

Decision Item | DG | 5 minutes

SAFEGUARDING ANNUAL REPORT

Decision Item | FB | 5 minutes

REFERENCES

Only PDFs are attached

Safeguarding Annual Report 27.09.2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Safeguarding Annual Report**					
Executive/ Non-Executive Lead:	Frances Bolger, Interim Executive Nurse					
Report Author(s):	Tendayi Musundire, Deputy Director of Nursing for Safeguarding & Mental Health Act					
Report discussed previously at:	Quality Committee					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	None	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Finance and Resources Infrastructure	✓
	SR4 Demand/ Capacity	
	SR5 Statutory Public Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
This report provides the Board of Directors with an annual report to inform the Trust is appropriately discharging its statutory functions with regards to safeguarding arrangements.	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required

The Board of Directors is asked to:

1. Note the contents of the report – the improvements made during 2022/23 and the priority areas for implementation during 2023/24
2. Approve the report and agree publication
3. Request any further information or action

Summary of Key Issues

- The report gives assurance that safeguarding of children, young people and adults is considered to be core business and is a shared responsibility with the need for effective joint working between partner agencies and professionals
- The annual report outlines how the safeguarding service is performing and promoting best practice.
- 2022/23 has seen a continuation of the strengthening and improvement of the arrangements in place within the Trust to safeguard our most vulnerable patients
- Recognition that the pandemic and subsequent economic hardship has impacted our populations in a variety of ways and consequently can be seen in the impact on safeguarding services

- Safeguarding training meets the national standards as identified in the Intercollegiate Guidance 2019 (Children) and the RCN Intercollegiate Guidance 2018 (Adults)
- The annual report provides a breakdown of the work undertaken by the safeguarding team during the period 2022/23

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**	

Acronyms/Terms Used in the Report			
MARAC	Multi-Agency Risk Assessment Conferences	CCG	Clinical Commissioning Group
MAPPA	Multi-Agency Public Protection Arrangements	SU	Service User
MHA	Mental Health Act	MDT	Multi-Disciplinary Team
LADO	Local Authority Designated Officer	SAR	Safeguarding Adult Review
SAB	Safeguarding Adults Board	DHR	Domestic Homicide Review
CMHT	Community Mental Health Team	LAC	Looked After Children
RHA	Review Health Assessments	MCA	Mental Capacity Act
DoLs	Deprivation of Liberty Safeguards	LPS	Liberty Protection Safeguards
DA	Domestic Abuse	CSPR	Child Safeguarding Practice Review
EHCP	Education, Health Care Plan	HEF	Health Executive Forum
ICS	Integrated Care System	MACE	Missing and Child Exploitation in Essex
SEND	Special Educational Needs	SET	Southend, Essex and Thurrock
SETDAB	Southend, Essex and Thurrock Domestic Abuse Board	STP	Sustainability and Transformation Plan

Supporting Reports/ Appendices /or further reading

Safeguarding Annual Report.

Lead

Frances Bolger
Interim Executive Nurse

NHS
Essex Partnership University
NHS Foundation Trust

SAFEGUARDING ANNUAL REPORT 2022-2023

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FOREWORD BY TENDAYI MUSUNDIRE, DEPUTY DIRECTOR OF NURSING FOR SAFEGUARDING AND MENTAL HEALTH ACT

I'm pleased to share the 2022/2023 Safeguarding Annual Report for Essex Partnership University NHS Foundation Trust (EPUT).

The report gives us an opportunity to reflect on all that we have achieved over the last 12 months and look ahead to the ambitions of the Trust's Safeguarding team for the coming year.

Safeguarding children and adults is at the heart of the service the team provides – colleagues are committed to the safeguarding agenda and strive continuously to ensure people are protected from harm. We recognise however that safeguarding is everyone's responsibility and provide clinical and strategic support, advice and training to colleagues working across all areas of the organisation.

Our Safeguarding Champions act as a conduit of information between the Safeguarding and clinical teams, providing specialist oversight and raising awareness of best practice, and we have adopted a 'think family' philosophy, recognising the need to ensure all aspects of safeguarding concerns are fully considered to ensure children and adults are protected appropriately. This is particularly relevant as we continue to see an increase in both safeguarding activity and complexities of the issues we deal with.

Safeguarding is complex and working with system partners remains key to ensuring we effectively protect those most vulnerable in our communities. We are a member of the Essex Safeguarding Adults Board (ESAB), are represented on all Local Authority Safeguarding Children and Adult Partnerships and attend Prevent Channel Panels for Essex, Southend and Thurrock, sharing expertise and assurance.

As we look ahead to the coming year, safety remains our absolute priority and safeguarding, a key organisational priority. Our ambition is unwavering – to maintain the highest standards to safeguard those in need. I hope the information included in this report demonstrates the commitment of colleagues both within the Safeguarding team and across the Trust to do just that.

LOCAL AUTHORITY SAFEGUARDING BOARDS

Feedback

Essex Partnership University Trust (EPUT) continued to be a valued member of the Essex Safeguarding Adults Board (ESAB) throughout 2022-2023 and regularly attended the main Board meetings, along with several subcommittee meetings, such as the Safeguarding Adult Review Committee (SAR) and the Southend, Essex and Thurrock Multi-Agency Safeguarding Adult Policy and Procedure Group. The ESAB Chair requested regular updates for the Essex Safeguarding Adults Board, in seeking assurance and accountability from EPUT, in relation to the implementation, and early outcomes, of the EPUT Patient Safety Strategy. Following the Ch4 Dispatches programme in October 2022, ESAB requested additional input from EPUT, on safeguarding assurance; staff management and supervision; ligature risk; training on the same, and EPUT's acknowledgement of the impact on patient well -being; privacy and dignity, following the airing of the programme. EPUT continued to share assurance issues, with candour and transparency and ESAB acknowledge the efforts that have been undertaken by EPUT on their improvement pathway. We as a partnership Board continue to support EPUT in its ongoing work plan, for organisational and cultural change, recognising there is still yet more to be done, in the belief that despite challenge, 'together we achieve more.'

- Deborah Stuart-Angus - ESAB Independent Chair
Michala Jury Essex Safeguarding Adults Board Manager

EPUT have been an active member of the Board over the last year including:

- Attending and contributing positively at Safeguarding Adult Board meetings and sub groups
- Attendance in multi-agency training and events
- Participation in Safeguarding Adult Reviews and Domestic Homicide Reviews
- Completion of the SET Self-Assessment Audit with identified actions

Following the Dispatches television programme, senior EPUT staff were asked to attend Thurrock Safeguarding Adults Board in order to seek assurance for Board members about concerns around safeguarding practice within the organisation. Senior staff from EPUT attended and provided the Board with updates and have committed to continue to attend where necessary.

- Thurrock Safeguarding Adults Board

PARTNERSHIP WORKING

Feedback

As Independent Adviser to the Southend Safeguarding Partnership (SSP) in its work for both adults and children, I confirm that senior representatives of EPUT are actively engaged with the Partnership and report into it on safeguarding issues, as well as adding the views and interests of their organisation to the deliberations of partnership both through our subgroups and at Board level.

They have kept the partnership as fully informed as possible during a period of considerable and at times extraordinary challenge during the reporting period covered by this Annual Report. They are also regularly engaged in discussions regarding the direction of travel being taken by both the Partnership as a body, and by partner agencies which contribute to the work of the SSP. I confirm that EPUT is compliant with the requirements of legislation governing both Local Safeguarding Children's Partnerships (LSCPs) and Safeguarding Adult Boards (SABs.) Working in partnership takes considerable effort and time, and there have been no issues arising that would prevent EPUT's contributing as it is required to do.

That safeguarding partners sometimes must have trenchant and challenging discussions regarding which body should be taking responsibility for particular activities and in particular cases is always acknowledged by all concerned. EPUT colleagues work hard to remain engaged, including when such professional discussions and deliberations must inevitably take place, and disagreements must be worked through so that solutions can be found.

- Maggie Atkinson
Independent Advisor
Southend Safeguarding Partnership

WHAT IS THE ROLE OF THE SAFEGUARDING TEAM?

Safeguarding Structure

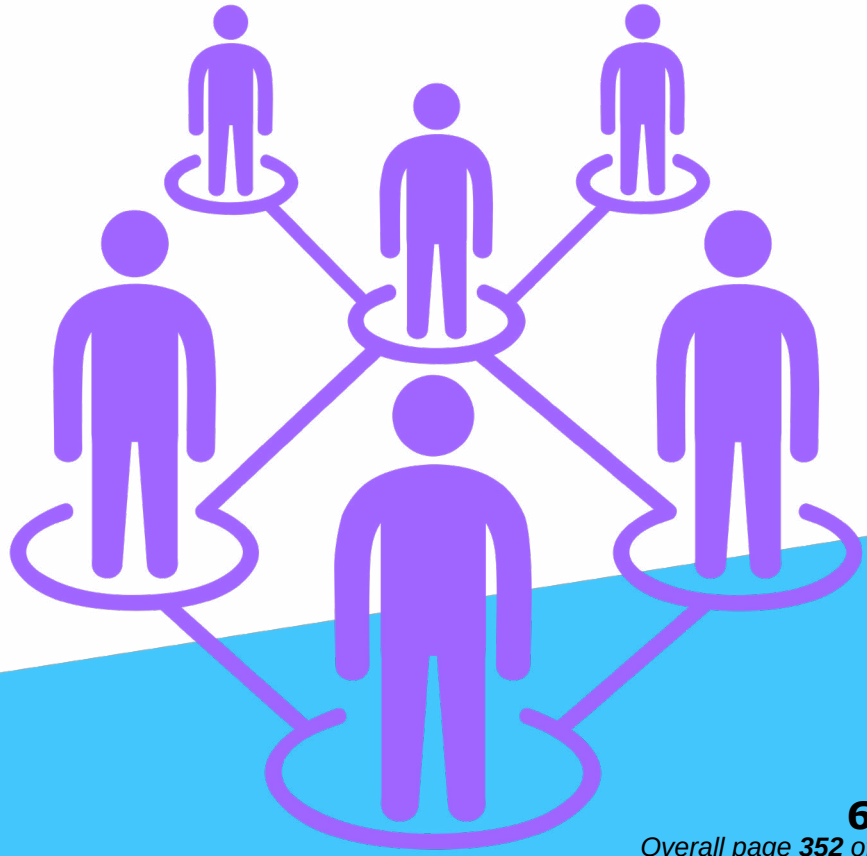
Within Essex Partnership University Trust (EPUT), the Executive Nurse is responsible for the delivery of the Safeguarding Service which includes the Mental Capacity & Deprivation of Liberty service, Domestic Abuse, MARAC, MAPPA, PREVENT and the Looked after Children service.

The Safeguarding Service is led by the Deputy Director for Safeguarding covering Mental Health and Community Services.

The team has adopted a "Think Family" philosophy and are providing an integrated approach to safeguarding provision, which is facilitated by joint meetings and peer support.

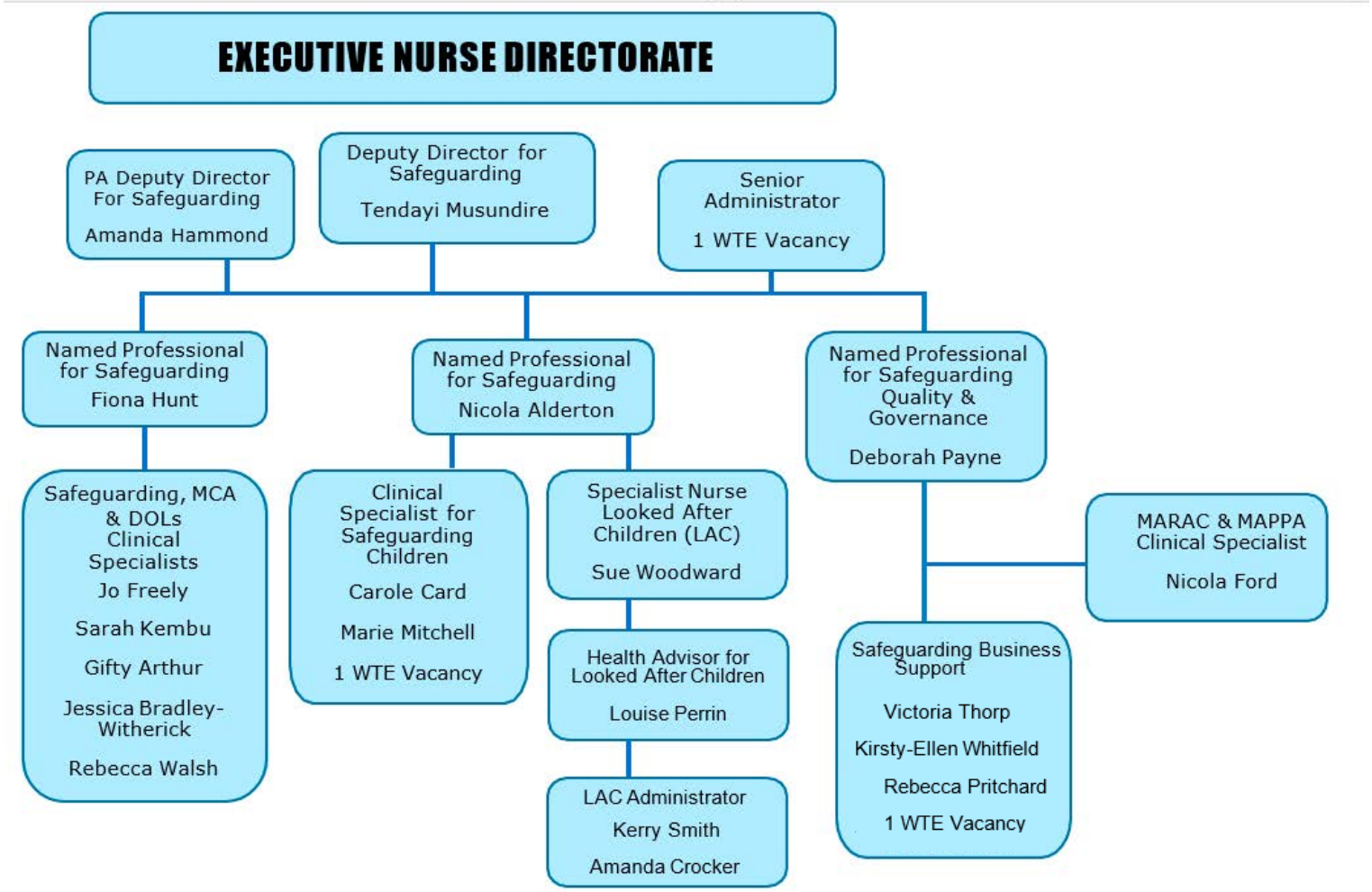
The team consists of a variety of professionals such as Registered General and Mental Health Nurses, Health Visitors, Social Workers, Midwives and an Occupational Therapist, all of whom bring additional expertise to the service.

The safeguarding adult team operate a duty system between the hours of 9-5 Monday to Friday across EPUT.



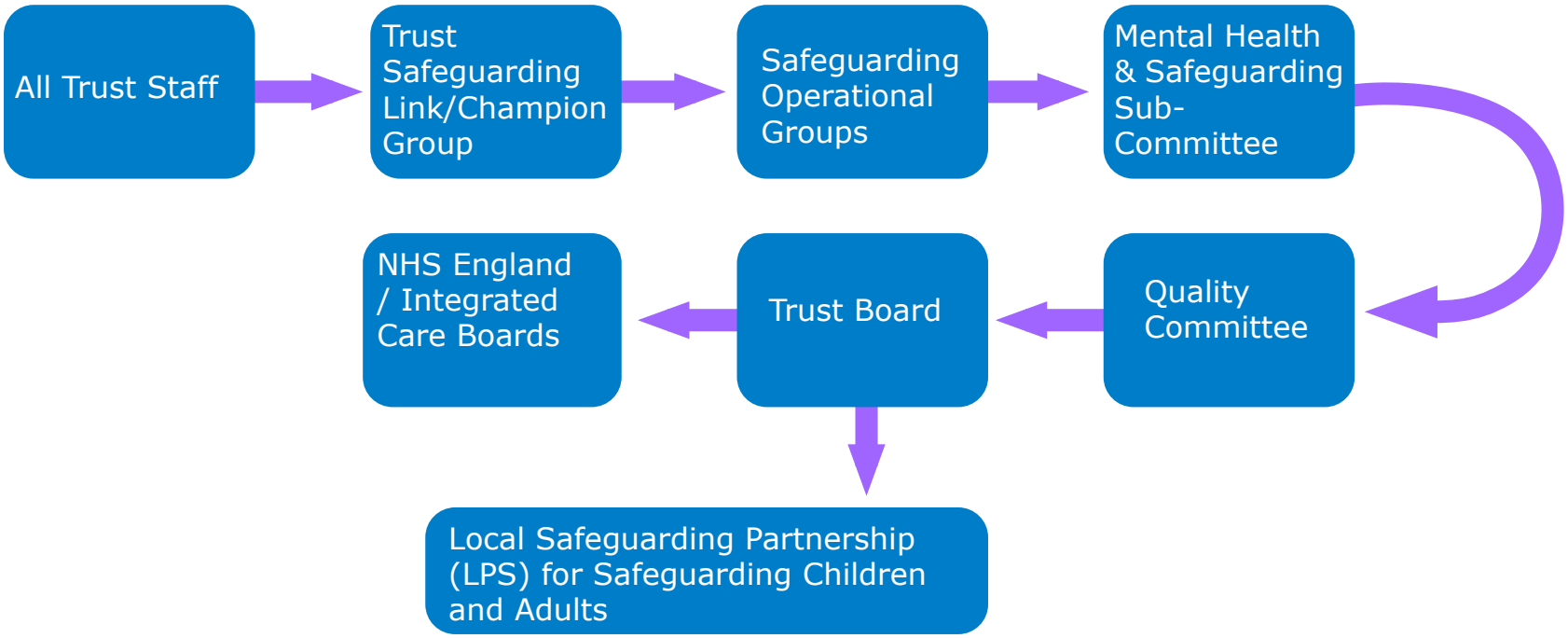
The following diagram shows the existing Safeguarding Service structure.

Diagram 1.1



Safeguarding Service Pathway

The diagram below demonstrates the reporting pathway for the Safeguarding Service within the Trust.



The Trust has robust reporting systems in place which ensures the Trust Board and associated committees are updated regularly on safeguarding performance, trend analysis and quality issues. The Trust Safeguarding Service provides regular reports for the Local Authority, Integrated Care group (ICB) and NHS England.

Business Support

The Business Support Safeguarding Team provide secretarial and administrative support to the Safeguarding Service. They administer the 'Duty Line', a single point of access number & email which feeds into the team. Business Support receive a high level of queries to enquire whether the adult is open to our secondary Mental Health Service from:

- Social Workers
- Police
- Social Care Teams
- LA Business Support Teams

Following triage from the duty clinician, the Admin Team manage the process for any safeguarding enquiry or case management that need any further action or progression. Business Support provide the function for the safeguarding clinicians in the provision of mandatory, informal and group supervisions for practitioners within EPUT and Southend Children, Young People and Families Public Health Services within Southend City Council, approximately 30 teams. MARAC case lists are received and where those people were open to the EPUT Secondary Mental Health Service, Business Support invite practitioners from the Community Teams. Business support manage the interface between the EPUT practitioners and the MARAC Team.

The Administrators also support the child death review process by notifying safeguarding clinicians of the receipt of a child death notification within Essex, so that they can identify the relevant practitioners that have been involved in the child's care.

Business Support receive, disseminate and manage the Safeguarding Children inbox. This includes information received or requested from:

- Domestic abuse notifications
- Child Protection Minutes and Invitations
- National Crime Agency
- Children's Social Care
- Essex Police

The Team produce a monthly Safeguarding newsletter, covering clinical topics identified by the Safeguarding Team and administrate the Safeguarding Champions events.

Duty System

The service has a safeguarding duty system operating between the hours of 9-5 Monday to Friday. The duty system has proved invaluable, providing a reflective space to discuss and clarify adult or children safeguarding concerns and to provide support to practitioners on next steps. Safeguarding specialists provide advice to operational teams in cases where the safeguarding threshold has not been met, but operational teams require guidance on forward actions to manage emerging risks.

The service operates a single point of access for all safeguarding matters, which has steamlined processes and supports timely access to specialist safeguarding support. Core duty functions are:

- Where a person is open to EPUT, triage the concern and confirm if it meets criteria for a Section 42 Safeguarding enquiry or an Alert, sharing the relevant information with the team(s) supporting that person.
- Assist practitioners to decide whether a safeguarding children referral is required under section 17/47 to Children's Social Care.
- Provide advise and support to clinical staff regarding escalation of a safeguarding children/adult case.
- Provide advice to clinical and all Trust staff and agree a plan for any safeguarding concerns/queries.
- To discuss/explore issues that may be preventing staff from raising a safeguarding concern or delay conducting a safeguarding enquiry.
- Review completed Mental Capacity Assessment forms and discuss any issues with all Trust staff.
- Deal with complex safeguarding child/adult issues from both local authorities, police and EPUT staff.
- Providing relevant information about specific individuals for Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) processes as requested.
- Educating practitioners by talking through a situation, so that they understand why this issue is a safeguarding concern, and why something else is not.
- Point of contact for advice to partner agencies. Promoting multi-agency working. Maintaining links with key staff/ teams within other agencies to support this approach.

Themes from Duty System

Safeguarding activity remains high with a total of 1760 calls reported in 2022, representing a 44% increase in calls logged through the duty system from the previous year.

There has also been an increase in safeguarding children activity, where a parent is known to EPUT services, reported as follows:
Section 47 Child Protection Enquiries increased by 28%.
Section 17 Child in Need increased by 36%.

This highlights the need for practitioners to adopt a Think Family Approach when working with families to de-escalate potential harm and support positive outcomes for children and young people.

Key themes reported through duty:

- Management of child/adolescent abuse towards parents.
- Support and guidance on writing a robust referral that effectively communicates the strengths and presenting the risks to inform assessment. Additionally, how to engage with the service user, considering consent and capacity of the individual.
- Escalation in cases where staff are concerned at the outcome of a referral or cases closed where the level of risk posed to child/adult remains high, requiring specialist advice and support to challenge.
- Increased case discussions for people who have comorbidities or dual diagnosis.
- Increased contact from staff who are experiencing domestic abuse.
- Management of perpetrators of domestic abuse.

Supervision

There are a variety of models used within the Trust for supervision, including individual, group or peer supervision and pre and post case conference supervision. Safeguarding professionals within the Safeguarding Team are trained to offer supervision across the Trust. Safeguarding professionals receive supervision internally from the named professionals for the clinical skill mix team and externally for themselves through arrangements with the designate professionals. Supervision enables both the supervisor and the supervisee to reflect on, scrutinise and evaluate clinical practice. It is both educative and supportive whilst facilitating the supervisee to explore their feelings about the work and the family. The team offer formal supervision to both Adult and Children's Services. The frequency of supervision is mapped to the roles that staff undertake within the organisation. Supervision covers safeguarding concerns in regard to both children and adults safeguarding.

Children's Services are expected to comply with a mandatory three monthly supervision session which is monitored closely for compliance. Adult Services access scheduled three monthly supervision sessions, for children or adult concerns, or on demand as required if telephone advice via duty is not considered sufficient to meet the need of a case. The model offered is a flexible one, with most of the supervision contact taking place via Microsoft Teams since COVID or face to face within a community base or inpatient setting.

The Safeguarding Team offer individual supervision to practitioners managing a safeguarding caseload or a group supervision model to support joint reflection and learning, building knowledge and skills in those roles. Joint supervision across roles, where staff are working with the same family, is actively encouraged in the Trust. In line with the organisation's active ethos of "Think Family", both adult and children concerns can be considered, and a plan agreed and documented.

Benefits of Supervision

The benefits of supervision are well documented, and the model adopted by the Safeguarding Team covers the four areas below:

- Management (ensuring competent and accountable performance/practice)
- Engagement/mediation (engaging the individual with the organisation)
- Development (continuing professional development)
- Support (supportive/restorative function)

KEY SAFEGUARDING FACTS

Supervision

April to March	2020-21	2021-22	2022-23
Mandatory	468	478	433
Group Mandatory (No. of Participants)	160	254	503
Additional (Telephone)	323	216	158
Total	951	948	1094

The data continues to show the number of practitioners supervised, but not the number of cases brought to supervision.

One practitioner may bring 5 cases, but it is their attendance which is counted – i.e. one attendance.

We undertook 163 mandatory supervision sessions with Southend Borough Council Health Visitors and School Nurses in 2022-2023 compared to 249 in 2021-2022.

We undertook 210 mandatory supervision sessions with perinatal staff compared to 217 in 2021-22.

	2021-22	2022-23	
Mandatory 1:1 safeguarding supervisions	660	433	-34%
Mandatory 1:1, group and informal safeguarding supervisions	860	1094	27%

Supervision

I have attended one session with her and found it very informative and brilliantly led. Nicola is very good at facilitating the discussion and ensuring everyone has an opportunity to participate. Her style is probing but absolutely non –threatening which made for very good interaction. The session was promptly followed by her sending out the documents that she had referred to during the session.
It was brilliant!
- Maaike Moylett Rehabilitation Clinical Manager Paediatrics

I have had to access supervision both as a team and individually in the past year and have always found the nurses to be thorough in their process and very knowledgeable in their advice. The discussions are thought provoking and always encourage me to explore areas I had not yet explored or to ask further questions to ensure the safety of the child and family.
– Aimee Palmer Children's Asthma Allergy Nurse

I have always found the team to be extremely helpful. Both from team supervision session and as an individual. Marie, Carole and Nicola are approachable and accommodating. The admin staff are always helpful.
- Sharon Ottaway Children's Community Nurse

PREVENT

- A representative from EPUT Safeguarding team attends monthly Prevent Channel Panels for Essex & Southend and Thurrock
- The Safeguarding Prevent lead responds to queries from the Prevent Police in addition to the routine information requests in preparation for Channel Panels
- Safeguarding Prevent lead and administration team will ensure that any known Prevent information is shared with the clinical teams to inform robust risk assessment
- Safeguarding Team Duty clinician or Prevent Lead will triage all Prevent referrals raised by EPUT staff and forward these onto the Prevent police team if appropriate.
- The last year has seen a reduction in Islamist referrals and an increase in referrals for extreme right wing and other political groups.
- The Internet has become increasingly prominent in radicalisation pathways and offending over time for convicted extremists in England and Wales.
- For Q1 2023 there has been 62 Prevent referrals for Essex
- Mental health issues, Neurodivergence and personality disorder/ difficulties alongside depression and personality disorder/ difficulties have been recorded in a Study published by the HM Prison and Probation Service (2022) as the most common types of disorders for those who have primarily been radicalised online
- All EPUT Staff will need to complete HM Government Prevent Duty Training Modules 1&2 – Prevent awareness & Prevent referrals.

CHALLENGES AND INNOVATIONS

Challenges

- Poor representation at Mental Health Act and Safeguarding Sub Committee impacts the governance of the group due to not being quorate, which compromises the delivery of safeguarding arrangements.
- Increase in both levels of complexity and safeguarding activity requiring specialist oversight from Safeguarding Team within operational teams to support timely, robust and rigorous safeguarding enquiries.
- Raising awareness within the organisation regarding the application of the Mental Capacity Act (2005) in preparation for introduction of Liberty Protection Safeguards introduced by the Mental Capacity (Amendment) Act 2019 (now delayed).
- Responding and being involved with various Safeguarding Adult and Child Practice Reviews across the SET Area.
- Lack of estate availability within the south locality to support on site access to Safeguarding Clinical Specialists for operational teams.
- A reduction in both attendance or provision of a report to update the MARAC and to inform risk management & safety planning, when a patient who is open to EPUT is being discussed.

CHALLENGES AND INNOVATIONS

Innovations and Achievements

- In partnership with Alpha Vesta, a specialist domestic abuse consultancy, a review has taken place of the Domestic Abuse Toolkit. Training for frontline managers in supporting staff who are experiencing domestic abuse (DA) was delivered in June and in total 114 managers and advisors from HR, Employee Experience and the Safeguarding Team attended. This training is designed to provide an awareness of domestic abuse and to assist managers in supporting colleagues who may be experiencing DA through risk assessment, workplace adaptation and access to internal and external forms of support.
- Development of a service user feedback tool in response to the Dispatches programme to review the wellbeing and welfare of inpatient service users.
- Successful attainment by 11 EPUT practitioner of the Best Interest Assessor qualification through awarded by Teeside University.
- Successful recruitment to all vacant posts.
- Successful implementation of innovative approaches to safeguarding training to include safeguarding training to support agency and bank staff and MCA awareness training for practitioners working with young people aged 16 – 17 years of age.
- Review of all children's and adults safeguarding policies and procedures.
- Delivery of a programme of safeguarding champions events on key themes.
- Contribution to the ECOL learning matters events and news letter.
- Delivery of bespoke training packages in response to operational teams training needs.
- Successful disaggregation of safeguarding provision for 0-19 Children's Public Health Services to Southend City Council.

FORWARD PLAN 2022/23

Objectives 2022/23	Success Criteria
Think Family	This objective is ongoing as it has been a theme identified in a number of safeguarding reviews for adults and children. The safeguarding training package has been reviewed to ensure that learning is incorporated to support practice . Policies and procedures have also been reviewed within the reporting period and the need for a Think Family approach strengthened. The service has also contributed to the SET Think Family working group.
Domestic Abuse	A review has been undertaken in partnership with Alpha Vesta, a specialist domestic abuse consultancy of the Domestic Abuse Toolkit. Training for frontline managers is planned for delivery in June 2023 designed to provide an awareness of domestic abuse and to assist managers in supporting colleagues who may be experiencing DA through risk assessment, workplace adaptation and access to internal and external forms of support. The Clinical Safeguarding Specialist for MARAC/MAPPA has been recruited, to support multiagency working and risk management within the partnership for service users known to EPUT services. The Domestic Abuse procedural guidance has been reviewed and ratified.
The Trust will implement the Liberty Protection Safeguards (LPS) effectively with sufficient resourcing to support said implementation.	The Safeguarding Team has represented the Trust at both regional LPS and MCA group and the Southend, Essex, Thurrock and Suffolk LPS Provider Work Stream. The Trust sponsored 14 practitioners to attend the best Interest Assessors course to support implementation of LPS, 11 of which have successfully attained the qualification. MCA training is delivered as part of the safeguarding training package with bespoke training delivered to teams in response to needs.

FORWARD PLAN 2022/23

Objectives 2022/23	Success Criteria
Multi-agency working and information sharing	The team have created a Safeguarding Clinical Specialist role for MARAC/MAPPA, this has been essential in creating effective systems and arrangements to support risk and safety planning for high risk service users. A Joint reflective audit was undertaken with Southend City Council on S.42 enquiries with positive feedback reported on the practice of EPUT practitioners. The team have reviewed the joint working arrangements with Essex Police. The team have played a key role in the establishment of the Mental Health Risk management Board. As part of the MSE Provider collaborative the Safeguarding Team have worked in partnership with other providers within the Safeguarding Sub -group to consider realignment of policies, development of a common training offer/passport and standardised supervision process.
Review and submission of the Safeguarding Adults Self Assessment Audit.	The audit was successfully submitted. Unfortunately, a limited submission was provided for the staff survey due to poor feedback return.
Young person transition to adult services leaving care	This remains an ongoing issue. The LAC Team have set up drop in clinics for the 16-19 years a group which is multiagency working with Children's Social care and other health partnership working. EPUT Safeguarding Team presented at the Southend City Council partnership Board arranged in regards to transition. The EPUT Lac Team also contribute to the Corporate Parenting Board in regards to health, in conjunction with the Integrated Care Board.

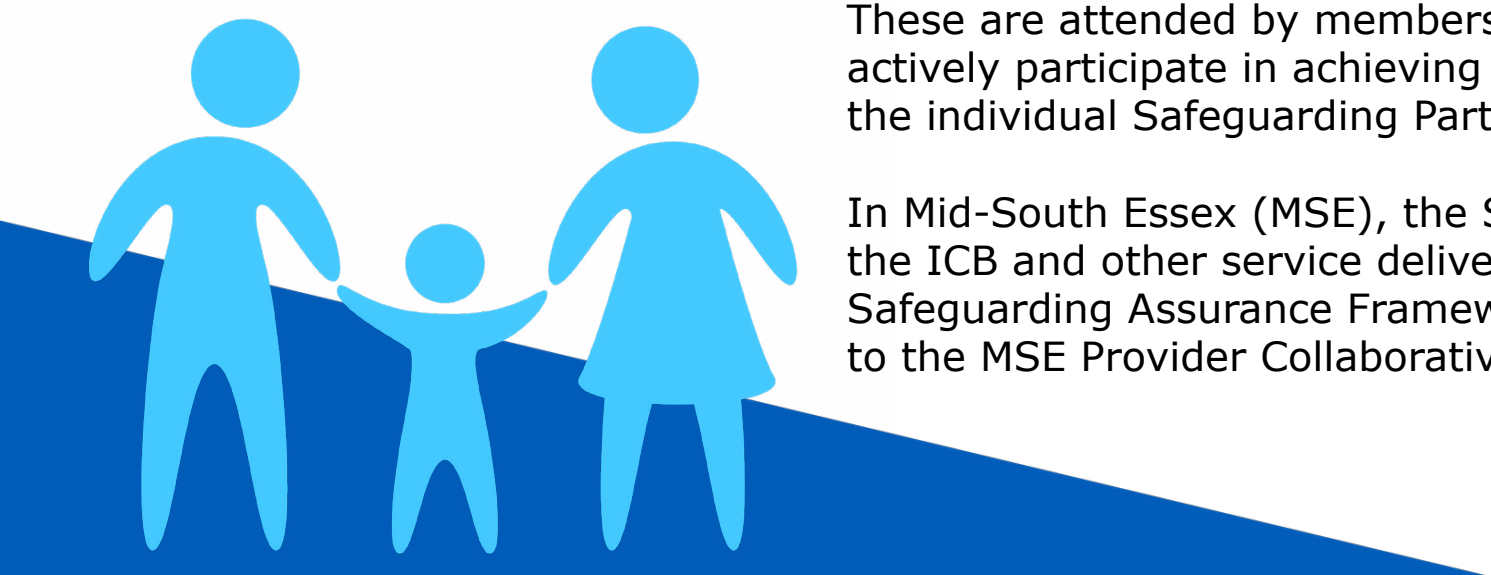
FORWARD PLAN 2022/23

Objectives 2022/23	Success Criteria
Creation of Looked After Children (LAC) Team EPUT dashboard to enable service analysis of LAC population/cohort.	This piece of work was put on hold following prioritisation of the development team project timeline and was forecast to be developed in June 2023. Since this time there has been a project management change with the IHA/LAC dashboard project. In May, the digital project review board decided to transfer the LAC dashboard project from the previous project orientation to the Power BI platform and this is commenced development in June 2023.
Effective collaboration with EPUT Culture of Learning (ECOL) to support system wide learning and safe practice	The Safeguarding Team have worked closely with ECOL to ensure that learning from enquiries, reviews and key themes across the safeguarding landscape are shared. We have contributed to the Learning Collaborative Partnership Group, which was introduced and has been running since July 22. The group enables subject matter experts to consider learning themes, good practice and significant events within their area of work and share this across the organisation. The Safeguarding Team and the Lessons Team hosted a live learning matters sessions regarding safeguarding and professional curiosity. The Safeguarding Team has also provided specialist content for the Learning Lessons Briefings that are produced by the Lessons Team. A policy and procedure at a glance for safeguarding adults is under development.

PARTNERSHIP WORKING

The Trust is actively represented on all the Local Authority Safeguarding Children and Adult Partnerships by Executive Directors, Directors and the Deputy Director for Safeguarding within the areas where the Trust provides care. This representation is an important part of developing and influencing services for Trust service users and demonstrates the commitment the Trust places on the safeguarding agenda and working relationships with other agencies. These arrangements give assurance and oversight to the Safeguarding Partners of the work EPUT is involved in. The Partners seek help and expertise from the Trust in developing strategies/protocols which include aspects of mental health etc.

One Local Authority has co-commissioned with the ICB and the EPUT Safeguarding Children team to support the Southend Children, Young People and Families Public Health Services. Reports and audit outcomes are presented to the Local Safeguarding Partnerships. Minutes of these Partnership meetings are routinely placed on the agenda of the Trust's Safeguarding Groups and presented by the EPUT representative. Each Safeguarding Partnership has a number of sub groups, which include the Health Executive Forum, Learning and Development, Performance, Audit, Quality and Assurance, Case Review, Policy Development etc.



These are attended by members of EPUT Safeguarding Team who actively participate in achieving the aims of the business plans of the individual Safeguarding Partnerships.

In Mid-South Essex (MSE), the Safeguarding Team is working with the ICB and other service delivery partners to formulate a system Safeguarding Assurance Framework. The team are also contribute to the MSE Provider Collaborative Safeguarding Sub-group.

PARTNERSHIP WORKING

Feedback

> Devon Partnership Trust and Essex University Partnership Trust have worked collaboratively and creatively to implement a number of Sexual Safety initiatives; including representation from both Trusts on our respective Sexual Safety Committees and jointly developing sexual safety resources such as training materials, leaflets and posters for clinical areas, audit tools and sharing and reviewing our respective policies. This collaborative approach, whilst recognising the unique nature of each Trust has enabled both support and respectful challenge. The Trusts have also collaborated through the benchmarking of safeguarding activity and the sharing of annual reports.
> **- Penny Rogers, Deputy Director, Safeguarding & Public Protection**

> Since March the team has forged strong links with EPUT, in particular with the Safeguarding team, and has been well received by all NHS professionals met at a variety of meetings. The positive engagement from various individuals and teams in EPUT has been of great benefit to the new team as it ramps up its activity and has been a positive example of the benefits of partnership working. The team set up the Mental Health Risk Management board, attended by a variety of relevant stakeholders, and has recently set up sub groups for the three geographical areas of Essex covered by ICBs so both Police and partners can discuss people of concern. There have been over 25 of these meetings so far which have resulted in people receiving early intervention on their Mental Ill Health as well as certain matters being expedited through the Criminal Justice system. This combined work with the Safeguarding team has helped to enhance the intelligence we hold on individuals and allow us to deal with them more effectively taking into account their complex needs.
> **- Jamie Edwards, Police Sergeant Mental Health Prevention Team**

PARTNERSHIP WORKING

Feedback

MAPPA has been supported by a dedicated Mental Health SPOC at MAPPA Level 2 and 3 for the last year. Their role is to check Essex mental health systems for information about MAPPA nominals, or those closely linked to them who may be at risk. They share that information with partners at multi agency meetings and where there is an EPUT professional working with a nominal, they will coordinate with them to get their direct participation in the MAPPA meeting. Their contribution is incredibly valuable in managing the risks of the highest risk and most dangerous sexual and violent offenders in the county, many of whom live with a diagnosed mental health illness or are accessing primary mental health support. EPUT were actively represented at 351 meetings during April 2022- March 2023 (77%).

- Elizabeth Newns, MAPPA Manager, Crime & Public Protection

Essex Partnership University NHS Foundation Trust (EPUT) is an active core member of the Southend Safeguarding Partnership (SSP). A representative from their Safeguarding Team is also the Chair of a SSP Subgroup (Auidt, Performance, Quality and Assurance). Their attendance record (at nearly 100%) of all Boards and Subgroups is testament to their commitment to the Partnership and the drive to work together to change outcomes for children and adults at risk. We are aware of the recent challenges facing EPUT and are kept up to date regularly alongside out Safeguarding Board neighbours (at Southend, Essex and Thurrock – SET – meetings). EPUT, through a number of representatives and forums engage in the assessment of delivery, review of cases, production of guidance and policy and input into future strategy and workstreams.

- Paul Hill Business Manager, Southend Safeguarding Partnership (SSP)

COMMUNICATIONS

Safeguarding Champions

Safeguarding Champions act as conduit of information between the Safeguarding Team and their clinical area by raising awareness of safeguarding practice and initiatives and supporting the identification of team learning needs.

The following Champions events have been held during the reporting period to support this function and are open to Safeguarding Champions and EPUT Practitioners to support best practice in safeguarding:

May 22 - Themes from Reviews

August 22 - Strangulation & Prevention

October 22 - Female Genital Mutilation

February 23 - Records Keeping

March 23 – Early Help

COMMUNICATIONS

21st–25th November 2022 - Safeguarding Week

The Safeguarding Team hosted a roadshow whereby the team visited various EPUT sites during the week.

They also hosted a program of safeguarding events facilitated by guest speakers.

Topic areas included:

- Carers Assessment Webinar
- Alpha Vesta- Breaking the cycle of abuse Webinar
- Neurodiversity Webinar

COMMUNICATIONS

Safeguarding Newsletter

The newsletter is published on a monthly basis and is circulated to all Safeguarding Champions and Operational Leads for wider distribution within the organisation.
Topics reported over the past year include:

- Themes from Safeguarding Reviews
- Sexual safety incidents – new definitions on Datix
- Vulnerable Children during School Holidays
- Online Grooming / Child Sexual Exploitation
- FGM Challenging Female Genital Mutilation
- Refugees & Asylum Seekers
- Family Support & Bereavement
- Making Safeguarding Personal
- Records Keeping
- Barriers for professional curiosity
- Families with complex needs
- Changing Futures- Phoenix Futures
- Graded Care Profile (GCP2)

SAFEGUARDING REVIEWS & RECOMMENDATIONS

Safeguarding Adults Reviews

Safeguarding Adults Reviews (SARs) are a statutory requirement for Safeguarding Adults Boards (SABs).

Safeguarding adult practice can be improved by identifying what is helping and what is hindering safeguarding work, in order to tackle barriers to good practice and protect adults from harm.

In 2022, the organisation has been involved in 15 Safeguarding Adult Reviews (SARs). Five of these have been combined reviews, bringing together the SAR requirements with a Domestic Homicide Review (DHR).

LEARNING FROM SAFEGUARDING ADULT REVIEWS

Key Themes

- Challenges when working with those who experience complex needs, which is inclusive of a trauma informed response, recognising the impact of trauma on the individual.
- Consistent application of the Mental Capacity Act (MCA) to question an individual's capacity to make decisions when they are expressing suicidal intent.
- Effective mechanisms that support risk management, transfer and discharge planning for those service users known to have suicidal tendencies.
- Improving Making Safeguarding Personal (MSP) and hearing the voice of the adult at risk.
- Improving interagency communications between Health and Social Care.
- Recognition of the importance of carers; the need to engage and communicate effectively with them, and to offer support to them, in their own right.
- Practice approaches and services that are built on the understanding of the impact of intersectional complex factors such as trauma, substance misuse, mental health issues, homelessness and criminal justice.
- A specific point about the determination of the nearest Relative for care leavers was made as a helpful detail for patients. Application of the MHA

Domestic Homicide Reviews

Domestic Homicide Reviews (DHRs) are multi-agency reviews, commissioned by community safety partnerships, into the deaths of adults which may have resulted from violence, abuse, or neglect; by a person to whom they were related or with whom they had an intimate relationship, or where they were a member of the same household.

During 2022, the organisation has been involved in 14 DHRs.

The Trust has been involved in one joint DHR/SAR that has been published during the report period – SAR Valerie.

Key Themes

- Improved understanding of carer assessments.
- Improved working relationships between Mental health and Adult Social Care.
- Raised awareness of safeguarding referrals and the frameworks they fall under; coercive & controlling behaviour that can form part of complex relationships and the many ways this may manifest.
- The importance of professional curiosity which supports effective Multi-Agency working.
- Capturing both adult's voices in co dependent relationships.
- Knowledge linked to domestic abuse and mental health and how they work in partnership.
- Substance misuse (prescription used by third party).
- Robust implementation of policy guidance as follows to support active engagement including DNA (Disengagement guideline CG77).

LEARNING FROM SAFEGUARDING CHILDREN PRACTICE REVIEWS

Key Themes

During 2022, the organisation has been involved in 14 CSPR's one of which has been published during the reporting period – Child V.

- The risk assessments of young people who ligature frequently
- The level of supervision/observation after ligaturing
- The need for a coherent and consistent approach towards young people ligaturing, including recording of ligaturing incident
- Referral to the Local Authority of the young person as a Child in Need
- Existing guidance on the management of ligaturing in Psychiatric Intensive Care Units
- Adoption of a 'Think Family' approach, to ensure that all aspects of safeguarding concerns are given sufficient consideration to enable children and adults to be protected.

Key Themes from Wider Learning

The Safeguarding Team as a member of the Learning Collaborative Partnership provides specialist expertise to support the Trust's Culture of Learning in the identification of lessons from good practice, safeguarding investigations and reviews.

The Safeguarding Team has contributed to the Learning Matters Monthly Event on safeguarding and professional curiosity attended by 84 participants and the 5 key messages and Lessons Identified Newsletter.

Key messages identified:

Engagement

- Practitioners should ensure all failed urgent home visits are communicated to a team leader or equivalent to agree an appropriate plan of action including, if necessary, the use of out of hours services
- Communication with mental health patients about prospective or missed appointments takes into account the potential that the patient may be vulnerable due to mental disorder and may have difficulty in engaging and forming relationships with service providers and as a result may need more assistance/support to ensure that they attend

Mental Capacity Act

- Mental Capacity Act awareness needs to be embedded within clinical teams. Staff need to ensure that only approved therapeutic interventions for control, restraint and manual handling are adopted at all times.

Key Themes from Wider Learning

Think Family

- This approach is needs to be adopted in the assessment of service users particularly within Older Adult Mental Health Inpatient Units. Staff must ensure that wider family and community support are investigated to inform assessment of need and risk.

Police reporting

- Allegations of sexual assault within inpatient units must be reported to the police in addition to reporting on Datix and informing the Safeguarding Team. The Safeguarding Adults Procedure CLPG39 provides further guidance for operational staff about safeguarding adult processes to be followed.
- Any abuse or suspected abuse should be reported promptly to Police. Where a safeguarding concern has been raised with social care, the referrer should not assume that social care or other organisations will contact the Police. Early involvement of the police is vital to support any criminal investigation. Delays in reporting can delay the safeguarding of the victim, delay the apprehension of the offender, result in the loss of evidence and risk the commission of further offences against other victims.

Escalation

- Problem resolution must be seen as an integral part of co-operation and joint working to safeguard adults and children/young people. The Safeguarding Team can assist practitioners with the escalation process as per the resolution of professional disagreement within SET Safeguarding & Child Protection Procedures and Safeguarding Adults Guidelines.

LOOKED AFTER CHILDREN

- The Looked After Children's Service (LAC) adhere to the provision of service detailed within the Statutory Guidance - Promoting the Health and Well-Being of Looked After Children (2015, DFE).
- The service offer is to address the health needs of all Looked After Children and young people placed in the South East locality, regardless of which authority placed them there. Additionally, the team is responsible for co-ordinating and monitoring the health needs of all children and young people who are looked after and placed by the South East locality elsewhere in the country.
- The EPUT LAC Service provides support to frontline staff working with the LAC population, as well as direct client care to young people who are over the age of sixteen. This also includes young people who are not in education and have no universal services practitioners caring for them.
- The service raises awareness of the needs of LAC by providing up-to-date, accessible, informative and appropriate training, on health-related topics to both EPUT staff and Foster Carers. Provision of evidenced-based training supports the development of practitioner's clinical skills in undertaking robust Review Health Assessments (RHAs), which support a holistic review of the health and developmental needs of the child or young person.
- The LAC Team continue to work in partnership with statutory agencies to promote the overall outcomes for LAC under the duty of the Corporate Parenting Responsibilities. The specialist nurses remain active members of the Corporate Parenting Group and the Multi-Agency Operational Groups. This has been beneficial in striving to improve the outcomes for children who are "looked after" in foster care and residential homes, as well as reviewing the pathways for transition to adult services for Care Leavers as they move to independent living.
- The statutory frameworks that support quality and assurance within the LAC Service include peer reviews, training, attendance at professional meetings, attendance at the East of England LAC Forum, and quarterly supervision.

LOCAL PICTURE 'LAC'

The current LAC caseload held by the service within the **South East Locality** is **743**, which is broken down by area as:

CPR 222	SOUTHEND 419	102 CARE LEAVERS
Under 18 years of age children	Under 18 years of age children	18 to 19 years old

In the last five years the population of Looked After Children in the UK is reported to have increased by 10%, from 93,013 to 102,291 (NSPCC March 2021).
The number of Looked After Children increased by 2% from 80,780 31 March 2021 to 82,170 by 31 March 2022. The number of unaccompanied asylum-seeking children (UASC) is above pre-pandemic levels - after a 20% decrease last year, the numbers of UASC are up by 34%.

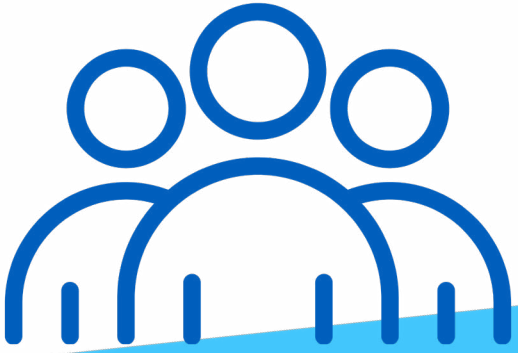
Dental

- In general, health checks were maintained during the pandemic but last year 2021 the proportion of CLA having had their teeth checked by a dentist fell substantially to 40% - this has begun to recover - in 2022 70 % of CLA had had their teeth checked by a dentist during the year. Reported to the ICB and NHS England. Initiatives developed to support oral health:
- Attended Dental mouth care training
- Partnership working with the LA Dental mobile project
- Supporting carers directly to register and access dental care for LAC.

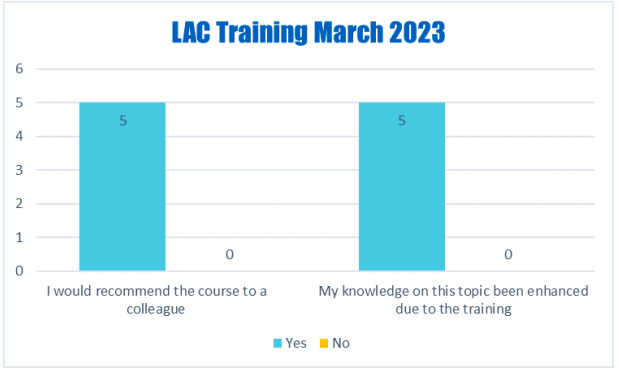
Children looked after in England including adoptions, Reporting year 2022 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

Key Themes from looked after children

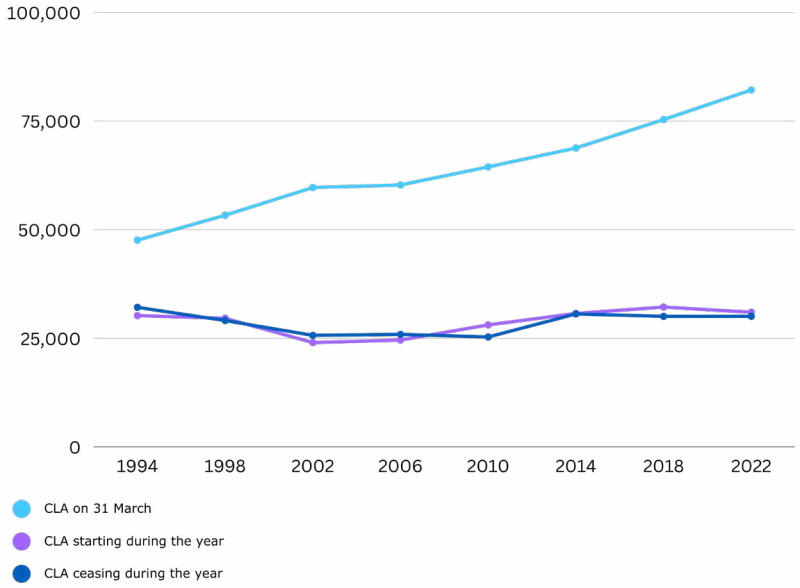
- Increase of county lines, injuries and criminal activity. This has resulted in some effective disruption work by partners led by Social Care. Unfortunately some young people continue to be at risk and are now in the penal institutions or still within the gangs.
- A need for a planned and coordinated transition to adult service especially for those Care Leavers with increased vulnerabilities. This area has seen an increase in activity following the extension of provision to Care Leavers aged 21-25, particularly for children with EHCP or SEND needs. NICE (2021) also include in this group young people who identify as LGBTQ+.
- An increase in Looked After Children attendances at A&E for complex mental health needs. Lack of tier four beds to meet demand, resulting in some YP being placed in bespoke or unregulated placements due to the high need.
- An increase in unaccompanied migrant children who during their journey may have been subject to modern day slavery, trafficking, enforced separation from family by traffickers, abuse at the camps as well as trauma.
- An increase in missing episodes, strategy meetings to co-ordinate partnership working
- Proactive working to increase Strengths and Difficulties Questionnaire returns.



LOOKED AFTER CHILDREN



Number of children looked after continues to rise



KEY SAFEGUARDING FACTS

Training

Safeguarding training is mandatory for all staff within the Trust; all staff undertake level 1 and 2 training (including basic awareness of Prevent, MCA and DoLS) during their induction. Level 3, 4, MCA and DoLs, and safeguarding investigations training is dependent on individual's roles and responsibilities.

Our training is in line with Safeguarding Adult and Children Partnership Boards and intercollegiate guidance for both adults and children. Assurance that training has been undertaken is provided via the online training tracker, which prompts staff to undertake refresher training. In addition, the safeguarding team attend regular team meetings.

Competency of staff is demonstrated through planned and live supervision. If it is felt that staff require more support or training this will be identified and provided.

The Safeguarding Team also offers additional training to teams where there are identified concerns regarding MCA / DoLS documentation or safeguarding practices. The safeguarding training explores different scenarios through a case study approach incorporating lessons learned and key themes from safeguarding adult reviews.

The LAC Team have developed a Level 3 Looked after Children's Training. This ensures that the key LAC drivers are embedded into best practice when completing Review Health Assessments (RHAs) in order to be able to provide a holistic review of the health and development of Looked After Children.

23 Safeguarding Adults Level 3 Sessions Delivered to 1199 Staff	**+31.76% from previous year**
19 Safeguarding Children Level 3 Sessions Delivered to 773 Staff	**-3.25% from previous year**

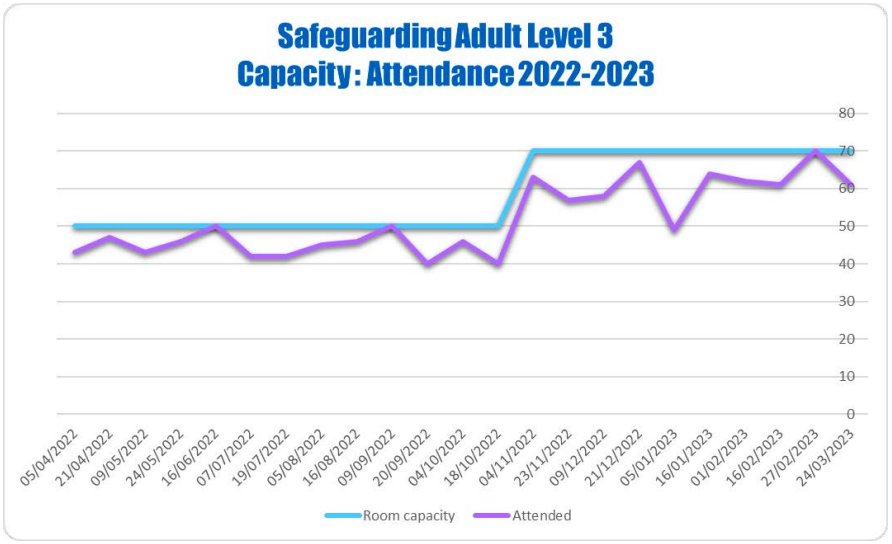
27 attendees fed back that they felt Very Confident following Level 3 safeguarding children, and **88** felt Fairly Confident post training.

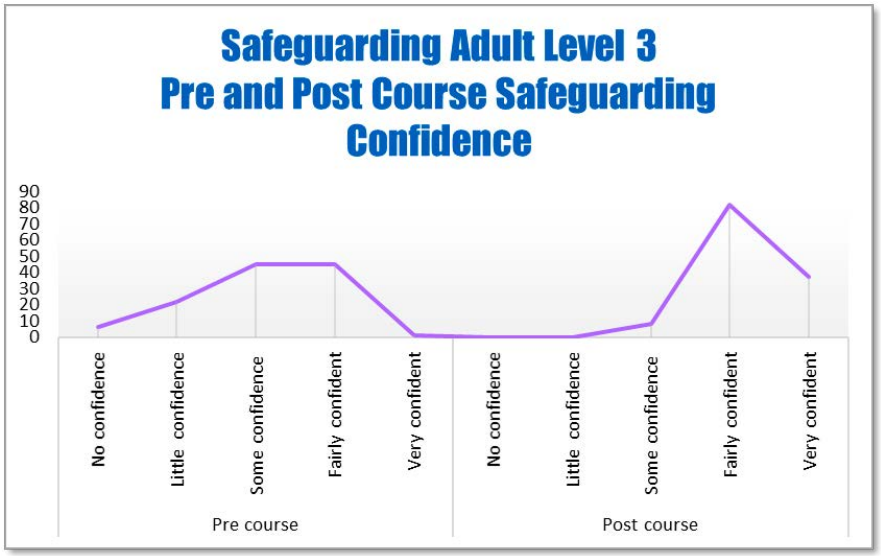
37 attendees fed back they felt Very Confident post course for Level 3 safeguarding adults, compared to **1** pre course. **82** felt Fairly Confident.

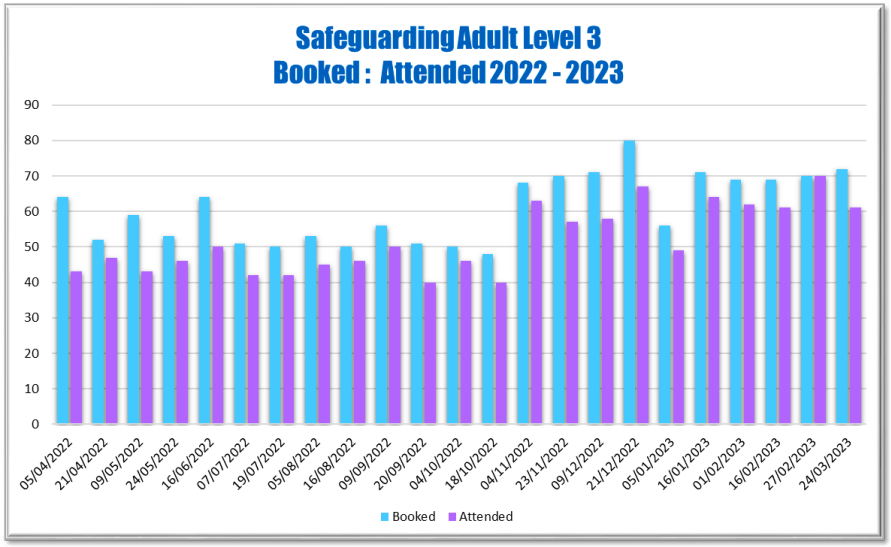
Feedback Themes

- Appreciated step by step walk through of safeguarding process.
- Motivation maintained by using different mediums, including videos, quizzes and breakout rooms.
- Virtual training environment still valued to support access.
- Participants valued the structure of the course.
- Helpfully covered a variety of topics under the Safeguarding umbrella.
- Trainers have been very inviting, knowledgeable and approachable.
- Training with people from other teams and professions has shown to be interesting and also challenging with different ways of working and viewpoints.

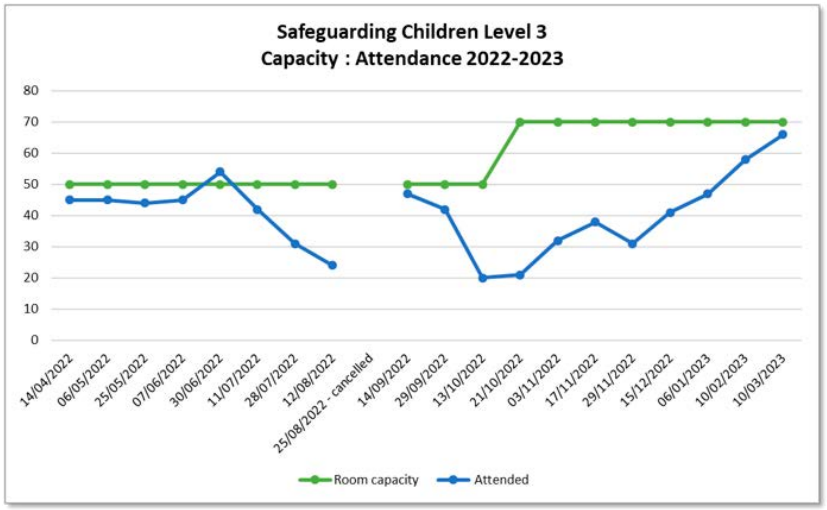
SAFEGUARDING ADULTS TRAINING

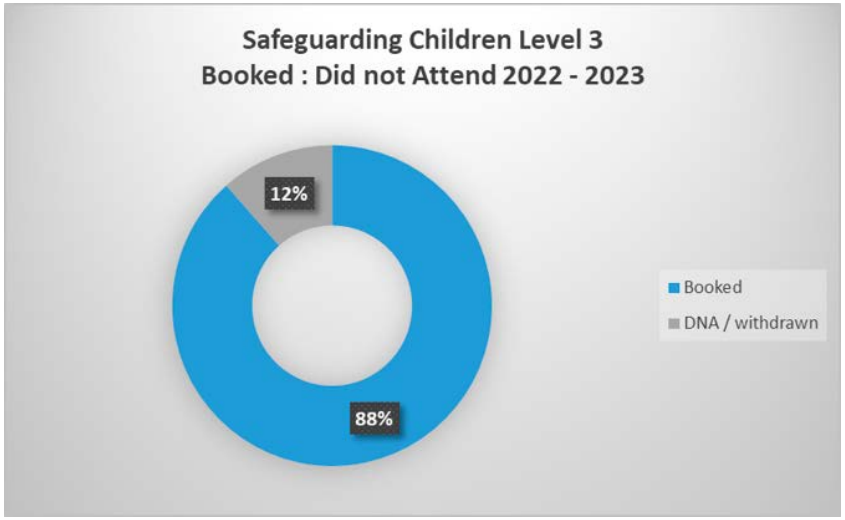


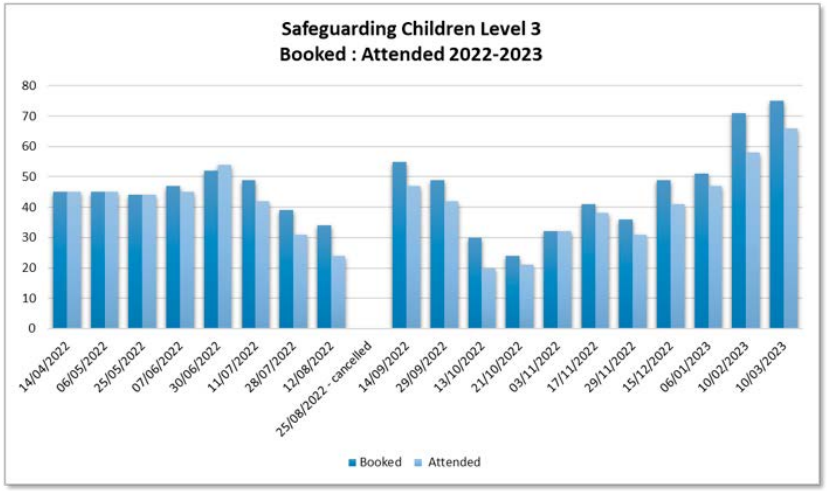


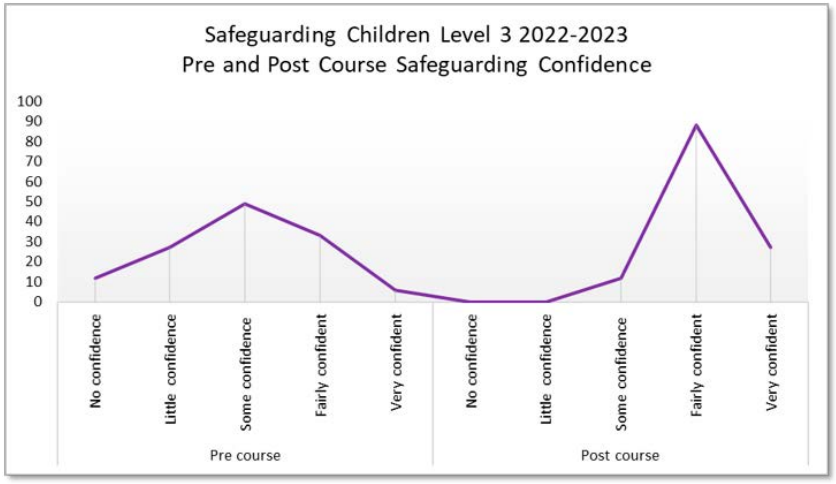


SAFEGUARDING CHILDREN TRAINING









KEY SAFEGUARDING FACTS

Training Feedback

> The course was well administered, using a variety of methods of teaching including powerpoint presentations, discussions, the use of videos and break out rooms. The information was delivered well and effectively.
> **- Daniela Santos 05.04.22**

> I really enjoyed the day- excellent update, well presented in a way that was relevant to the wide range of clinicians attending. No assumptions made & lots of opportunity for people to ask questions.
> **- Karen Moore 05.04.22**

> Thank you for this excellent training. I must admit I wasn't looking forward to a whole days training on 'Teams'! but I found it very enlightening & informative. I enjoyed the case studies, they were thought provoking. I found the 'Branded a Witch' video quite emotional. Re: FGM – I didn't know that you could report to 101 (if you hear/see it), plus C.P referral. Fortunately I work for the School Aged Immunisation Service & therefore haven't come across too many Safeguarding issues in our work, but I am aware of which processes to follow should any safeguarding concerns arise. Thanks again for making the session interesting.
> **- Anne Martin- 25.05.22**

KEY SAFEGUARDING FACTS

Feedback 3 months post training

I can confirm that I have improved my clinical practice and the practice of others by working with the Urgent and in patient care unit to evidence the improvement to practice by working with families, carers and systems enabling more effective support and management of risk via collaboration. Developing and enhancing the role of family group Conference within the transforming services to support more effective safeguarding including the service response to domestic violence, support for children. Supported the delivery of workshops, nationally and locally by a member of my team on the subject of modern slavery. I have delivered a series of regional workshops in collaboration with Curators for Change (training group people with lived experience) on suicide prevention challenging professionals to work in an open and honest way with individuals who are suicidal. Established a programme of transition meetings to support more effective transitions of young people into secondary care.

- Dr Lynn Prendergast

As I complete 4-6 initial assessments a week for working age adults at Rectory Lane Specialist Community Mental Health Service, I have been making sure to extend my questioning to include potential risk to children if the people I am assessing are parents. I feel that since doing this I can comfortably assess any potential needs/risks of the child/children and include any potential support/ Safeguarding concerns in my action plan and complete any referrals. As I assess suicide risks of adults, I explore potential protective factors if people state that their children are their protective factor. This can sometimes be concerning due to historical SI's within the trust, so will include these in my identified risks and manage appropriately. I am now more aware of services I can reach out to when needing to investigate any potential risks of children. I am also more confident in raising concerns with the belief that I would rather be too vigilant than not vigilant enough and something potentially happening to a child that I could have prevented.

- Sarah-Jane Morrison, Community Mental Health Nurse

KEY SAFEGUARDING FACTS

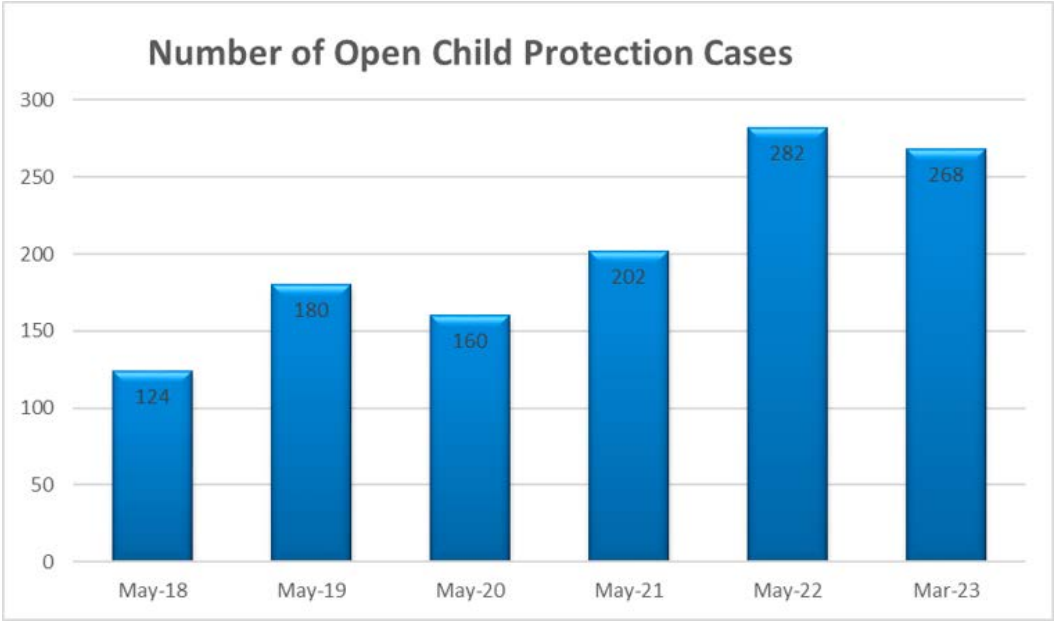
Safeguarding Children

Child Protection Conferences

We had **282** children on a Child Protection Plan in March 2023. (May 2022 – 282, May 2021 – 202).

March 2023 Child Protection Plan categories

Emotional Abuse	**89**
Neglect	**175**
Physical Abuse	**4**
Sexual Harm	**0**



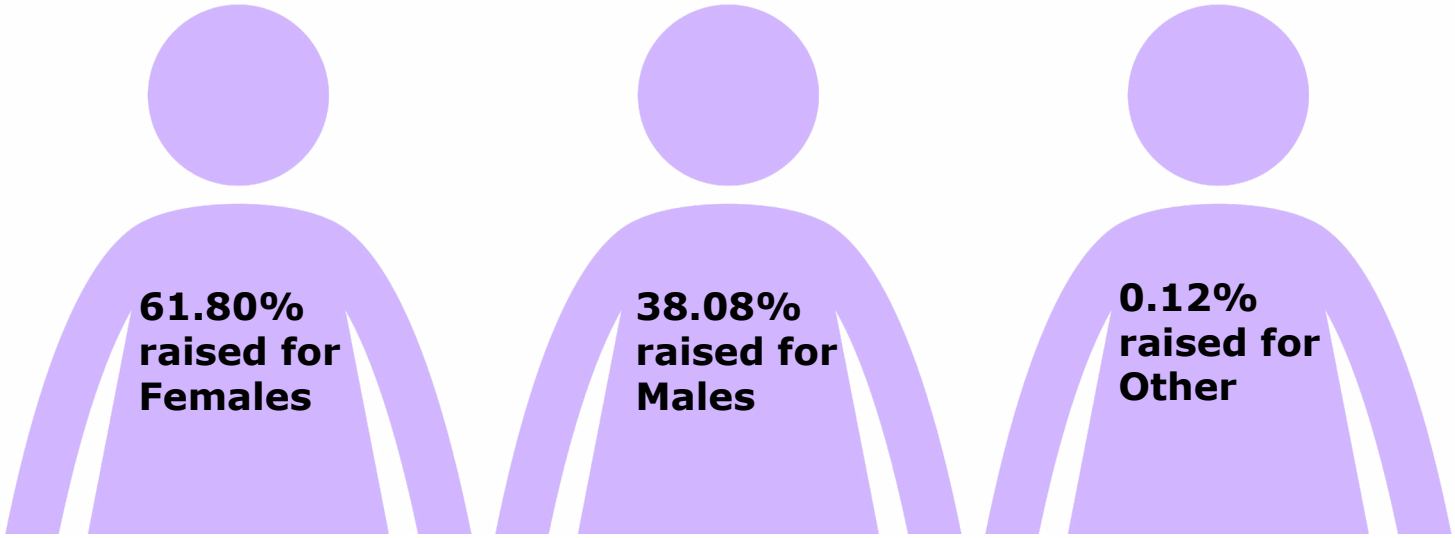
We received **1794** domestic incident reports between April 2021 and March 2022. Between October 2022 and March 2023, we received **547**.

KEY SAFEGUARDING FACTS

Safeguarding Adults

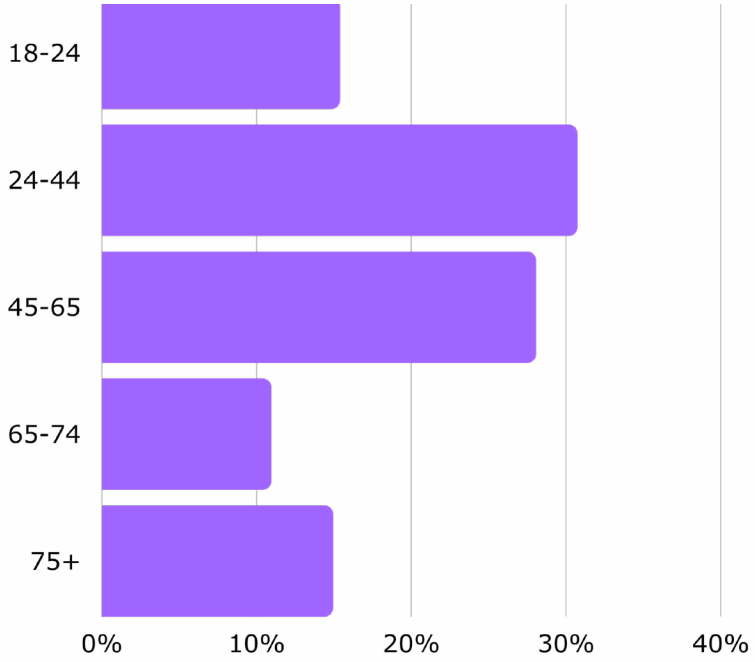
3416 Safeguarding concerns received >>> **+3.02% from previous year**

47% enquiries were investigated within 90 days, 14% less from previous year.



Safeguarding Adults

Ages of Enquiries



Person Alleged to Have Caused Harm (top 10)

Self	26%
Other family	11%
Partner	10%
Other EPUT Service User	8%
EPUT Staff Member	5%
Not determined	15%
Residential Care Staff	3%
Ex-Partner	3%
Neighbour	3%
Friend	2%
Other	14%

Source of Referral

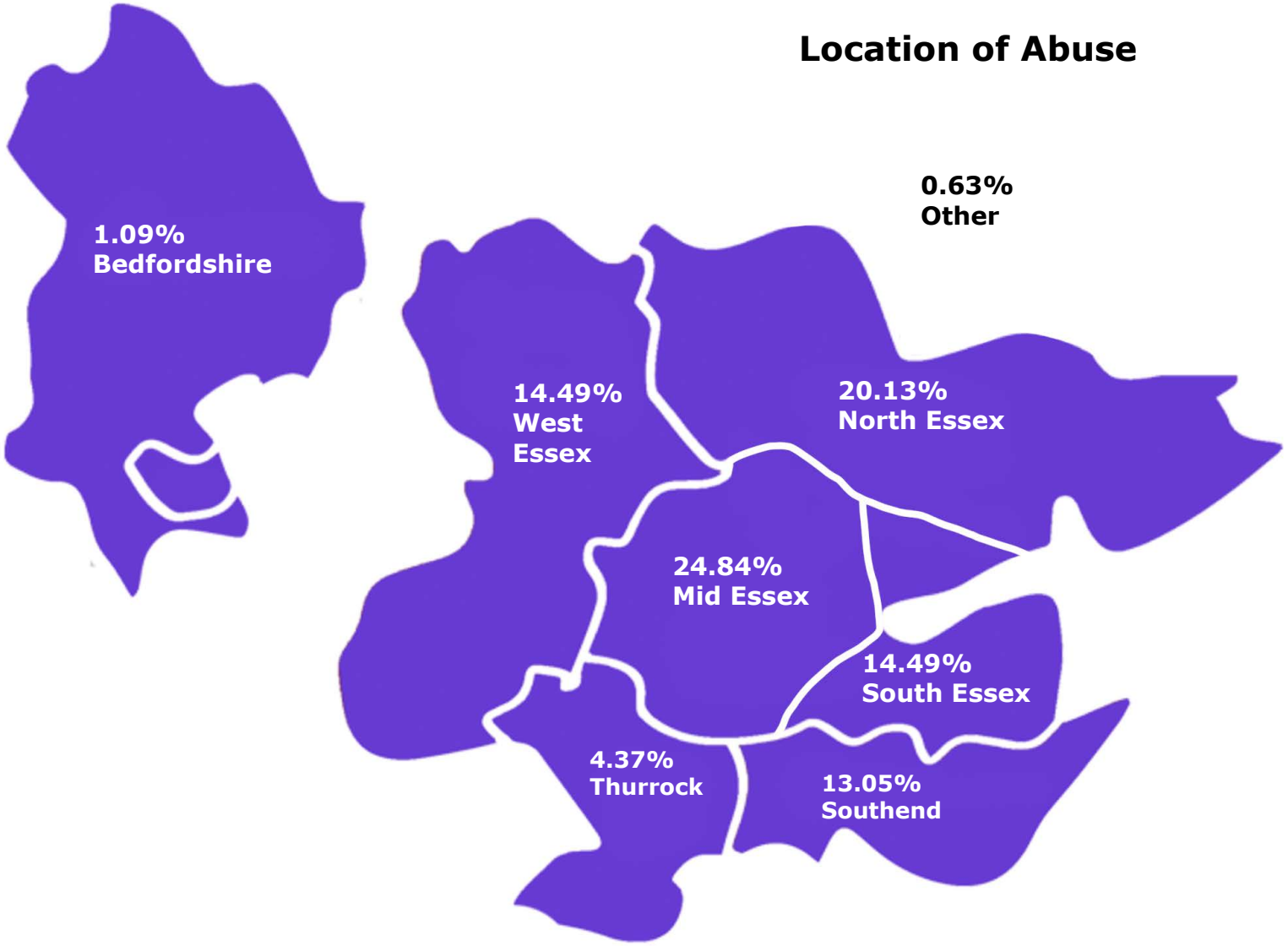
EPUT: Mental Health	48%
Police	13%
EPUT: Community Health	7%
Acute/General Hospital	6%
Ambulance Service	5%
Residential Care Home	4%
Local Council	3%
Family	3%
Adult Social Care	2%
Supported Housing	2%
Other	9%

Safeguarding Adults

Type of Abuse

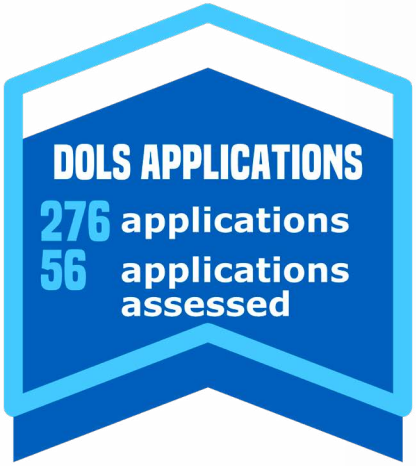
Self Neglect	19.84%
Physical	15.29%
Financial or Material	15.06%
Psychological	14.82%
Domestic Abuse	10.31%
Neglect	9.14%
Sexual	6.63%
Not determined	4.39%
Organisational	3.10%
Vulnerable to radicalisation	0.51%
Modern Slavery	0.51%
Discriminatory	0.39%

Location of Abuse



Conclusion

Substantiated	31.33%
Inconclusive / Not Determined	18.91%
Investigation Ceased at Individuals Request	18.63%
Partly Substantiated	15.9%
Unsubstantiated	15.24%



20% increase in applications
43.4% increase in applications assessed

9% increase

Is the Vulnerable Adult Satisfied With the Outcome?

Yes	84.53%
Not Applicable / Known	12.33%
No	3.14%

Risk Level

Risk Reduced	51.84%
Risk Removed	30.88%
Risk Remains	17.28%

FORWARD PLAN 2023/24

Objectives 2023/24	Success Criteria
Completion of the Safeguarding Audit Programme for 23/24 to provide assurance on the quality of safeguarding practice within the organisation and to inform service improvement	Completion of the following audits: • Duty process • Mental capacity Act • Safeguarding Compliance to include Making Safeguarding Personal • Adult User Experience of Safeguarding Enquiry and Outcome Engagement in partnership audits: • Multi Agency Targeted Audit - Essex • ICB Safeguarding Audit • Local Authority Safeguarding Audits
Integration of MHA and Safeguarding Functions	Review current resource allocation for both teams to support and complement statutory processes. Create a structure that reflects the integration and roles and responsibilities to fulfil the required functions for the organisation.
Review and submission of the Section 11	Under the Children Act 2004 and the Education Act 2002, EPUT is required to undertake an audit of its statutory responsibilities regarding the safeguarding of children and the promotion of their welfare within the community as described within section 11 (s11) of the Children Act., Bi annually. Successful submission and ratification by Local safeguarding Partnership Board.
Domestic Abuse	Development of Domestic Abuse Training Framework to support clinical teams in patient care and for line managers and to support staff who maybe experiencing domestic abuse. Identify staff within safeguarding Team to undertake the train the trainer course in DASH risk assessment.

FORWARD PLAN 2023/24

Objectives 2023/24	Success Criteria
Development and implementation of outcomes of LAC Service Business Case undertaken subject to agreement and contract variation	Development of new job descriptions and review of current teams alongside the recruitment of additional resource as a result of the increase in funding. Develop and implement the new service delivery model following the successful recruitment of team members in order to be able to increase capacity and demand.
Creation of Looked After Children (LAC) Team EPUT dashboard to enable service analysis of LAC population/cohort	Successful implementation of the LAC dashboard to support workload identification and outcomes for children who are looked after. This project will commence in June 2023 as part of the Trust Power BI platform delivered through the Centre of Excellence team.
Effective collaboration with EPUT Culture of Learning to support system wide learning and safe practice	The Safeguarding Team to contribute to the EPUT Culture of Learning to advise on emerging themes and learning from safeguarding enquiries, safeguarding reviews – adult and children and deprivation of liberty. To contribute to the Lessons Identified Newsletter and Learning Matters training events. Ensure that a joined up approach is in place that links learning from safeguarding reviews and patient safety incident investigations. Development of Policy on a Page for Children Safeguarding.
The Trust will continue to prepare for the implementation of the Liberty Protection Safeguards (LPS) during this period of delay. The team will also provide assurance that EPUT practitioners continue to apply the Deprivation of Liberty Safeguards, in line with the Mental Capacity Act 2005, to ensure that the rights of those who may lack the relevant capacity are protected.	In April 2023, the government announced that the implementation of Liberty protection safeguards will be delayed until the next parliament. The Safeguarding Team will ensure operational teams are trained in the delivery and robust documentation of Mental Capacity Assessments. Provide oversight of the DoLS application and authorisation process for service users deprived of liberty within inpatient wards. Review on publication and receipt of LPS consultation/next steps.

GLOSSARY OF TERMS

CCG	**Clinical Commissioning Group**
CPR	**Castle Point Rayleigh Rochford**
DA	**Domestic Abuse**
DHR	**Domestic Homicide Review**
DoLS	**Deprivation of Liberty Safeguards**
ECOL	**EPUT Culture of Learning**
EHCP	**Education, Health Care Plan**
HEF	**Health Executive Forum**
ICB	**Integrated Care Board**
ICS	**Integrated Care System**
LAC	**Looked After Child**
LADO	**Local Authority Designated Officer**
LPS	**Liberty Protection Safeguards**
MACE Group	**Missing and Child Exploitation in Essex Group**
MAPPA	**Multiagency Public Protection Arrangements**
MARAC	**Multiagency Risk Assessment Conference**
MCA	**Mental Capacity Act**
MHA	**Mental Health Act**
MSE	**Mid and South Essex**
RHA	**Review Health Assessment**
SAB	**Safeguarding Adults Board**
SAR	**Safeguarding Adults Review**
SEND	**Special Educational Needs**
SET	**Southend, Essex and Thurrock**
SETDAB	**Southend, Essex and Thurrock Domestic Abuse Board**
SPOC	**Single Point of Contact**

HEALTH & SAFETY (AND VIOLENCE ABUSE PREVENTION AND REDUCTION)

ANNUAL REPORT 2022-2023

Decision Item | DG | 5 minutes

REFERENCES

Only PDFs are attached

H&S Annual Report 2022-23.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Health & Safety (and Violence Abuse Prevention and Reduction) Annual Report 2022-2023**					
Executive/ Non-Executive Lead:	Denver Greenhalgh Senior Director of Corporate Governance					
Report Author(s):	Sarah Pemberton, Health and Safety & Violence and Abuse Prevention and Reduction Manager Nicola Jones, Director of Risk and Compliance.					
Report discussed previously at:	HSSC (31.07.2023), ET (12.09.2023), Quality Committee (14.09.2023)					
Level of Assurance:	**Level 1**	✓	**Level 2**	✓	**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	No new risks identified. Annual report confirms there continues to be a risk with completion/review of General Workplace Risk Assessments.	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Finance and Resources Infrastructure	✓
	SR4 Demand/ Capacity	
	SR5 Statutory Public Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
	SR9 Digital	
Does this report mitigate the Strategic risk(s)?	Adherence to health and safety contributes to the overall safety agenda within the Trust for both service users and staff.	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
The purpose of this report is to present the Annual Health, Safety and Security Report 2022-23. The annual report provides an update on the activity of the Health, Safety and Security team from 1st April 2022 – 31st March 2023 and provides assurance that there are satisfactory arrangements in place for managing Health, Safety and Security across the organisation. The Health & Safety (and Violence Abuse Prevention and Reduction) Annual Report 2022-2023, was reviewed by the Quality Committee and the report is now recommended to the Board for approval.	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required

The Board of Directors is asked to:

- Receive the report, note the reviews by management forums and the Quality Committee
- Approve the annual report

Summary of Key Issues

Introduction

This report provides assurance that the Trust is fulfilling its statutory obligations under the Health & Safety requirements (Health & Safety at Work Act etc. 1974 and Management of Health & Safety at Work Regulations 1999) and gives oversight of the work plan for 2023/24.

Governance

The Trust meets its legal duty to put in place suitable arrangements to manage health and safety through the Trust Risk management team of H&S experts which is overseen by the Directorate of Compliance and Assurance. H&S is the responsibility of all staff, to ensure this the Trust fosters an environment where people are trusted and involved in H&S and Security through:

1. risk management Trust Policy and Procedures which are regularly reviewed to ensure minimum legal requirements are met
2. relationships built by the Risk Team with Trust teams
3. Identifying, managing and escalating risks and issues
4. routine H&S inspections involving staff
5. Individual services General Workplace Risk Assessments.

This is underpinned by the Trust risk profile managed through the Risk Management Assurance Framework.

Independent Assurance

Part of effective risk management is assessing if we are doing what we need to do. A peer reviewer (competent person) was engaged in Q4 of 2022/23, to consider the current approach at EPUT for management of Health and Safety. This review aligned with the requirements of the Health & Safety at Work Act 1974 and Management of the H&S at Work Regulations 1999, best practice in other NHS Trusts of similar size and scale including the model used and consistency. The output of the review (May 2023) and recommendations are being taken forward by the Trust in 2023/24.

BDO, the Trust's internal independent auditors, carry out annual internal audits to test policy compliance at ward level, this tests the systems in place focussing on policies, which local sites have responsibility for adhering to.

The Trust continues to use Datix for a range of functions including incident reporting, CAS Alerts, tracking ligature action's, Claims, Complaints and PAL's to record, track and report. We continue to have a positive reporting culture which is consistently above the National Reporting & Learning System (NRLS) cluster benchmark.

The Trust was compliant with all external sign offs in relation to all national safety alerts during 2022/23.

Enhancing Environments

The Health and Safety team have continued to work collaboratively with the Capital Projects team, Estates & Facilities and our clinical colleagues to ensure the provision of a safe and therapeutic environment. During 2022/23 some of the projects included are:

6. Refurbishment of Basildon Mental Health Assessment Unit (Grangewaters) and Christopher Unit
7. Development of Basildon Mental Health Urgent Care Unit
8. Aesthetic works throughout the Trust
9. Repurposing and re-development of Fairview complex

Culture

The Trusts' aim is to foster a culture where everyone takes responsibility for H&S and leadership can help establish safety standards and values at an organisational level; creating a positive safety ethos and an embedded culture that places safety at the foundation. Thus in mind, it is a collective effort where teams and employees have to play their part in ensuring a safe and hazard free environment and, an essential part

of this is the provision of a range of H&S training including the New Joiner Induction programme, scheduled training for Datix, completion of Risk Assessments and COSHH training (when required).

As part of the Trusts' culture of learning the H&S Team have continued to collaborate with the Compliance Team visiting to all MH inpatient wards 6 months post-annual inspection to provide coaching on ligature management and awareness; this is evidential to empowering staff to manage their ligature risks and share learning and good practice.

The team continues to support the Management Development Programmes with Risk Assessment training and throughout the reporting period, there were 8 full sessions with 34 members in attendance. The GWPRA training continued during 2022/23 with 24 sessions delivered and 50 members of staff supported via on-line training.

The VAPR team have committed to engage with staff from both inpatient and community teams more throughout this reported year and continue to offer support staff during CQC visits, technical issues relating to BWC and LWD' and when there is a significant incident relating to violence and aggression. There have been 404 VAPR drop-in clinics during the reporting period.

Innovation
The Trust are working jointly with Essex Police to ensure people who are responsible for violence and abuse are held to account when deemed suitable and appropriate and the Trust has a process in place for Zero Tolerance which includes sending formal letters perpetrators of violence and aggression.

Body worn cameras supply independent evidence for reported internal and external investigations where required. It is considered, that eventually their use will reduce the number and severity of violence and abusive incidents and Wards have been provided with comprehensive training for all staff, support with software.

Core Activities 2022-23
The Trust H&S and VAPR Team have continued with the following core activities in 2022-23:

10. 47 Full annual ligature inspections completed in inpatient MH wards undertaken jointly between H&S, Estates and Ward staff.
11. All relevant 6 monthly ligature support visits completed in line with ligature policy - 6 months after annual inspection.
12. Management and review of Lone Worker Devices
13. Management of Body Worn Cameras
14. Providing support for wards following high levels of violence and aggression
15. Further developed relationships with local Police forces and key meetings to enhance and triangulate cases requiring support
16. Supported services in developing their General Workplace Risk Assessments and providing monthly drop in training sessions
17. Range of Incident analysis reports for different committees / groups

RIDDOR Reporting
The Trust reported 27 RIDDOR cases to the Health & Safety Executive (HSE) during 2022/23.

Plans for 2023/24
The Health and Safety Team have a number of aims and objectives for 2023/24 including:

18. Take forward recommendations from the H&S independent review
19. Focus on General Workplace Risk Assessments
20. Ward Staff Search Training package for Service Users for enhanced support
21. A review of protocol for DSE assessments aligned to continued Hybrid Working
22. Roll-out of Body Worn Cameras for Community Settings
23. Measure effectiveness of updated VAPR Policy and Procedure
24. Review and further develop the RIDDOR reporting system in conjunction with Datix

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	**NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
LRRG	Ligature Risk Reduction Group	RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
HSE	Health and Safety Executive	NHSE&I	NHS England and Improvement
LWD	Lone Worker Device	BWC	Body Worn Camera
GWPRA	General Workplace Risk Assessment	DSE	Display Screen Equipment
V&A	Violence and Aggression	CCG	Clinical Commissioning Group
H&S	Health and Safety	CQC	Care Quality Commission
CAS	Central Alerting System	VAPR	Violence Abuse Prevention and Reduction

Supporting Reports/ Appendices /or further reading
Health & Safety Annual Report 2022-2023

Lead
Denver Greenhalgh   **Senior Director of Corporate Governance**

NHS
Essex Partnership University
NHS Foundation Trust

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

HEALTH & SAFTEY (VIOLENCE ABUSE PREVENTION & REDUCTION)

ANNUAL REPORT 2022/2023

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Report Prepared By:

Sarah Pemberton, Health, Safety and VAPR Manager

On behalf of:
Nicola Jones, Director of Risk and Compliance

1. INTRODUCTION

This report will provide an update on all Health & Safety, and Violence Abuse Prevention & Reduction (VAPR) activity throughout 2022-23. Including demonstrative detail to any changes to policy and procedures relating to Health & Safety, and VAPR.

This report also includes the plan for the H&S and VAPR teams in the coming year 2023-2024 and provides assurance that there are satisfactory arrangements in place for managing Health, Safety and Security risks across the organisation.

Health & Safety is a key priority for the Trust, as any implications on staff health, safety or wellbeing has a direct impact on the ability to deliver high quality and compassionate patient care.

EPUT adopts the Plan, Do, Check, Act approach (PDCA) which is an iterative four step management method to validate, control and achieve continuous improvement of processes and, is pivotal to the HSG65 model

Plan

At the planning stage of self-assessment against the Standards and Policies. Develop our aims, strategies and policies to work towards compliance of the standards and, general considerations to be made where the Trust currently are and, where we would want to be in line with legislation and guidance

Do

Once the planning stage of the cycle has been completed, the Trust will move on to the second 'Do' stage. This stage concerns ensuring robust and transparent processes and practices for sharing and communicating risks along with their mitigation controls.

Check

The check stage is when EPUT considers how successful any implemented interventions have been, which can be audited via a strengths, weaknesses, opportunities, threats (SWOT) methodology.

Act

There is a requirement for providers to reflect and appraise their overall performance. This stage is concerned with testing and measuring performance against the overall Health & Safety Corporate Policy and Procedures and the VAPR Strategy and Policy.

The Health & Safety Annual Report covers the period 01 April 2022 – 31 March 2023 and outlines key developments and the work undertaken during the reporting period. This reflects the Trust's compliance with the Health & Safety Policy Statement and the Board of Directors Statement of Intent, which requires those responsible for health and safety within the Trust premises and during Trust activities to:

- Comply and implement health and safety legislation and arrangements;
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies; and
- Develop partnership working and to ensure health and safety arrangements are maintained for all staff throughout the whole of the organisation.

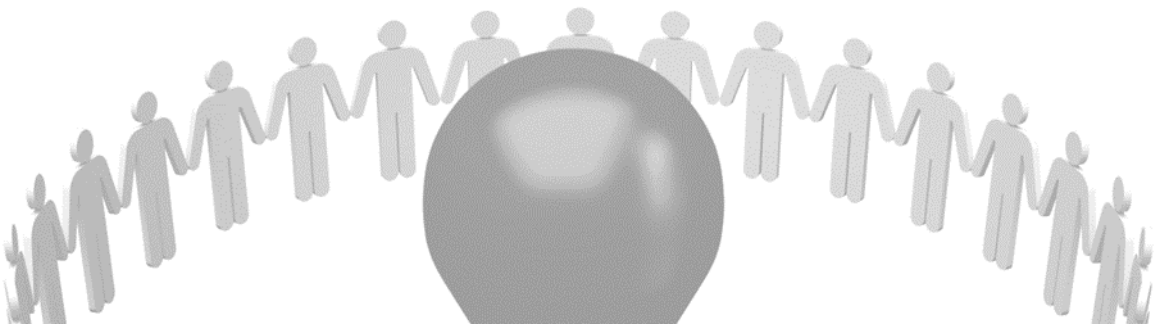
The report also provides an opportunity to consider work planned, and the objectives for the year ahead.

The Trust's Corporate Statement and Policy on Health and Safety (RM01), was reviewed in year. The policy demonstrates a clear organisational structure for the management of Health and Safety and how the Board of Directors fulfils its statutory obligations and to ensures there is the identification of control measures to suitably reduce Health, Safety, Security and ligature risks so far as is reasonably practicable and as required by the:

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

This report outlines the NHS England Violence, Abuse, Prevention and Reduction (VAPR) Standards. All providers of NHS services are required to review their status against the VAPR Standard, providing board level assurance that the standard has been achieved at a minimum of six-monthly intervals.

The Trust is compliant with 22 of the 43 revised Standards; these and the remainder are to be included in the new trust Strategy and Policy. Updates on the progress of the implementation of the new standards and actions will be provided in regular reports to the Health Safety & Security Committee (HSSC) and in any future quarterly and annual report(s).



2. INDEPENDENT ASSURANCE

EPUT recognises the requirement for the effective management of health & safety and part of the effective management is assessing if we are doing what is required, to maintain and manage legislative compliance.

BDO, the Trust's internal independent auditors, carry out annual internal audits to test policy compliance at ward level, this tests the systems in place focusing on policies, which local sites have responsibility to adhere. This year this included the following for Health & Safety:

- Corporate Health and Safety Policy
- General Workplace Risk Assessment Policy
- First Aid Policy

The internal audit found moderate assurance for design and limited assurance for effectiveness, finding some good areas of practice and providing recommendations taken forward by the Trust.

Additionally a peer reviewer (health and safety competent person) was engaged in quarter four 2022/23 to assist with a review of the current approach at EPUT for management of Health and Safety. This aligned with the requirements of the Health & Safety at Work Act 1974 and Management of the H&S at Work Regulations 1999, best practice in other NHS Trusts of similar size and scale including the model used and consistency.

The output of the review (May 2023) and recommendations are being taken forward by the Trust in 2023/24.

3. GOVERNANCE

Core Elements of Managing Health and Safety

EPUT recognises the need for the effective management of health and safety. The Health & Safety Team, in cooperation with unit and locality managers and all staff in accordance to their level of responsibility, undertakes day-to-day management. Effective Risk Management completed by monitoring and reviewing what we are doing and if any changes are required.

The Health, Safety and Security Committee has responsibility for developing and monitoring effective systems and processes that:

- Maintain and improve the quality (safety, experience and effectiveness) of Trust services.
- Ensure the Trust remains compliant with all regulatory or legislative requirements and the Trust's Constitution, policies and procedures.
- Identify, manage and escalate risks and issues.
- Provide assurance that systems are in place internally and externally to manage risks.
- Ensure governance structures of the Trust are appropriate and effective.
- Co-ordinates the implementation and management of health, safety and security and non-clinical risk management across the Organisation, the committee has wide representation from both operational and support services and receives assurance from the local level Health and Safety/Quality sub-groups.

  Organisations have a legal duty to put in place suitable arrangements to manage for health and safety. This discharged by EPUT through:

- The Trust' Directorate of Compliance & Assurance which provides leadership and management.
- A trained/skilled workforce, which is achieved through the Risk Management Team. Providing a team of experts and delivery of appropriate training for all Trust staff whilst fostering an environment where people are trusted and involved in H&S and Security through Trust policy and procedure.
- Relationships built by the Risk Team including through internal health and safety inspections and General Workplace Risk Assessments (GWPRA) which is underpinned by the Trust risk profile managed through the Risk Management Assurance Framework.

The organisation is required to fulfil the statutory Health & Safety requirements including but not limited to the Health & Safety at Work Act (1974) and Management of Health & Safety at Work Regulations (1999) and, to ensure there is the identification of control measures to suitably reduce health, safety, security and ligature risks so far as is reasonably practicable.

The Trust's Corporate Statement and Policy on Health and Safety (RM01), reviewed in year demonstrates a clear organisational structure for the management of Health and Safety. It demonstrates how the Board of Directors fulfils its statutory obligations and to ensure there is the identification of control measures to suitably reduce Health, Safety, security and ligature risks so far as is reasonably practicable and as required:

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

The Health Safety and Security Committee co-ordinates the implementation and management of health, safety and security and non-clinical risk management across the Organisation, the committee has wide representation from both operational and support services with a representative invited from each area. It receives assurance on Health Safety and Security at a local level from the Health and Safety/Quality sub-groups and receives action plans on a regular basis for monitoring.

Health, Safety and Security is undertaken by the H&S and VAPR teams in cooperation with unit and locality managers and all staff according to their level of responsibility.

All staff are responsible for and safeguarding health and safety. This includes co-operating with the Trust on safety matters, undertaking training as required in their job role, working within competencies, maintaining professional standards, following safe systems of work, complying with policy and taking care of their own safety and that of others, whom may be impacted by what they do or omit to do.

There is a clear structure for the prevention and reduction in violence and abuse against Trust staff, via Multi-Agency Resolution meetings, The Health Safety and Security Committee and External Risk Management Board, Integrated Care Board and Quality Committees and External Essex Crisis Concordat.

Health & Safety and VAPR Team

The Trust Health & Safety and VAPR Team are part of the wider Risk and Compliance Directorate. The team are responsible for proving expert advice and guidance to the organization and responsible for overseeing Health, Safety and Security requirements. The team consists of:

- Health and Safety and Violence and Abuse Prevention and Reduction Manager
- 2 Health and Safety Advisors
- Health and Safety Officer
- 2 VAPR Advisor
- VAPR and Risk Assistant
- Risk Assistant

In 2022/23, members of the team have supported/assisted on projects with the Estates and Facilities Team, LRRG members, Patient Safety Advisor and the Capital Projects team to ensure a safe and therapeutic environment, which is safe for patients and staff.

The Team continues to maintain professional development and training, for example:

- All members of the H&S and VAPR Team successfully completed their TASI Training (now mandatory for all team members).
- All members of the VAPR team have trained to deliver in-house training for Body Worn Cameras and the subsequent software.
- Intranet pages for H&S and VAPR re-developed, holding a wealth of information for staff support and guidance.
- A robust system in place for ensuring H&S inspections are undertaken for each premise every 24 months (or sooner, if required).
- The completion of General Workplace Risk Assessments are supported with additional training.
- The use of Body Worn Cameras within the Trust is increasing week on week.
- Wider Trust staff engagement with the team has increased with visits and

inspections.

- A robust system is in place in relation to incidents involving racial discrimination.

The Team continues to maintain professional development and training, for example:

- Public Health Violence Prevention and Reduction CPD, Level 7
- Attending National Association for Healthcare Security (NAHS) meetings and National Performance Advisory Group (NPAG) VAPR meetings.
- NEBOSH Working with Wellbeing
- Display Screen Equipment Assessor's Course
- IOSH Managing Safely Course

H&S Policies and Procedures

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

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

The Management of Health & Safety at Work Regulations 1999 require employers to put in place arrangements to control health and safety risks. Within EPUT, the following processes and procedures are in place required to meet the minimum legal requirements, including:

- Corporate Policy on Health and Safety as the written health and safety policy.
- General Workplace Risk Assessment and Risk Management Assurance Framework as the documents outlining processes for assessments of the risks to employees, contractors, customers, partners, and any other people who could be affected by activities. These include the requirements to record the significant findings in writing and provides templates for 'suitable and sufficient' risk assessments. These also include arrangements for the effective planning, organisation, control, monitoring and review of the preventive and protective measures that come from risk assessment.
- An expert Health and Safety Team providing access to competent health and safety advice.

- General Workplace Risk Assessments and risk registers providing employees with information about the risks in the workplace and how these are managed.

- Instruction and training for employees in how to deal with the risks through a range of in-house training including at induction.

- Supervision policy and procedure, which ensures there is adequate and appropriate supervision in place.

- Local Quality and Safety Groups which provide a focus for consulting with employees about their risks at work and current preventive and protective measures.

The team have worked with our Capital Projects team on refurbishments at Christopher Unit, Ardleigh and Gosfield Seclusion rooms and, the development and building of the Trust' new Urgent Care Unit at Basildon Mental Health Unit.

The Health, Safety and Security Committee co-ordinates the implementation and management of health, safety & security as well as non-clinical risk management across the organisation and the Trust has a range of policies and procedures in place to support staff in maintaining compliance with health and safety requirements and sets out training required for all staff.

Testing compliance with H&S and Security arrangements is undertaken through the Trust H&S and VAPR Team and internal audit (see Independent Assurance Section).

The following polices have been reviewed over this reporting period: Full Review:

- Zero Tolerance Policy (re-named as the VAPR Policy and Strategy - currently out for Consultation)

- Corporate Health and Safety Policy & Procedure

- Work-related Driving Policy and Procedure

  Minor Review:

- Ligature Risk Assessment & Management Policy

- Security Policy & Procedure.

- Search Policy

- Surveillance Policy

- Lone Worker Device Policy

Ward to Board

The Trust Health Safety and Security reporting has continued through the committee governance structure as outlined in figure below. The Trust Risk Management Framework drives escalation of risks when appropriate:

4. CONTINUOUS LEARNING

Datix Risk Management System

The Trust continues to review the DATIX Risk Management system with upgrades to enhance its functionality. EPUT uses DATIX for a range of items including:

- Incident reporting
- Alerts issued through the DH Central Alert System
- Ligature actions
- Claims
- Complaints and PALs Department continue to use the DATIX system to record, track and report cases on a daily basis.

The DATIX dashboard module used by both clinical and support staff across the Trust providing real time access to information and reports to assist in the monitoring of specific types of incidents or areas of concern on a self-service basis.

The National Reporting and Learning System (NRLS) is to be replaced by the new Learning from Patient Safety Events system (LFPSE) in September 2023. This will involve additional information being reported at the time of submission and will be an automatic upload to LFPSE, as opposed to the manual upload previously required for the NRLS.

The Datix Risk Management system is being updated to facilitate this change, in preparation for the launch date. Some additional training will be required for staff, facilitated by the Datix Team.

Health and Safety Incidents

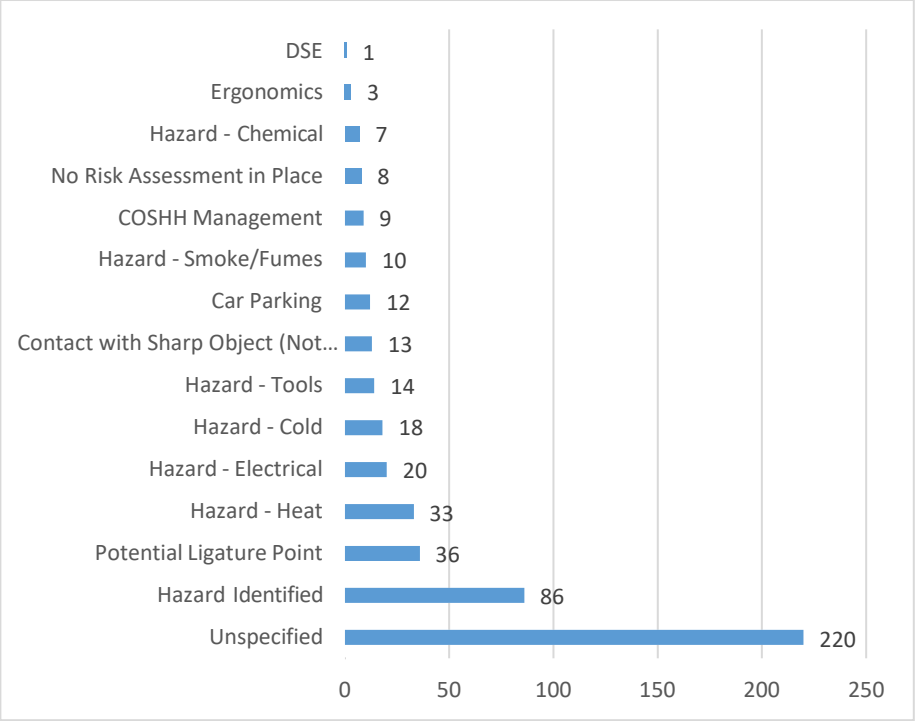
Related incidents are reported via the DATIX system, with oversight by the Trust Health, Safety and Security Committee.

Members of the H&S and VAPR teams review all H&S and security incidents to ensure appropriate actions is taken and identify any lessons learnt.

The tables below details health and safety incident data and trends and themes during the financial year;

All health and safety incidents reported via Datix are triaged and investigated on an urgency basis. There will be a project underway in Q1/2 2023/24 to investigate and categorise those, which noted a being ‘Unspecified’.

There have been 454 incidents relating to Health and Safety in the previous reporting period, which included the following:



During this reporting period, the team has undertaken 111 health and safety inspections

Safety Alerts

The Risk Management Team reviews Safety Alerts issued via the DH Central Alerting System (CAS) and creates an internal alert on the DATIX Safety Alert module. The Trusts' nominated Safety Alert Assessment Leads notified, with the required response documented via the DATIX, advising if relevant to any Trust services and if action is required.

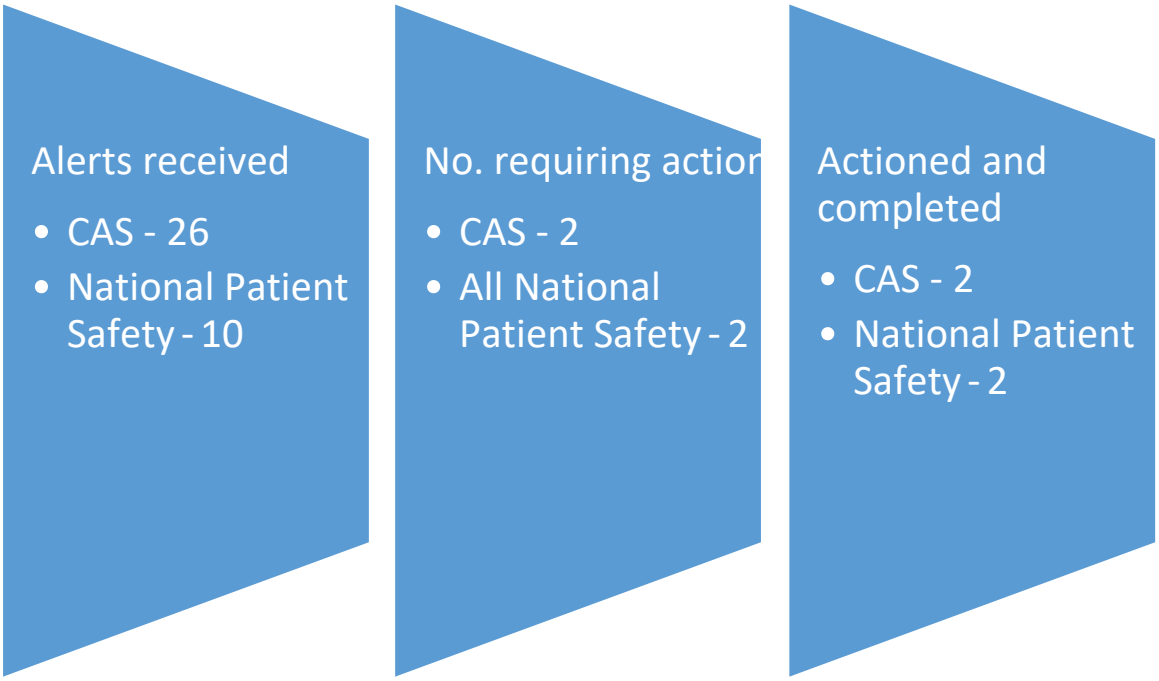
This process will include input from specialist leads, such as Pharmacy and the Medical Device Committee where appropriate.

Alerts assessed as relevant to our services are cascaded for action across the organisation and responses are required via DATIX within specified timescales to ensure delivery and audit trail. Compliance in responding to alerts monitored by the Health Safety & Security Committee. The Clinical Governance & Quality Sub-Committee review all National Patient Safety Alerts and these added to the Trust intranet page for all staff to review as required.

Once compliance achieved or the alert is assessed as not being relevant to Trust services, the alert will be signed off as complete on the CAS online portal by the Director of Risk & Compliance/ Associate Director of Risk & Compliance or their nominated deputy. Where

appropriate the alerts are assessed and added to the Trust Risk Register.

The Trust was compliant with external sign off in relation to safety alerts during 2022/23.



All National Patient Safety Alerts where assessed as relevant to Trust services, were overseen to completion via the Clinical Governance & Quality Sub- Committee, chaired by a Director of Nursing.

The Risk Management Team distributes and monitors Safety Alert information. Compliance is evidenced through the Health Safety and Security Committee and via local Health & Safety Meetings.

Additionally, Ward/Team Managers are asked to include Safety Alerts as a standing item agenda in their Team Meetings

5. ENHANCING ENVIRONMENTS

The Health & Safety team have supported the Capital Projects programme, providing expert advice and support with refurbishment and improvement works across multiple sites within EPUT across the year ensuring health and safety is at the forefront of any works.

During 2022/23 the team have supported on many projects including:

- Refurbishment of Basildon Mental Health Assessment Unit (Grangewaters)
- Development of Basildon Mental Health Urgent Care Unit
- Refurbishment of Christopher Unit
- Aesthetic works throughout the Trust
- Repurposing and re-development of Fairview complex

6. CULTURE

The Trust has continued to deliver a programme of H&S and VAPR training including:

- Management Development Programme – General Workplace Risk Assessment Module
- Live learning sessions for General Workplace Risk Assessments
- BWC training and ad-hoc support
- Fit for work (Mandatory)

The Management Development Programme has continued throughout the reporting period with 8 sessions held in this reporting period; 34 staff attended. The GWPRA training continued during 2022/23 with 24 sessions delivered and 50 members of staff supported via on-line training.

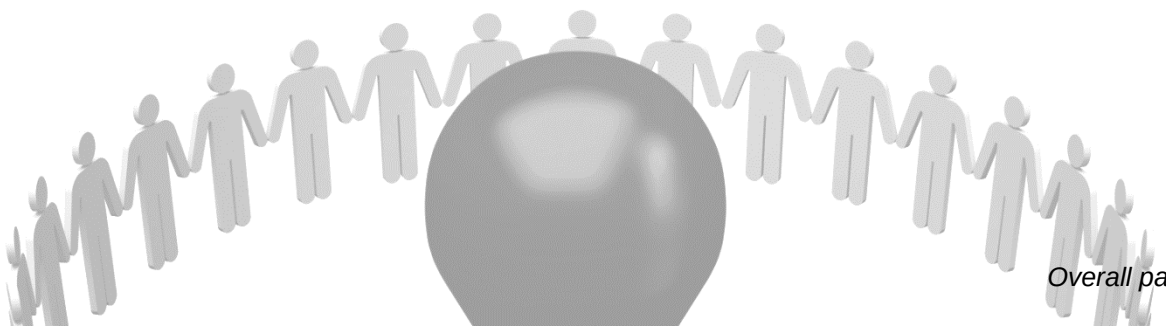
As part of the Trust culture of learning the H&S Team have continued to collaborate with the Compliance Team visiting all MH inpatient wards 6 months post-annual inspection to provide coaching on ligature management and awareness; this is evidential to empowering staff to manage their ligature risks and share learning and good practice.

The VAPR team have committed to engage with staff from both inpatient and community teams more throughout this reported year.

The team have held 404 VAPR drop-in clinics at units/departments and attended to support staff during CQC visits, BWC technical issue, or when a significant incident of violence and aggression occurred.

7. INNOVATION

The Trust has a process in place for Zero Tolerance, which includes sending formal letters perpetrators of violence and aggression. This is being reviewed, as part of the new Violence Prevention and Reduction programme, with a robust policy and procedure put in place. The Trust are working jointly with Essex Police to ensure people who are responsible for violence and abuse are held to account when deemed suitable and appropriate. This policy is scheduled to be approved in the first quarter of 2023/24.



Body worn cameras provided for the protection and safety of everyone on the wards, especially staff and patients. The cameras also supply independent evidence for reported internal and external investigations where required. It is anticipated that their use will reduce the number and severity of violence and abusive incidents.

With the implementation of the Body Worn Cameras across all Mental Health Inpatient Wards, we have seen an increased level of engagement with staff and the VAPR team. Wards have been provided with comprehensive training for all staff, support with software. The team has a dedicated Body Worn Camera administrator who is the first point of contact for any queries or issues.

The Trust has continued to work in partnership with technology provider Oxehealth, to implement and use Oxevision, a digital tool that allows for contactless monitoring of vital signs and movement to improve patient safety, quality, and efficiency of care within inpatient wards. To date, 438 rooms have Oxevision installed.

8. CORE ACTIVITIES

Ligature Inspections

The Trust Health and Safety Team holds the responsibility for facilitation of ligature inspections undertaken in all Trust Mental Health inpatient wards. A team of professionals made up of a member of the H&S Team, member of the Estates team and the ward manager or Charge Nurse undertake each Ligature Risk Assessment. Invites extended to the Ward Medical Consultant.

Each assessment is undertaken on the ward over a half day period inspecting all un-supervised and supervised areas and which ensures a comprehensive and robust inspection of the environment with any actions identified so that Estates and Facilities intervention can be taken forward immediately. NB areas within wards that patients cannot access are not included and are criteria-rated as green.

A draft inspection report is shared with all parties for agreement, including action identification. When all parties agree, a final report is issued and actions monitored until completion. Any concerns are escalated to the Ligature Risk Reduction Group (LRRG). Closing of actions within set timescales has been a challenge in 2022/23 however, work is underway between the Health and Safety team and Estates Teams to make processes more robust.

Ligature Inspections continue to be carried out annually with a follow-up support visit six

months after inspection aligned with the Ligature Policy and Procedure requirements (CPG75).

In 2022/23, the ligature inspections continued to be carried out, with mindfulness of any wards declared as having a Covid-outbreak. Where an outbreak has been declared, an individual holistic risk based approach as to whether the inspection should be rescheduled or take place is undertaken; this includes when the outbreak has been declared, the number of patients and/or staff affected. Where assessed unsafe to conduct the inspection, they are rescheduled once the outbreak is closed.

Throughout 2022/23, 47 full annual inspections were completed with all relevant six-monthly reviews completed in line with the ligature policy.

The Trust has a Ligature Risk Reduction Group (LRRG) in place which has an overview of the ligature work streams and requirements; the group meets on a monthly basis and is a sub-committee of the HSSC.

The Trust also has an Estates Group that have an agreed risk stratification and prioritisation programme to ensure that projects are achieved. These groups work collaboratively and have supported the following implementation programs:

- Ligature risk assessment and management policy and procedure
- Ligature awareness eLearning training program
- Risk Stratification
- Related ligature safety alert(s) compliance.

LRRG make recommendations for patient safety work and agreed standards in line with policy.

In addition to the above the Trusts ligature risk assessment tool has reviewed regularly throughout 2022/23 with improvements and recommendations approved by both HSSC and LRRG and, the Health and Safety team are undergoing a review process of all ligature-related actions in order to ensure these are ‘closed’ accurately with the Ward Manager and Estates Officers.

There have been an evident increase in the number of incidents relating to a non-fixed point ligature between the previous reporting periods:

Non-Fixed Point Ligature 01/04/2022 - 31/03/2023

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
Mid and South Essex MH	40	36	33	36	20	25	16	23	34	32	43	28	366
North East Essex MH	23	17	14	28	16	16	10	20	11	9	9	33	206
West Essex MH	3	5	3	3	2	2	1	1	5	2	1	5	33
Learning Disability	0	0	0	0	0	0	0	2	1	0	0	0	3
Specialist	71	48	71	28	31	33	112	76	136	122	80	84	892
Health and Justice	0	0	0	1	0	0	0	0	0	0	0	0	1
Total	137	106	121	96	69	76	139	122	187	165	133	150	1501

There has been neither an increase nor a decrease in the number of incidents relating to a fixed-point ligature between the previous reporting periods with the mean remaining at 4.66

Fixed Point Ligature 01/04/22 - 31/03/23

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
Mid and South Essex MH	1	0	2	1	2	1	2	1	1	2	2	2	17
North East Essex MH	2	0	0	2	3	0	3	0	0	0	0	0	10
West Essex MH	0	1	0	0	0	0	0	0	0	0	0	1	2
Specialist	1	0	0	1	0	1	0	1	1	1	2	1	9
Total	4	1	2	4	5	2	5	2	2	3	4	4	38

General Workplace Risk Assessments (GWPRA)

All Services are required to undertake a General Workplace Risk Assessment (GWRA), updated regularly or with subsequent identification of new risks. The H&S Team continues to support staff with the completion of their GWPRA and these have been included in an exemplar Risk Assessment document.

On 5 May, the Health & Safety Executive and NHS England concluded that there is no longer a requirement for specific workplace COVID-19 risk assessments. Trust decision was to withdraw these in line with guidance and a COVID-19 element be included in the General Workplace Risk Assessment (GWPRA) tool; and reviewed as part of any H&S inspection.

Health and Safety Inspections

The procedure for conducting Health and Safety Inspection is included in the approved Corporate Health and Safety Policy.

The previous tiered system for frequency of Health and Safety inspections has been revised and all inspection are now conducted every 24 months; there is no legislative timeframe/requirement for frequency of H&S inspections and the H&S team has the autonomy to enter any premise without restriction.

During this reporting period, the team has undertaken 111 health and safety inspections

VAPR Clinics / Visits

The Violence & Abuse Prevention & Reduction team (VAPR) implemented an increased programme of visits with a commitment to engage with staff from both inpatient and community teams and ensure awareness of the support the team offer. The team completed 404 visits across the Trust to offer support and guidance to staff in the event that they are a victim of violence and aggression, with these clinics supported by Essex Police and our TASI training team.

A new Violence, Abuse, Prevention & Reduction Policy and Strategy has been developed to support the delivery of VAPR standards to strengthen the Trusts approach to violence and aggression and the support offered to staff. This Policy and Strategy is to be approved

in 2023/24 and, subject to consultation and approval, implemented.

Body Worn Cameras

After the successful implementation and roll out of body worn cameras (BWCs) to secure services and adult acute mental health wards in December 2021, the Trust approved a further implementation of cameras to all other mental health wards also including all Health Based Place of Safety suites (HBPoS) and mental health liaison teams. The second phase completed during July/August 2022.

There were additional cameras supplied to both PICU wards within EPUT, which funded by the ICB. A number of community teams have self- funded cameras as a means of additional staff support. In addition, cameras have been provided to the new Mental Health Urgent Care Department.

As of the end of 2022/23, EPUT have 214 BWC's within the Trust.

During this period, there have been 1321 incident reports through Datix with related BWC footage saved, compared to 484 incidents from the previous 2021/22 year. (Noting that during 2021/22, there were just 131 cameras within the Trust).

Lone Worker Devices (LDW)

The VAPR team currently maintain the lone worker device management and to date, the Trust have 1688 registered devices.

1543 devices are allocated to individual staff members in the community or staff members who have been subjected to threats or have a raised risk to their personal safety.

44 devices have been issued to wards for when staff support service users outside of the ward on escorted leave.

60 devices are used as shared devices by teams to allow any staff member within the team to have access to a device when needed.

The Trust commenced a contract with the current LWD provider in 2019 for a 1000 devices for a period of three years. With a contract extension for a further two years due to a successful joint working partnership. In September 2022, additional devices were purchased, which runs concurrently with the other contract. The LWD contract expires on the 30 June 2024 and a full audit and tender process will take place during the coming financial year in preparation of the end of the contract.

During the period, for this report there have been two emergency 'red alert' calls from staff using a LWD. The red alerts were during September 2022:

- One on 20 September, whereby a male was threatening a staff member, the provider contacted police, who attended and facilitated for resolution with the individual.

- The second on the 28 September whereby a patient was being aggressive towards a staff member at an EPUT site, the alarm was activated and the staff member requested police support, the patient removed himself from the location and the police attended to ensure there were no offences.

Both incidents resulted in no harm being caused.

9. RIDDOR

During this reporting period, there have been 27 RIDDOR's, as demonstrated below:

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
Major Injury (Fracture, Amputation, Loss of Sight etc.)	0	1	1	0	0	0	1	0	0	0	1	0	4
Staff off Sick for 7 Days or More	2	0	5	2	3	0	0	1	4	0	1	1	19
Contact with Electricity or an Electrical Discharge	0	0	0	0	0	0	0	0	0	0	0	0	0
Disease/Infection	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	3	1	6	2	4	0	1	2	4	1	2	1	27

The majority of RIDDORS relate to staff absence (7+days or more) following a violent or aggressive incident. The VAPR team have focused on strengthening and developing an amended Trust policy in relation to violence and aggression and have been working closely with the Staff Engagement team to improve processes and procedures, which are aligned to fostering a positive safety and reporting culture. The installation and implementation of the Body Worn Camera Phase 2 has been completed this year to enhance preventative measures and support any potential criminal actions that can be pursued, this is alongside an increased VAPR visibility and presence in our wards and services.

10. PLANNING 2023-2024

The Health and Safety Team have the following aims and objectives for 2023/24:

- Take forward recommendations from the H&S independent review
- Focus on General Workplace Risk Assessments
- Development of a 'Directing Safely' training module for AD's and above

- Ward Staff Search Training package for Service Users for enhanced support
- A review of protocol for DSE assessments aligned to continued Hybrid Working
- Implementation of Healthcare Managers Managing Safely course
- Roll-out of Body Worn Cameras for Community Settings
- Measure effectiveness of VAPR Policy and Procedure
- Streamline a process for assisting victims of assaults with criminal proceedings
- Review the RIDDOR reporting system in conjunction with Datix
- Motivate, engage and resource our workforce

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OTHER

USE OF CORPORATE SEAL

Information Item | PS | 2 minutes

REFERENCES

Only PDFs are attached

Use of Corporate Seal.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 September 2023

Report Title:	**Use of Corporate Seal**					
Executive/ Non-Executive Lead:	Paul Scott, Chief Executive Officer (CEO)					
Report Author(s):	Angela Laverick, PA to Chair, Chief Executive and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	
	SR2 People (workforce)	
	SR3 Systems and Processes/ Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	✓
Does this report mitigate the Strategic risk(s)?	N/A	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A	
Describe what measures will you use to monitor mitigation of the risk	N/A	

Purpose of the Report		
This report provides a summary of when the corporate seal has been used.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report

Summary of Key Points

The EPUT Corporate Seal has been used on the following occasions since the last Board of Directors meeting:

- 01 August 2023 – Alistair Farquarson Centre, Thurrock Hospital. CDC Lease – alterations. (signed by Alex Green, Executive Chief Operating Officer and Trevor, Executive Chief Finance Officer)
- 15 August 2023 – Canvey Care Centre ULPA – lease agreement for Canvey Primary Care Centre. (signed by Paul Scott, Chief Executive Officer and Trevor, Executive Chief Finance Officer)
- 08 September 2023 – Brockfield Settlement and Standstill Deed (signed by Alex Green, Executive Chief Operating Officer and Trevor, Executive Chief Finance Officer)

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**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading

Lead
Paul Scott **Chief Executive Officer**

NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE RISK REGISTER OR ANY ITEMS THAT NEED REMOVING

Discussion Item | All | 2 minutes

REFLECTION ON EQUALITIES AS A RESULT OF DECISIONS AND DISCUSSIONS

Discussion Item | All | 5 minutes

CONFIRMATION THAT ALL BOARD MEMBERS REMAINED PRESENT DURING THE MEETING AND HEARD ALL DISCUSSION (S.O REQUIREMENT)

Discussion Item | All | 2 minutes

ANY OTHER BUSINESS

Discussion Item | All | 5 minutes

QUESTION THE DIRECTORS SESSION

Discussion Item | All | 10 minutes

DATE AND TIME OF NEXT MEETING

Information Item | SS | 1 minute

Wednesday 29 November 2023, Anglia Ruskin University, Chelmsford, Essex