

COUNCIL OF GOVERNORS PART 1

Meeting to be held 9 October 2025, 13:15

Via MICROSOFT TEAMS

AGENDA

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

CEO Briefing – 12:30

1	Apologies for Absence	HLD	Verbal	Noting	13:15
2	Declarations of Interest	HLD	Verbal	Noting	13:16
3	Minutes of previous meeting, held on 21 May 2025	HLD	Attached	Approval	13:17
4	Action Log and Matters Arising	HLD	Attached	Noting	13:20
Presentation: Together with Baby Dr Ellen Autey, Head of Perinatal Psychology Services (Consultant Clinical Psychologist) Dr Naomi Sams, Team Lead for the Together with Baby Service (Principal Clinical Psychologist)					13:25
5. STANDING REPORTS					
(a)	Report from the Chair	HLD	Attached	Noting	13:55
(b)	Chief Executive Officer (CEO) Report	PS	Attached	Noting	14:00
(c)	Auditor's Annual Report	CM	Attached	Noting	14:03
6. ITEMS FOR DISCUSSION					
(a)	RISE Programme	NR	Attached	Discussion	14:08
7. ITEMS FOR DECISION					
(a)	Remuneration and Nominations Committee Terms of Reference	CJ	Attached	Approval	14:18
8. ITEMS FOR INFORMATION					
(a)	NED Objectives 2025/26	HLD	Attached	Noting	14:21
(b)	Lead Governor Update	CJ	Verbal	Noting	14:23

(c)	Membership Update	JG	Attached	Noting	14:25
(d)	Changes to the Council of Governors & Membership of its Committees	CJ	Attached	Noting	14:30
(e)	Lead Governor Report	SS	Attached	Noting	14:35
9.	ANY OTHER BUSINESS				14:40
10.	QUESTIONS AND ANSWERS SESSION FROM MEMBERS OF THE PUBLIC				14:45
11.	DATE AND TIME OF NEXT MEETING 19 November 2025 (13:45 – CEO Briefing 13:00)				15:00

Hattie Llewelyn-Davies
Chair

MINUTES OF THE COUNCIL OF GOVERNORS PART 1

Held on 21 May 2025
Via MS Teams

MEMBERS PRESENT:

Hattie Llewelyn-Davies	HLD	Chair
Zisan Abedin	ZA	Staff Governor, Non-Clinical
Gwyn Davies	GD	Public Governor, Essex Mid & South
Spencer Dinnage	SD	Staff Governor, Clinical
Nat Ehigie-Obano	NE	Public Governor, West Essex and Hertfordshire
David Finn	DF	Public Governor, Essex Mid & South
Paula Grayson	PG	Public Governor, Milton Keynes, Bedfordshire, Luton & Rest of England
Jason Gunn	JG	Public Governor, West Essex & Hertfordshire
John Jones	JJ	Public Governor, Milton Keynes, Bedfordshire, Luton & Rest of England
Pam Madison	PM	Public Governor, Essex Mid and South
Nicky Milner	NM	Appointed Governor, Anglia Ruskin University
Oladipo Ogedengbe	OO	Staff Governor, Clinical
Stuart Scrivener	SS	Public Governor, Essex Mid & South
Cort Williamson	CW	Public Governor, North East Essex & Suffolk

IN ATTENDANCE:

Teresa Bradford	TB	Council of Governors and Membership Administrator
Dave Cawston	DC	Peer Support Worker (for the Presentation)
Denver Greenhalgh	DG	Executive Director of Governance
Dr Ruth Jackson	RJ	Non-Executive Director
Chris Jennings	CJ	Assistant Trust Secretary
Dr Mateen Jiwani	MJ	Non-Executive Director
Elliott Judge	EJ	Employee Programme Safety Lead (for the Presentation)
Diane Leacock	DL	Non-Executive Director
Elena Lokteva	EL	Non-Executive Director
Andrew McMenemy	AM	Executive Chief People Officer
Amy Poole	AP	Associate Director of Patient Experience and Participation
Paul Scott	PS	Chief Executive Officer
Trevor Smith	TS	Executive Chief Finance Officer
Richard Spencer	RS	Non-Executive Director
Clare Sumner	CS	Trust Secretary's Office Administrator
Paul Taylor	PT	Director of Organisational Development and Culture
Sarah Teather	ST	Non-Executive Director
Zephan Trent	ZT	Executive Director of Strategy, Transformation and Digital

There was four members of the public present.

23/25 WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from:
Larry Yesufu, Public Governor
Helen Semoh, Staff Governor, Non-Clinical
Loy Lobo, Non-Executive Director

HLD welcomed everyone to the meeting and welcomed RS and ST to their first meeting as Non-Executive Directors.

24/25 DECLARATIONS OF INTEREST

There were no new declarations of interest.

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

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

26/25 ACTION LOG / MATTERS ARISING

The Council reviewed the action log following the meeting held on 21 March 2025 and noted one action was open relating to the hydrotherapy pool in West Essex.

HLD advised that NHS Property Services were aware of the situation, and this was currently outside the Trust's control to resolve. JJ commented the action had been open for a significant period of time and was disappointed this had not yet been resolved. JG agreed and had originally raised the issue of the pool not being used. TS advised the Trust was trying to get the hydrotherapy pool commissioned as a service and seek a full resolution to the issue. HLD agreed to follow this up and provide the Council with an update.

All other actions were noted as closed.

27/25 PRESENTATION: DISCRIMINATION AND VIOLENCE PILOT EVALUATION

EJ and DC delivered a presentation regarding the findings from a recently concluded pilot undertaken in the Trust. EJ highlighted the following:

- The background of the pilot, which was to test various interventions to reduce incidents of discrimination and violence, and to enhance the support for staff following such incidents. The interventions focused on root causes, co-producing preventative measures and enhancing data collection.
- The methodology of the pilot across five inpatient wards, including a six-week discovery phase which identified areas of focus. The areas of focus were victim support emails, patient feedback via Peer Support Workers, staff and patient behaviour pledges and a benchmarking exercise.
- Details of key findings were provided, including opportunities for prevention, improved management support, police engagement and peer support workers.
- Details of the most impactful interventions, including peer-led conversations with patients and a prepare and prevent model.
- Details of the next steps, including embedding practice across the pilot sites, undertaking unprofessional behaviour and sexual safety workshops, ensuring Safewards has been established, implementing new governance arrangements and undertaking a Trust-wide cultural review.

Questions and Discussions

- DF asked whether there was an understanding as to why staff were not reporting incidents. EJ advised there were different reasons such as not having the time, not feeling the incident is serious enough for reporting or not understanding the point of reporting incidents. The team were developing ideas to create a better understanding of reporting to pass onto staff. OO agreed and noted there was all the potential that staff did not feel any action would be taken following the reporting of an incident which needed to be considered.

HLD thanked EJ for the presentation.

28/25

REPORT FROM THE CHAIR

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

- The positive news that Brockfield House had been rated as “Good” in every area following a CQC inspection.
- A welcome to RS and ST as new Non-Executive Directors.
- A thank you to PG and JJ for their contributions over the years as they attended their last Council meeting before stepping down as Public Governors. HLD also thanked Dianne Collins and David Norman who had recently stepped-down as Governors for personal reasons.

Questions and Discussions

- PG noted the positive CQC report regarding Brockfield House, but noted the length of time it had taken for the report to be published. DG advised the CQC had a major IT issue in the previous year which had created a backlog of reports.
- PG thanked the Non-Executive Directors for providing learning from their visits, rather than only noting the areas visited,
- PG thanked for staff involved in the RISE programme and requested a report be presented to the Council of Governors on the outcome of the programme.

The Council of Governors received and noted the report.

Actions:

- **Provide a report to the Council of Governors on the outcome of the RISE Programme and its impact (AM)**

29/25

CHIEF EXECUTIVE OFFICER (CEO) REPORT

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

- PS thanked HLD for joining EPUT and the support she has provided since joining.
- An update on the Lampard Inquiry, including how it is trying to shape the future of services.
- The importance of ensuring the positive things the Trust is doing are highlighted to ensure the Trust learns with positivity as well as when things needed to be improved.

Questions and Discussions

- PG commented on the usefulness of Governors attending Quality Visits to hear from staff, managers and matrons.

The Council of Governors received and noted the report.

30/25

ANNUAL REPORT OF CHARITABLE FUNDS COMMITTEE

MJ presented a report providing a summary of the work undertaken by the Charitable funds Committee. MJ advised that action was being taken by the Trust to bring in experts to help with new ways of fundraising and the utilisation of funds.

Questions and Discussions

- JJ asked whether there was anyone with a lived experience on the Committee. MJ advised he was handing over chairing of the Committee to RJ who would take this forward.

The Council of Governors received and noted the report.

31/25

CODE OF GOVERNANCE FOR NHS PROVIDERS

CJ presented a report providing a summary of the annual report to whether EPUT has complied with the code of governance. The report has been scrutinised by the Governance Committee, and it will be presented to the Finance and Performance Committee, prior to final presentation to the Board of Directors.

CJ advised that the Trust was declaring compliance with the majority of the provisions except for B.2.7 – Board composition. The provision required the Trust to have 50% of the board as independent non-executive directors (excluding the Chair). The Trust had the provision of seven non-executive directors and seven executive directors, however, during 2024/25 the one Non-Executive Director stepped-down due to ill health and another stepped-down due to a change in circumstance. The Trust took the conscious decision not to recruit due the recruitment of a new Chair taking place. The Trust used the Associate Non-Executive Director role to ensure quoracy of standing committees and agreed a process should a vote be required during a Board meeting. There was no situation in 2024/25 where a formal vote was required.

CJ advised subject to scrutiny by the Council and Finance and Performance Committee, the report would be presented to the Board of Directors for final approval for inclusion in the annual report.

Questions and Discussions

- PG noted a reference to Governors attending Quality Visits and asked that this was amended to “some Quality Visits” as there was a period of time where Governors had not been asked to attend. CJ noted this had been an administrative error in the booking process and agreed to amend the statement.

The Council of Governors received, noted the report and:

- **Considered the findings of the internal review of the Trust’s compliance with the Code as a pre-requisite assurance to the Board of Directors in the preparation of the Trust’s Annual Report 2024-25.**
- **Confirmed acceptance of assurance given as evidence that the Trust complies with the provisions of the Code and there is sufficient explanation as to why it had deviated.**

Action:

1. **Amend the statement relating to Governors attending Quality Visits to Governors attending “some Quality Visits” (CJ)**

32/25

NHS ENGLAND SELF-CERTIFICATION: GOVERNOR TRAINING

PG presented a report providing details of the action taken to agree the statement detailing the learning and training completed by Governors 2024/25 to support the Board of Directors’ self-certification. PG thanked the Trust Secretary’s Office for taking forward the learning and development plan. PG advised the Training and Development Committee had scrutinised the report and recommend to the Council that the Trust had

provided necessary training to Governors to ensure they are equipped to undertake their role.

The Council of Governors received, noted the report and agreed the Trust had provided necessary training to Governors to ensure they are equipped with the skills and knowledge they need to undertake their role.

33/25 PLACE RESULTS

AP presented a report providing scores for the Patient-led Assessment of the Clinical Environment (PLACE) for 2024. AP advised the annual assessments were completed by Lived Experience Ambassador visiting inpatient settings to assess the environment.

There had been positive feedback from the assessors that comments made in the previous year had been taken into consideration and improvements were noted. The overall outcome of the assessment was positive, with most areas scoring above national averages.

There were some areas where improvement was still required, including signage, which had been added to the action plan for capital funding consideration.

Questions and Discussions

- PG commented positively on the value of the visits.
- JG commended the Patient Experience Team for delivering and managing the PLACE visits schedule.
- TS advised there were schedules of planned work for the following year and additional capital finds had been gained to implement the improvements.
- JJ asked whether RS / ST had completed any visits to services as part of their new role. RS and ST advised they had not yet completed a site visits, but that visits were planned in their diaries for the near future.

The Council of Governors received and noted the report.

34/25 MEMBERSHIP UPDATE

JG presented a report providing membership metrics and details of ongoing work to implement the Trust membership strategy. JG highlighted the following:

- The Trust membership was underrepresented for individuals under the age of 29 and focused work was underway to attend colleges and universities to promote membership.

The Council of Governors received and noted the report.

35/25 CQC REPORT

DG presented a report providing an overview of the outcome of the CQC inspection of forensic and secure wards, including highlighting good practice and work that was underway to address any areas for improvement. DG highlighted the following:

- The report provided an overall rating of “Good” for the service.
- Since the report was circulated, the CQC had published the outcome of the inspection for Clifton Lodge which had achieved an overall rating as “Good”.
- The key positive themes from the report were around sufficient numbers of skilled and experienced staff and having a positive culture of safety.

The Council of Governors received and noted the report.

36/25 CHANGES TO THE COUNCIL OF GOVERNORS COMPOSITION AND MEMBERSHIP OF ITS COMMITTEES

CJ presented a report providing details of changes to composition, current sub-committee membership and attendance at the Council of Governors meeting. CJ advised Governor elections would commence in June which would see a further change in the overall composition.

The Council of Governors received and noted the report.

37/25 LEAD GOVERNOR REFLECTION

JJ advised this would be his last meeting as an EPUT governor and provided reflection on his time as Lead Governor. JJ thanked everyone for the support he had received and wished the Trust well in the future.

HLD thanked JJ for his reflections and thanked him on behalf of the Board of Directors and Council of Governors.

38/25 ANY OTHER BUSINESS

None

39/25 DATE AND TIME OF THE NEXT MEETING

10 September 2025 @ 13:45

ESSEX PARTNERSHIP UNIVERSITY NHS FT

**Council of Governors Meeting
Action Log (following Part 1 meeting held on 21 May 2025)**

Lead	Initials	Lead	Initials	Lead	Initials	Requires immediate attention /overdue for action	
Andrew McMenemy	AM	Hattie Llewelyn-Davies	HLD			Action in progress within agreed timescale	
Chris Jennings	CJ					Action Completed	
						Future Actions	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
May 28/25	Provide a report to the Council of Governors on the outcome of the RISE Programme and its impact	AM	Oct-25	Included as agenda item for Council meeting on the 8 October 2025	Closed	
May 31/25	Amend the statement relating to Governors attending Quality Visits to Governors attending "some Quality Visits"	CJ	Jun-25	Amendment made to the relevant statement prior to presentation to the Board of Directors.	Closed	
December 66/24	Provide further updates regarding the Hydro Pool in West Essex for future Council meetings.	HLD	May 2025 Sep 2025	<p>The Trust is currently commissioned to utilise the pool for 2.5 days per week and is not able to fund a further use of the pool beyond this.</p> <p>Discussed at the West Essex Accountability Framework meeting and agreed for further discussions with NHS Property Services (the landlord for the pool) for them to source partner organisations to utilise the pool for the remainder of the week. .</p>	Open	

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

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				9 October 2025		
Report Title:		Report from the Chair					
Executive/ Non-Executive Lead:		Professor Hattie Llewelyn-Davies, Chair					
Report Author(s):		Angela Laverick, PA to Chair, CEO and NEDs					
Report discussed previously at:		N/A					
Level of Assurance:		Level 1	✓	Level 2		Level 3	

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

Recommendations/Action Required
The Council of Governors is asked to: <ol style="list-style-type: none"> 1 Note the contents of the report 2 Request any further information or action.

Summary of Key Issues
The report provides an overview of the Chair's, Non-Executive Directors' and Board related activities since the last report to the Council of Governors.

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

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

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

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

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

Acronyms/Terms Used in the Report			

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

Lead
Hattie Llewelyn-Davies Chair

REPORT FROM THE CHAIR

1.0 PURPOSE OF REPORT

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

2.0 ACTIVITY UPDATE FROM CHAIR AND NEDS**i) Hattie Llewelyn-Davies****Changes to Board of Directors and Council of Governors**

I would like to formally congratulate Stuart Scrivener on his appointment to the Lead Governor role. Stuart has been an active member of the EPUT Council of Governors for some time and I look forward to working closely with him as Lead Governor.

I would also like to formally welcome Doug Field to the Trust in the role as Associate Non-Executive Director. Doug is an accomplished Non-Executive Director and Chair with extensive experience in private, public and charity sectors and is a welcome addition to our Board.

NHS Oversight Framework 2025/26

NHS England has published the updated 2025/26 Oversight Framework, which outlines the new approach to assessing NHS trusts. The framework introduces revised performance metrics with a greater emphasis on transparency and consistency. Key focus areas include waiting times, mental health access, quality of care, and financial sustainability. This links to annual effectiveness (capability) self-assessment issued through NHS England with the domains of Strategy, Quality of Care, People & Culture, Access & Delivery of services, Productivity & Value for Money, Financial Performance and Oversight

Research and Innovation

As part of our work in research and innovation, I was delighted to open our first joint research conference with colleagues at Anglia Ruskin University on the 5 September. The event was an opportunity to celebrate our current research work and present on a number of programmes in which both organisations are involved. Presentations were heard around dementia and diagnosis, the mental health impacts of hyperemesis gravidarum (extreme morning sickness) in pregnant women, the impact of offering psychological therapies for patients admitted to an acute hospital with a physical health condition and using cognitive stimulation therapy to encourage and support people with dementia to engage in different activities. EPUT also became the first UK location to begin recruiting patients for a major clinical trial to test whether a specific blood test can improve early and accurate diagnosis of Alzheimer's disease. The landmark study is being led by University College London (UCL) and is recruiting people from memory clinics across the UK.

National Recognition

EPUT have been recognised for work in supporting newly qualified allied health professionals (AHPs) who have recently joined our services, scoring highly in the NHS England AHP Preceptorship Organisational Self-Assessment Tool. We scored highly for organisational culture, quality and oversight of preceptorship, empowering preceptees and delivering preceptorship programmes.

Our South East Essex Ageing Well Carers Intensive Support Team reached the finals of this year's Health Service Journal Patient Safety Awards in the Improving Care for Older People category. The Team supports vulnerable and ageing carers in the Southend, Castle Point and Rochford areas who are caring for a person with suspected or diagnosed dementia frailty, or an older person with mental health concerns. Staff complete comprehensive health and wellbeing checks, focussing on physical, mental, social and emotional health to help carers achieve a better balance in their lives between managing their own needs alongside those of the person they care for.

EPUT mental health nurse Sophie Gorden was highly commended in the National Learning Disabilities and Autism Awards in July. Sophie who works in our Lakes inpatient unit in Colchester, uses their lived experience of autism to support people with autism, their families and supporters.

Congratulations to all for their well-deserved national recognition.

Board Development Programme

This summer is a significant turning point for the NHS with the 10 Year Health Plan with a fresh ambition and a clear vision for long term transformation across the NHS. At the heart of that change is the leadership challenge which requires us all to role model behaviours that create the conditions and culture needed to improve productivity, attract and retain our people, and support them to work in new ways and deliver high quality care for our patients, all while delivering value for money. Board leadership will be a crucial factor in determining success. NHS England in September invited Boards to join the new Board Development Programme, we have submitted an expression of interest to be one of the 25 Boards within the first cohort. If selected, the programme will be tailored to EPUT's context and priorities, and co-developed with the Board, reflecting our specific challenges, ambitions, and starting point. This programme builds on the Insightful Board approach published in November 2024 and supported improvement through the new Learning and Improvement Networks.

ii) Dr Ruth Jackson

Since the last Council of Governors report, my focus has been on the work associated with the People Committee which I Chair. The People Directorate has been realigning and is working to refresh their strategy and core workstreams. The People Committee has streamlined and refined the datasets we receive, and this is enabling us to identify the issues which are impacting our performance as a Trust.

The work that is being undertaken on the utilisation of bank and agency staff has yielded positive benefits when aligned with recruitment initiatives and the implementation of Time to Care. These initiatives highlight the importance of clinical and operational engagement to embed understanding and ensure sustainability as we move forwards. The People Directorate has been central to the recent MARS scheme, and I have contributed to discussions as a panel member where applications have been considered.

I am also a member of the Quality Committee and this has been particularly useful in understanding the connections between the work of the two committees formulating a shared approach to challenges for example statutory and mandatory training or clinical supervision and appraisal.

I have undertaken a number of Quality Assurance Visits and I am currently working with colleagues and fellow NEDS to coordinate a schedule of informal virtual and in person visits with a focus on community provision

iii) Loy Lobo

In the past three months, I have visited the Basildon Mental Health Liaison Team, Home First Home Treatment Team (Derwent Centre), and the opening of newly designed Day Rooms at St Margarets Hospital. Visiting the community-based services had been hugely instructive. EPUT has many of the capabilities needed to support the successful implementation of the NHS 10 Year Plan, with sustained investment in our workforce, estates, and digital enablement being crucial. During my visit to St Margarets, I was speaking with one of the rehab specialists and noticed an opportunity to improve the experience of rehab with modern technology. I facilitated an introduction to a company that provides rehab support in virtual reality, and this has led to a joint funding bid with Hertfordshire and West Essex NHS Trust and EPUT.

The Nova Electronic Patient Record (EPR) implementation remains very important for me. It will be the single largest transformation programme for EPUT over the next 5-10 years. After a strong start, the programme is facing significant challenges. Governance has been streamlined to maximise focus whilst reducing administrative burden for the team. The emphasis remains strongly on leveraging

partnership working with the vendor because the successful delivery of this programme has strategic importance for everyone involved.

My involvement in the East of England Mental Health Collaborative meetings has ceased due to the work taking on an exclusively executive focus. It was mutually agreed that NED oversight was no longer required. I have used the time freed up to start attending Quality Committee meetings to achieve better triangulation with the Finance & Performance Committee.

I attended two days of hearings of the Lampard Inquiry in July and have committed to attending as many as I can in the coming weeks.

In closing this periods report, I recollect with pleasure my attendance at the Quarterly Learning Event at ARU in July. It was an opportunity for everyone to learn from the collective experience on the frontline and there were many inspiring stories shared on the day.

iv) Elena Lokteva

It has been an especially busy period for both the Audit Committee and the Finance Team, largely due to the extended audit of the 2024-25 Annual Report and Financial Statements. During this time, I chaired two Audit Committee meetings and a Delegated Approval Meeting. I would like to thank the Finance team for their outstanding work and resilience throughout this particularly demanding period.

In my wider role as a Non-Executive Director, I have remained actively engaged in Board meetings and have contributed to the work of the Lampard Inquiry Oversight, Remuneration, and Quality Committees.

v) Richard Spencer

Having joined EPUT in May, I have spent much of the Summer getting to know our organisation better, and building relationships with Board colleagues, staff and Governors. Some of this has come through participation in Board meetings, Board Seminars, Non-Executive Director (NED) / Chief Executive Officer (CEO) briefings, NED Discussion Groups and as a member of the Finance and Performance and Lampard Oversight Committees. I have also taken the opportunity to attend a People Committee and Quality Committee to understand the remit, and hope to attend the Audit Committee soon.

I have attended Quality Assurance Visits to Basildon Hospital, Rochford Hospital, the At Risk Mental State (ARMS) teams and Rough Sleepers teams (also Rochford) and the Specialist Treatment and Recovery Service (STaRS) (Harlow) – all of which are a great way of getting to understand the span of our services and patient/staff experience. I've also arranged informal visits to St. Margaret's Hospital, and Care Co-Ordination Hub (Epping), the St. Aubyn Centre (Colchester) and The Lakes (Colchester) which have led to some great conversations with staff, and really enjoyed the visit to Kingfisher Court (run by Hertfordshire Partnership Foundation Trust) as an example of what 'good' can look like in acute mental health care provision.

Another highlight has been attending cross-departmental staff events such as a brilliant Quarterly Learning Event at Anglia Ruskin University and a 'Community First' event. I also attended a pan Essex Health and Social Care Seminar recently (representing the Chair) which was a great opportunity to make connections with some of those organisations who EPUT partner within the community. Finally, I've been pleased that my experience as a NED at East Suffolk and North Essex Foundation Trust (ESNEFT) has enabled me to make some practical connections to benefit EPUT, including help with career pathways at the St. Aubyn Centre, and facilitating our HR teams to exchange ideas on improving staff equality, diversity and inclusion (EDI) and engagement.

vi) Sarah Teather

Since joining the EPUT Board in May I have completed my induction, met all the Executive leads, and had the opportunity to attend a range of clinical visits. These have included: the Southend Rough Sleepers team; the intermediate Care Centre and the inpatient wards at Rochford Hospital; the

hospital at home team at St Margaret's Hospital; and the Derwent Centre. I have found the visits extremely useful to helping me to triangulate what we see in papers for Board and for the standing committees.

I serve on the People Committee and the Lampard Inquiry Oversight Committee. I will be attending the Co-Production Conference this month. I would like to thank all those who have helped me to settle into the EPUT Board and been generous with their time as I have sought to understand the context of our work on the ground.

vii) Doug Field

I am delighted to have joined EPUT and have already learned a lot in my first month.

My priority has been getting to know the Executive team. I'm meeting with each Executive and Non-Executive Board member one-on-one, and I am planning to complete these conversations by the end of December.

I am also mapping out site visits using existing plans where I can. This approach will deepen my understanding of our organisation while giving me genuine insight into what our service users and teams experience day-to-day.

On the governance front, I've already attended my first Board strategy seminar and joined the Audit Committee. Over the coming months, I plan to observe all our other standing committees too. It's the quickest way to get the full EPUT picture and hit the ground running.

3.0 RECOMMENDATIONS AND ACTION REQUIRED

The Council of Governors is asked to:

1. Note the content of this report.

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

On behalf of
Hattie Llewelyn-Davies
Chair

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				9 October 2025		
	Report Title:		Chief Executive Officer (CEO) Report				
	Executive Lead:		Paul Scott, Chief Executive Officer				
	Report Author(s):		Angela Laverick, PA to the Chair, Chief Executive & Non-Executive Directors				
	Report discussed previously at:						
Level of Assurance:		Level 1	✓	Level 2		Level 3	

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

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

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

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

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

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

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

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

Acronyms/Terms Used in the Report			

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

Non-Executive Lead:
Paul Scott, Chief Executive Officer

CHIEF EXECUTIVE OFFICER REPORT

1. UPDATES

1.1 **NHS Oversight Framework 2025/26**

NHS England has published the updated 2025/26 Oversight Framework, which outlines the new approach to assessing NHS trusts. The framework introduces revised performance metrics with a greater emphasis on transparency and consistency. Key focus areas include waiting times, mental health access, quality of care, and financial sustainability. This links to annual effectiveness (capability) self-assessment issued through NHS England with the domains of Strategy, Quality of Care, People & Culture, Access & Delivery of services, Productivity & value for money, Financial performance and oversight

1.2 **National Neighbourhood Health Implementation Programme (NNHIP)**

NNHIP is rolling out pilots focused on improving care for patients with multiple long-term conditions, including mental health. The programme promotes integrated care closer to communities with partnerships between NHS providers, primary care, and the voluntary sector. Three submissions were made across our Essex geography with West Essex and North East Essex selected to join phase one of the programme. We are delighted to be a key partner in both roll outs. These sites will play a crucial role in testing and refining models of community-led, preventative, and personalised care, as outlined in the 10 Year Health Plan

1.3 **NHS League Tables Launch**

NHS England published new league tables showing performance across mental health provision at trust level. The tables are reflected in three parts acute hospital trusts, non-acute trusts and ambulance trust. EPUT is included in the rankings of non-acute trusts and is placed 36 out of 61 non-acute provider trusts. Our scores for the individual domains in the ratings place us in the top performing trusts for access to services and for managing variance from our financial plan, although we scored less well in other areas, including the length of time patients stay in our acute mental health inpatient wards and our financial performance. I welcome information which allows our patients and communities to know more about how health services are performing, we are focussed on continually improving the care that we provide and performance monitoring plays an important part.

1.4 **NHS Payment Scheme 2025/26 Updates**

The NHS Payment Scheme for 2025/26 introduces a number of important updates, including the expansion of the Activity & Payment Incentive (API) model. This extended approach now applies more broadly across both mental health and community services, reflecting a national shift towards more outcomes-focused and transparent funding mechanisms.

These developments were reviewed in detail by our Finance and Performance Committee, who welcomed the direction of travel and recognised the strategic importance of preparing for future implementation milestones. In particular, the Committee highlighted the need to strengthen our coding and data infrastructure to ensure readiness for the 2027/28 financial year.

1.5 **National Maternity Services Investigation**

A national investigation has been launched into a number of NHS trusts regarding toxic cultures within maternity services. While not directly related to mental health services, this underscores wider NHS concerns regarding organisational culture and speaking up. EPUT remains firmly committed to fostering an open, transparent and inclusive culture where all staff feel empowered to raise concerns without fear of reprisal. This commitment is underpinned by robust Freedom to Speak Up and whistleblowing arrangements, which are designed to ensure that every voice is heard, respected, and acted upon appropriately.

We continue to strengthen our internal processes to support staff in speaking up, including:

- **Clear and accessible reporting pathways**, with dedicated Freedom to Speak Up Guardians and confidential whistleblowing channels.
- **Regular training and awareness campaigns** to build confidence and understanding around raising concerns.

- **Visible leadership support**, reinforcing that speaking up is a valued and protected part of our organisational culture.
- **Timely and transparent responses** to concerns raised, with feedback loops to ensure staff feel acknowledged and informed.

These measures are integral to maintaining a psychologically safe workplace, where staff are not only encouraged but feel genuinely supported to speak up about any issues that may impact patient safety, staff wellbeing, or organisational integrity.

The Board recognises that a strong speaking up culture is essential to continuous improvement and learning. We will continue to monitor and enhance our arrangements to ensure they remain effective, inclusive, and responsive to the needs of our workforce.

Essex Partnerships University NHS Foundation Trust

Auditor's Annual Report
Year ending 31 March 2025
29 September 2025



The better the question. The better the answer. The better the world works.



Shape the future
with confidence



Audit Committee
Essex Partnership University NHS Foundation Trust

29 September 2025

Dear Audit Committee Members,

2024/25 Auditor's Annual Report

We are pleased to attach our Auditor's Annual Report including the commentary on the Value for Money (VFM) arrangements for Essex Partnership University NHS Foundation Trust. This report and commentary explains the work we have undertaken during the year and highlights any significant weaknesses identified along with recommendations for improvement. The commentary covers our findings for audit year 2024/25.

This report is intended to draw to the attention of the Trust any relevant issues arising from our work. It is not intended for, and should not be used for, any other purpose.

We welcome the opportunity to discuss the contents of this report with you at the Audit Committee meeting on 7 November 2025.

Yours faithfully

Janet Dawson

For and on behalf of Ernst & Young LLP

Enc

Contents

- 1 Executive Summary
- 2 Audit of Financial Statements
- 3 Value for Money Commentary
- 4 Appendices

The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 10 May 2023.

This report is made solely to the **Audit Committee, Council of Governors, Board of Directors and management of Essex Partnerships University NHS Foundation Trust** in accordance with our engagement letter. Our work has been undertaken so that we might state to the **Audit Committee, Council of Governors, Board of Directors and management of Essex Partnerships University NHS Foundation Trust** those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the **Audit Committee, Council of Governors, Board of Directors and management of Essex Partnerships University NHS Foundation Trust** for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



01 Executive Summary

Executive Summary

Purpose

The purpose of the Auditor's Annual Report is to bring together all of the auditor's work over the year and the value for money commentary, including confirmation of the opinion given on the financial statements; and, by exception, reference to any reporting by the auditor using their powers under the Local Audit and Accountability Act 2014. As set out in the Code of Audit Practice 2024 (the 2024 Code) issued by the National Audit Office (NAO) and the accompanying Auditor Guidance Note 3 (AGN 03), this commentary aims to highlight to the Trust, and the wider public, relevant issues identified during our audit. It includes the recommendations arising from our current year's audit as well as a follow-up on recommendations issued in previous years. Additionally, it includes our assessment of whether prior recommendations have been satisfactorily implemented.

Responsibilities of the appointed auditor

We have undertaken our 2024/25 audit work in accordance with the Audit Plan that we issued on 11 April 2025. We have complied with the National Audit Office's (NAO) Code of Audit Practice 2024, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2024/25 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the Annual Report;
- Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the Governance Statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- To NHS England if we have concerns about the legality of transactions or decisions taken by the Trust;
- Any significant matters or written recommendations that are in the public interest; and
- If we identify a significant weakness in the Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, Annual Report and Governance Statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Executive Summary (cont'd)

2024/25 conclusions

Financial statements	Unqualified - the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its expenditure and income for the year then ended. We issued our auditor's report on 28 July 2025.
Parts of the remuneration report and staff report subject to audit	We had no matters to report.
Consistency of the other information published with the financial statement	Financial information in the Annual Report and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Trust's VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Trust
Referrals to the Secretary of State and NHS England	We made no such referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.

Executive Summary (cont'd)

2024/25 conclusions (cont'd)	
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £600,000 tolerance, or £300,000 tolerance for losses and special payments, gifts and contingent liability disclosures, to the audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	We have reported to the NAO in line with their group instructions.
Certificate	We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of Essex Partnership University NHS Foundation Trust

Executive Summary (cont'd)

Value for money scope

Under the 2024 Code, we are required to consider whether the Essex Partnership University NHS Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness in its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Trust a commentary against specified reporting criteria (see below) on the arrangements the Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

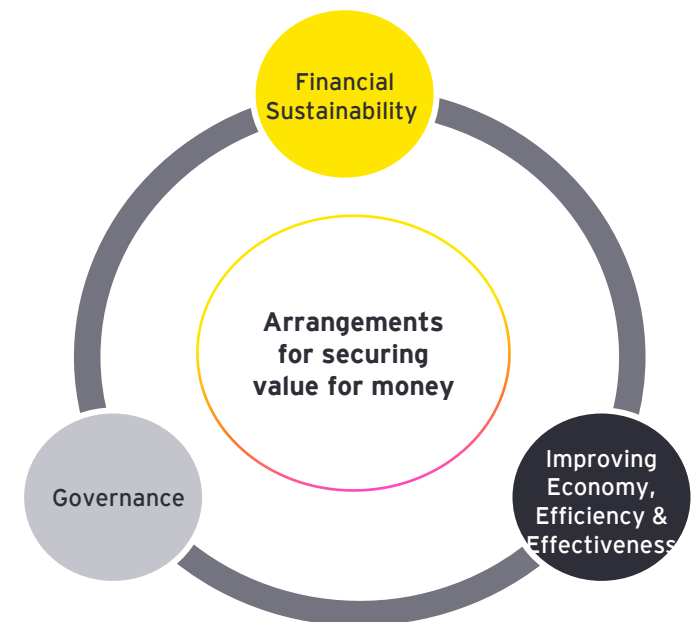
We do not issue a 'conclusion' or 'opinion', but where significant weaknesses are identified we will report by exception in the auditor's opinion on the financial statements.

The specified reporting criteria are:

- Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services.
- Governance - How the Trust ensures that it makes informed decisions and properly manages its risks.
- Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

In undertaking our procedures to understand the Trust's arrangements against the specified reporting criteria, we identify whether there are risks of significant weakness which require us to complete additional risk-based procedures. AGN 03 sets out considerations for auditors in completing and documenting their work and includes consideration of:

- our cumulative audit knowledge and experience as your auditor;
- reports from internal audit which may provide an indication of arrangements that are not operating effectively;
- our review of Trust committee reports;
- meetings with the officers of the Trust;
- information from external sources; and
- evaluation of associated documentation through our regular engagement with Trust management and the finance team.



Executive Summary (cont'd)

Reporting

Our commentary for 2024/25 is set out in Section 03. The commentary on these pages summarises our understanding of the arrangements at the Trust based on our evaluation of the evidence obtained in relation to the three reporting criteria (see table below) throughout 2024/25. We include the associated recommendations we have agreed with the Trust in Appendix A.

In accordance with the 2024 Code, we are required to report a commentary against the three specified reporting criteria. The table below sets out the three reporting criteria, whether we identified a risk of significant weakness as part of our planning procedures, and whether, at the time of this report, we have concluded that there is a significant weakness in the body's arrangements.

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weakness identified
Governance: How the Trust ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weakness identified
Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weakness identified

Executive Summary (cont'd)

Independence

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and the Trust, and its members and senior management and its affiliates, including all services provided by us and our network to the Trust, its members and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2024 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

EY Transparency Report 2024

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2024:

[EY UK 2024 Transparency Report | EY - UK](#)



02 Audit of financial statements

Audit of financial statements

Key findings

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

On 28 July 2025, we issued an unqualified opinion on the financial statements. We reported our audit scope, risks identified and detailed findings to the 25 June 2025 Audit Committee meeting in our Audit Results Report and provided an updated report to Those Charged With Governance on 21 July 2025. We outline below the key issues identified as part of our audit. We reported the following two areas for improvement in the control environment in our Audit Results Report:

- Maintenance of the fixed asset register - The fixed asset register records all movements in property, plant and equipment at a summary level, but does not show the underlying accounting treatment in one place and so a further analysis of the fixed asset register is required to reconcile through to the financial statements. This increases the risk of error in accounting for property, plant and equipment.
- Maintenance of a contract register - Our audit work identified that there is not one centrally maintained contract register and a number of contracts are unsigned, meaning that the Trust may find it more difficult to enforce contracts that they are party to.

Financial statement risks

Significant risk

Conclusion

Misstatements due to fraud or error - Management override of controls

We did not identify any instances of inappropriate judgements or estimates being applied. Our work did not identify any other transactions during our audit which appeared unusual or outside the Trust's normal course of business.

Misstatements due to fraud or error - Risk of fraud in revenue and expenditure recognition

Our audit work found no indication of fraud in either revenue or expenditure balances.

Inappropriate capitalisation of revenue expenditure

Our work did not identify any instances of inappropriate judgements being applied.

Provider collaborative income/expenditure

Our work did not identify any matters to report in this area. The Trust appropriately assessed the principal versus agent application for these contracts.

Audit of financial statements

Key findings - continued

Financial statement risks

Significant risk	Conclusion
Valuation of Land and Buildings	<p>We identified changes in asset valuation methodology between the Trust's previous valuation experts and the valuers used for 2024/25 for a sample of assets. We assessed the reasons and impacts of these changes and concluded that they were reasonable</p> <p>We identified a historic issue with the Trust incorrectly holding debit balances on the revaluation reserve at a component level for its assets with a total value of £27.1m in 2024/25 and £15.0m in 2023/24. We concluded that we were satisfied with management's proposal to correct the matter by releasing brought forward debit balances on 1 April 2024 and reprocessing the 2024/25 valuation which resulted in an increase in the impairment recognised in 2024/25 of £17m.</p>
Lampard Inquiry	<p>We revisited management's assessment of the basis upon which the £15.2m provision for costs associated with the Lampard Inquiry was recognised. We concluded that the Inquiry in and of itself did not meet the definition of an obligating event and only £2.1m relating to the provision of legal support to employees met the criteria for recognition of a provision, and the remaining balance £13.1m should be released.</p> <p>When applying the same methodology to costs provided for in 2023/24, we concluded that the prior year provision was misstated by £16.0m which had a material impact on the opening position for 2024/25.</p> <p>Management made a prior year adjustment to reverse £8.7m of provision costs recognised in 2023/24 relating to internal project and communication team costs, as well as patient inquest costs. Although the full £16.0m should have been released as the correction of an error, the remaining amount carried forward did not have a material impact on the provision for 2024/25 and we were able to conclude in this area.</p>
Valuation of pension assets and liabilities	<p>Our work did not identify any instances of inappropriate judgements being applied. Methodologies and assumptions used by management were appropriate.</p>



03 Value for money commentary

Value for Money Commentary

Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services

No significant weakness identified

Essex Partnership University NHS Foundation Trust has continued to focus on the management of financial resources over the financial year and has maintained both its governance and financial oversight arrangements. The management of the financial position has continued despite significant underlying financial pressures within all catchments of the Integrated Care Systems (ICSs).

The Lampard Inquiry into mental health inpatient deaths has continued to impact on the financial position of the Trust throughout 2024/25. In April 2024, the terms of reference for the Inquiry were released. These expanded the period of the Inquiry through to December 2023 and also broadened the scope of areas to be considered by the Inquiry. The Trust has continued to engage with NHS England to explore options to mitigate the impact on the Trust's future cash flow position and to obtain support with managing the overall expenditure. The Trust is currently forecasting that, without additional funding, cash balances will continue to decline throughout 2025/26 down to £9.6 million at 31 March 2026. Currently the Trust is funding the Lampard Inquiry from internally generated funds and has not received any additional central funding in relation to the costs of the Lampard Inquiry.

The Trust submitted a breakeven plan for 2024/25 which included £28.7 million efficiency savings and reported an overall deficit position of £11.1 million (adjusted financial performance). The Trust had delivered an overall deficit position at 31 March 2025 of £10.4 million which represents a positive improvement against the control target set of £10.7 million. After in year adjustments resulting from the audit the Trust delivered a deficit position of £3.82 million. During the year the Trust have reported efficiency savings to NHS England of £23.26 million or 81% of the planned target. The Trust has a consistent record of delivery of a high level of efficiency savings and is expected to continue this trend in 2025/26. Internal Audit completed a review of the efficiency program in the prior period which provided a reasonable assurance conclusion, demonstrating the Trust's effectiveness in this area. There has not been an internal audit review in 2024/25 for this area.

The Trust agreed its Operational Plan with NHS England which identifies a £20.5 million deficit position for 2025/26 before application of deficit support funding to achieve a break even position. This is dependent on delivery of a significant efficiency programme of £31.3 million in 2025/26, a majority of which comes from the benefits realisation of the Time to Care programme (£5.8 million), further reduction in temporary staffing (£17.8 million), and a cost reduction in corporate services (£4.0 million). The focus of the plans is to ensure transformational change to improve services for patients and move to a more stable staffing model.

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2024/25 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

Value for Money Commentary (cont'd)

Governance: How the Trust ensures that it makes informed decisions and properly manages its risks

No significant weakness identified

The Trust has continued to develop its governance structures through regular review of its existing frameworks throughout the year.

During the year, the Trust has continued its governance oversight arrangements through the Accountability Framework Model, which was implemented in 2021/22. Monthly meetings take place with the six Care Units, which enable teams to meet internally to review their positions ahead of meeting the Executive Team representatives. These also provide a common structure to produce the supporting data packs. The development of the framework has been jointly led by the Chief Finance Officer and Chief Operating Officer, with the meetings used to encourage empowerment, transparency, accountability and dialogue.

The Trust has continued to make progress on the establishment of a new Electronic Patient Records (EPR) system which is a joint project with Mid and South Essex Hospital Trust ('MSFET') now named the "Nova Programme". Full business case approval was obtained in July 2024 from NHS England. Board approval was obtained for the procurement of the provider of the EPR at the 2 October 2024 meeting. The contract was then subsequently signed on 28 November 2024 with Oracle Health for a total value of £65 million. The programme is subject to compliance with the standing financial instructions of both Trusts and all oversight groups are co-chaired by a member of each Trust. Within the Trust, robust governance arrangements have been established with the creation of four work streams (Data and Analytics, Technical, Digital Change and Engagement, and Finance and Procurement) which report into the Senior Leadership Team and Program Management Group. Reporting is then escalated through the EPR Programme Board, which consists of Care Unit Leaders and Patient Ambassadors, before being taken to the Joint Oversight Committee with MSEFT. Recommendations and risks deemed to require escalation are then taken to each Trust's board for consideration and ultimately to Mid and South Essex ICB. Each work stream is responsible for providing progress update reports every two weeks to the Program Management Group which are escalated through the reporting structure as detailed above. The Trust also maintains a detailed decision log indicating the appropriate approvals and ownership of key actions which is reviewed by the Program Management Group. During 2024/25, The Executive Director of Strategy, Transformation and Digital who leads the program was 50% seconded to MSEFT. This decision was made to ensure equivalent representation between the partners in delivering priorities of each Trust. Additionally, the Trusts have established the People Partnership Programme which includes "Lived Experience Ambassadors" to ensure that decisions take into account the views of those the programme will serve.

The Trust has continued as the lead for Adult Secure Services within the Provider Collaborative (PC). There are five other members within this collaborative structure with Cambridge and Peterborough NHS Foundation Trust acting as lead provider for Adult Eating Disorder Services and the host for the Transformation and Commissioning team. Hertfordshire Partnership University NHS Foundation Trust acts as lead provider for Child and Adolescent Mental Health Services. The six member organisations form part of the Collaborative Board reporting to NHS England.

Value for Money Commentary (cont'd)

Governance: How the Trust ensures that it makes informed decisions and properly manages its risks

In 2024/25 the Trust has taken on the lead role for the Community Collaborative for MSE ICB, with North East London NHS Foundation Trust (NELFT) & Provide Community Interest Company (Provide CIC) forming the Mid and South Essex Community Collaborative (MSECC) which delivers community services. The decision was made for the Trust to take on this role as it represented the primary provider of services in the area. The Trust has established a Joint Committee and an Accountability Framework to manage the oversight of this role.

The Trust received a CQC inspection report in July 2023, which at the time resulted in the Trust's overall rating being downgraded from Good to Requires Improvement. The CQC report noted that they inspected the Trust because they received information and had concerns about the safety and quality of services. It further noted that concerns were identified with the pace of action implementation in response to previous findings raised in October 2022. They carried out an unannounced comprehensive inspection of six core services between November 2022 and January 2023.

In their findings, the CQC noted that the Trust was in the early stages of implementing processes which would respond to the concerns identified. Our review of the Trust's arrangements for responding to the report has concluded that it has policies in place for the development of responses to inspection findings and for closing actions in relation to these findings. These policies provide a clear approach to responding to CQC findings, including appropriate assignment of responsibilities for each action to an action lead and weekly meetings of the CQC Action Leads to progress against these actions.

A CQC Improvement Plan has been prepared which captures within it all the recommendations from the CQC Inspection Report. Progress against the Improvement Plan is reviewed at the weekly action leads meeting and progress updates are provided to the Executive Operational Committee monthly. As at 28 May 2025, 96% of required actions were marked as complete and 77% marked as closed which indicates independent verification of the action by the Evidence Assurance Group which includes the Trust's ICB partners. Two actions have been noted as past time scale. These have been raised with the executive team and recovery plans have been developed. The Trust has considered all actions in the CQC Action Lead meeting with actions to date and next steps identified. Where an action is overdue the Trust obtains an understanding of the cause of the delay, sets a recovery plan, and escalates as necessary for further executive support. Where an item becomes red rated, which indicates an action is overdue its stated timeline, a task is set to develop a recovery plan and this is followed up on in successive meetings with monitoring of those actions at subsequent meetings. The Trust has also established CQC KPI Reporting. This reporting represents a significant transformation programme which is continuously monitored by the Trust to embed best practices and reporting models on the areas that CQC considers as part of their reviews. During 2024/25 the Trust was subject to two inspections of specific services by CQC both of which resulted in a "Good" rating.

Value for Money Commentary (cont'd)

Governance: How the Trust ensures that it makes informed decisions and properly manages its risks

In addition to the CQC inspections, the Essex Mental Health Independent Inquiry was announced by the Government on 21 January 2021, with the aim of publishing a report in Spring 2023. It was established to investigate the circumstances of mental health inpatient deaths which occurred over a 20-year period between 1 January 2000 and 31 December 2020 at the former North Essex Partnership University NHS Foundation Trust, the former South Essex Partnership University Trust and the successor body, Essex Partnership University NHS Foundation Trust. At the end of 2022/2023, it was announced that the independent Inquiry would be transitioned to a statutory inquiry and has since been renamed to the Lampard Inquiry. The Terms of Reference for the updated Lampard Inquiry were released in April 2024. These included a significant increase in both the timeline and the scope of the Inquiry, with the period of investigation extended to 31 December 2023 and the scope broadened to include several other mental health providers.

We have considered the Trust's response to the inquiry as part of our 2024/25 audit. We have concluded that the Trust has put in place appropriate governance arrangements to manage and learn from the Inquiry, once concluded. In 2022/23, a Project Team was established, and an Independent Director appointed. The team continued through 2024/25 to provide regular updates to relevant Committees and the Board. The risk of not responding appropriately to the Inquiry is also noted in the Board Assurance Framework (BAF) as a strategic risk. In January 2024, the Trust established the Lampard Inquiry Oversight Committee. The Senior Responsible Owner provides a monthly update to the Executive Operational Committee. As a result, updates are no longer taken to the Audit Committee. A communications team has also been established to address the reputational impact to the Trust and manage responses to media releases in relation to the Inquiry which is chaired by the Director of Communications. These have all continued to function throughout 2024/25.

Where there have been changes to the scope of the Inquiry, the Trust has considered the implications and ensured that support has been provided in the form of legal representation, internal communications, and back filling posts.

Based on the above and our review of the papers and minutes presented to Audit Committee, Board of Directors, and supported by our discussions with the Senior Trust Officers and attendance at Audit Committee meetings, we are satisfied that the Trust is responding appropriately to the Inquiry and arrangements in place related to support this are adequate

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2024/25 to make informed decisions and properly manage its risks.

Value for Money Commentary (cont'd)

Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

No significant weakness identified

The Trust has a variety of ways of measuring its performance across all aspects of its operations. It brings these together in the form of monthly reporting to the Board against national and local indicators. The Integrated Quality & Performance Report which is prepared in a Power BI dashboard sets out the performance of the Trust against a range of key indicators. Where performance is below plan, these reports highlight the action being taken to seek the required improvement.

The effectiveness of the Trust in the provision of its related services is also regularly reviewed by the CQC. As documented above, we believe the Trust has in place arrangements to respond to the CQC findings and has made significant progress against their CQC action plan during 2024/25.

In terms of financial review, monthly finance reports are reported to the Finance and Performance Committee. A detailed summary of the finance position is provided in these reports, covering the current surplus/deficit position along with a forecast to the year end and this is challenged regularly by the Committee. As at year end, the Trust had delivered savings/efficiency targets of £23.26 million against planned savings of £28.7 million. The savings have been monitored throughout the year by the Trust, with monthly reports to the Executive Operational Committee and Finance & Performance Committee, as well as to the Mid and South Essex (MSE) ICB and NHS England as part of the monthly monitoring return.

The Trust is in the second year of their engagement with TIAA who provide Internal Audit and Counter Fraud Services. In the prior year we noted concerns raised by the Audit Committee with respect to the timing of delivery of internal audit reports. From our attendance at committee meetings in 2024/25, and our review of internal audit reports, improvements have been made. The Head of Internal Audit has returned a "Reasonable Assurance" assessment overall for the financial period. We additionally note that Internal Audit have concluded substantial assurance in the areas of Financial Assurance and Assurance and Risk Management which supports the existence of a robust system of internal controls in place for the delivery of these areas.

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2024/25 to enable it to use information about its costs and performance to improve the way it manages and delivers its services.



04 Appendices

Appendix A – Recommendations

Recommendations brought forward from previous years

The table below sets out the recommendations arising from the value for money work in the prior year, 2024/25, and progress made in the current year. All recommendations have been agreed by management.

Issue	Recommendation	Progress made in 2024/25
Internal Audit	In the second year of the internal audit contract with TIAA management should continue to work with their internal audit provider to ensure clear expectations on timeliness of audits and scoping are established that fit the needs of the Audit Committee while also deliver improved value for money.	<p>We have noted improved communication lines between management, internal audit, and the audit committee. Delivery timelines have been more closely adhered to and plans appropriately agreed. Internal audit reviews delivered during the period increased from 7 in 2023/24 to 13 in 2024/25.</p> <p>We consider this recommendation closed.</p>

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Essex Partnership University
NHS Foundation Trust

RISE Programme

(Resilience- Intelligence- Strength- Excellence)

EPUT



WHAT IS THE RISE PROGRAMME

- RISE offers a blended learning programme that combines a range of learning and development tools, peer-to-peer coaching, face to face and via teams workshops.
- The aim of the programme is to enhance business performance by empowering Global Majority staff to overcome challenges and contribute to high-quality healthcare in a rapidly changing environment.

- The RISE Programme supports, EPUT's and MSE's Workforce Race Equality Standard (WRES) and Equality Act 2010 obligations.
- It enhances business and individual performance by empowering Global Majority staff to overcome challenges and contribute to high-quality healthcare in a rapidly changing environment.
- The programme also helps achieve the Model Employer Aspiration by developing diverse talents and representation for senior leadership roles

- EPUT's first RISE cohort was in 2022, introduced to support and address EPUT's Workforce Race Equality Standard (WRES) and Equality Act 2010 obligations.
- In 2025 EPUT hosted our first cohort with MSE ICB, MSE FT, Provide.
- A second system wide cohort is planned for November 2025 with 75 places across NELFT, MSE FT, MSE ICB, Provide, Primary Care and EPUT.
- This cohort has been funded by MSE ICB.

THE NUMBERS

The total number of RISE learners to date are: 188

EPUT	MSE ICS
175	13

Clinical/ non clinical

EPUT - Clinical	EPUT – Non-Clinical	MSE ICS - Clinical	Unknown - Left EPUT
138	23	13	14

Number of RISE delegates who notified us they had gained promotion since attending the Programme(August 2025)

Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8
0	3	1	7	8	2	3

Through the evaluation of the RISE programme,
please see the below examples of the learner's
feedback

I have been inspired by Dr. Joan's career journey, the differences between mentoring, coaching and sponsoring. The career progressing and the interview skills presentation were equally informing. Great presenters all round. I have 5 things i am taking back to do: develop a personal development plan, edit and update my bio, research into writing an article, complete a SWOT analysis with scenarios and look for a job role to apply with the knowledge and skills acquired today

It was such an amazing eye opener, self-discovery session. Very rare opportunity for empowerment.

I am encouraged to be more and add more relevance to my life and work place. It was a transforming moment for me and I am driven to be more. Thank you so much to the organizing team. You are giving people hope and destiny opportunities to make life a better experience for themselves and others by this programme.

The MSE RISE course has proven to be an incredibly informative and educational experience, providing invaluable insights and practical knowledge. It would be very helpful for this program continues to be offered, as it plays a vital role in developing essential skills and knowledge, benefiting participants and the wider community.

The potential of exploring critical thinking and applying it in problem solving at work. Understanding the influence of the underlying, unknown culture aspect of individuals.

Initially I wondered why efforts have been made to distinguish BME and other backgrounds. I think I approached this with naivety and are now being more realistic

SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1			9 October 2025		
Report Title:		Remuneration and Nomination Committee Terms of Reference					
Executive Lead:		Chris Jennings, Assistant Trust Secretary					
Report Author(s):		Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:		CoG Remuneration Committee 28 August 2025 CoG Nominations Committee 28 August 2025					
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report		
This report provides a proposal to merge the Council of Governors Remuneration and Nomination Committee and a proposed Terms of Reference for approval.	Approval	✓
	Discussion	
	Information	

Recommendations/Action Required
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1. Note the contents of the report 2. Approve the merging of the Council of Governors Remuneration and Nominations Committee, as recommended by the Committees. 3. Approve the Terms of Reference for the Council of Governors Remuneration and Nominations Committee.

Summary of Key Points
<p>The Trust, as a Foundation Trust, is required to have a Remuneration Committee and Nominations Committee for both Executive Directors (Standing Committee of the Board of Directors) and Non-Executive Directors (Sub-Committee of the Council of Governors).</p> <p>The role of a Council of Governors Remuneration Committee is to establish the remuneration and terms & conditions for Non-Executive Directors and in discussion with the Chair, establish a process for undertaking an annual evaluation of individual Non-Executive Directors (including the Chair). The Nominations Committee is responsible for ensuring, alongside the Board of Directors, that the Board of Directors has the sufficient mix of skills, experiences and diversity and for overseeing the appointment / re-appointment of Non-Executive Directors (including the Chair), including agreeing a selection process for any new appointments. The Committees are authorised by the Council of Governors to make recommendations to the Council for formal approval.</p> <p>The Trust Secretary's Office, in conjunction with the Chair and Lead Governor, have been reviewing Council processes to ensure good use of Governor time. The similarities between the two Committees meant it made sense to merge the two Committees together, mirroring the Board of Directors Remuneration and Nominations Committee, with the proviso that it would be made clear whether the Committee was considering remuneration or nominations business.</p> <p>The proposal was discussed at a joint meeting of the two Committees on the 28 August 2025 and it was agreed a recommendation would be made to the Council of Governors to merge both Committees and membership. Following agreement, a new Terms of Reference has been drafted for the Committee and is attached to this report for approval.</p>

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

Which of the Trust Values are Being Delivered

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

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

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

Impact on Statutory Duties and Responsibilities of Council of Governors

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

Acronyms/Terms Used in the Report

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Supporting Reports and/or Appendices

Appendix 1: Council of Governors Remuneration and Nominations Committee

Non-Executive Lead:

Chris Jennings
Assistant Trust Secretary

COUNCIL OF GOVERNORS REMUNERATION AND NOMINATIONS COMMITTEE TERMS OF REFERENCE

CHAired BY:	Chair of EPUT (Co-Chair) Governor (Co-Chair)	TOR AUTHORISED BY:	Council of Governors
SECRETARIAT:	Trust Secretary's Office	FREQUENCY:	Quarterly
AUTHORITY:	<p>The Council of Governors Remuneration & Nominations Committee (Committee) is constituted as a standing committee of the Trust's Council. Its constitution and terms of reference are set out below and are subject to regular review and approval by the Council. The Committee is authorised by the Council to act within its terms of reference.</p> <p>The Committee does not have any delegated authority. All responsibilities are undertaken in support of the Council – it is the Council that holds the responsibility for decisions relating to all issues covered by the Committee.</p>		
PURPOSE- The duties of the Committee shall include the following:	Remuneration		
	1 Recommend to the Council the appropriate remuneration level for the Chair and Non-Executive Directors based on the time commitment, roles and responsibilities		
	2 Adhering to all relevant legislation and regulations, seek to establish levels of remuneration which are sufficient to attract, retain and motivate the Chair and Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully without paying more than is necessary for this purpose and at a level which is affordable for the Trust		
	3 In making recommendations to the Council, the Committee will review any appropriate guidance and / or frameworks, benchmarking against other NHS Trusts and other reputable sources to ensure the Trust remains competitive; and be sensitive to pay and employment conditions of staff in the Trust.		
	4 Recommend to the Council the Terms and Conditions for the Chair and Non-Executive Directors, including time commitment and the process for the termination of appointment.		
	5 Working with the Chair, agree the process for evaluation of the Chair and individual Non-Executive Directors, and provision of appropriate assurance to the Council		
	6 Receive advice from the Trust Secretary on any major changes in Chair and/or Non-Executive Director remuneration and liability issues throughout NHS Foundation Trusts and will make		
	Nominations		
	7 Liaising with the Board of Directors, make recommendations to the Council on the framework for the composition of the Non-Executive Directors taking account of the skills, knowledge, experience, qualifications and diversity, and time commitment required for each position, as well as succession planning, as identified by the Board of Directors		
	8 Take account of the view of the Chief Executive when making recommendations for the appointment/ reappointment of the Trust Chair		
	9 Recommend to and agree with the Council a clear, fair and transparent selection process for Trust Chair and Non-Executive Director appointments		
	10 When a vacancy is identified, review the balance of skills, knowledge and experience required of the Chair or Non-Executive Directors, (including diversity) as identified by the Board of Directors Committee, and agree for recommendation to the Council the role description and person specification for the particular appointment		
	11 In identifying suitable candidates, the Committee will use open advertising or the services of external advisers to facilitate the search, consider candidates from a wide range of backgrounds and consider candidates on merit against objective criteria, in accordance with the agreed selection process		
	12 Recommend the appointment of the preferred candidate as Trust Chair or Non-Executive Director to the Council		
	13 Ensure that a proposed Trust Chair or Non-Executive Director's other significant commitments are disclosed to the Council before appointment, including a broad indication of the time involved, and that any changes to their commitments are reported to the Council as they arise		
	14 Ensure that the Chair and Non-Executive Directors are re-appointed at regular intervals as determined by the Trust's Constitution and subject to the NHS Act 2006 provisions, taking account of planned and progressive refreshing of post holders		
	15 In the case of re-appointments beyond six years, take into account advice from the Board of Directors Committee for the requirement (or not) for external recruitment process. Any term beyond six years must be subject to a particularly rigorous review.		
	Monitoring of Effectiveness		
	16 To undertake an annual review of its own performance to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary for Council's approval. The results of this review will be reported to the Council of Governors Governance Committee in the first instance who will present a summary report to the Council of Governors		

ATTENDANCE:	<u>MEMBERSHIP:</u> Chair of the Trust 7 Governors	<u>IN ATTENDANCE:</u> Assistant Trust Secretary Executive Director of Corporate Governance (as required) Executive Chief People Officer (as required) Senior Independent Director / Vice Chair (when discussing the appointment of the Chair or any changes to their Terms and Conditions) Chief Executive Officer (for the appointment of the Chair)
QUORUM:	4 x Committee Members	
	<u>INPUTS:</u> The Committee will consider expert advice provided by internal staff (CEO, Chief People Officer etc.) and external (national data / guidance, legal advice) to establish the remuneration / terms and conditions for the Chair / Non-Executive Directors. The Committee will consider the views of the Chair, CEO and Board of Directors when considering the appointment / re-appointment of the Chair / Non-Executive Directors and have regard for the expert advice from internal and external expertise when overseeing the appointment process.	<u>OUTPUTS:</u> Minutes of the meetings, resolutions and any action agreed will be recorded and circulated to Committee members for approval. The Committee will report in writing any decision requiring Council approval to the next Council of Governors for recommendation. If requested to do so, the Committee will provide further information to the Council including any internal or external advice it has received and considered. The Committee shall report to the Council of Governors an annual review of its performance against these terms of reference to ensure its effectiveness in discharging the functions delegated to it by the Council of Governors
Document Control:	Date Approved: 09 October 2025 Date of Last Review: 09 October 2025 Next Review: October 2026	

SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1			9 October 2025		
Report Title:		NED Objectives 2025-26					
Report Lead:		Hattie Llewelyn-Davies, Chair					
Report Author(s):		Chris Jennings Assistant Trust Secretary					
Report discussed previously at:		CoG Remuneration and Nominations Committee					
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report		
This report provides the objectives for Non-Executive Directors for 2025/26.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to:
1 Note the NED Objectives for 2025/26
2 Note the assurance provided in respect of the NED appraisal process and outcome.

Summary of Key Issues
The Council of Governors Remuneration Committee met with Non-Executive Directors in April 2025 to review the outcome of the appraisal process, to provide assurance to the Council of Governors that the appropriate process had been followed.
The Committee also provides assurance to the Council of Governors that NEDs have appropriate objectives in place for the following financial year; however, the Council had agreed to postpone this element of the process to allow the new Chair to establish their own NED objectives.
The new Chair, Hattie Llewelyn-Davies, met with NEDs and established objectives for 2025/26 which have been attached to this report as Appendix 1. The Remuneration and Nominations Committee at its meeting on the 28 August 2025 reviewed and agreed to provide assurance that the objectives were now in place and the full appraisal process for 2024/25 had now been completed.

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

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


Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Health watch	
Communication and consultation with stakeholders required	

Service impact/health improvement gains	
Financial implications	
Governance implications	✓
Impact on patient safety/quality	
Impact on equality and diversity	
Equality Impact Assessment (EIA) Completed?	YES/NO
If YES, EIA Score	

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

Acronyms/Terms Used in the Report			
CoG	Council of Governors	NED	Non-Executive Director

Supporting Documents and/or Further Reading
NED Objectives 2025-26

Lead
 <p>Hattie Llewelyn-Davies Chair</p>

Non-Executive Directors Objectives 2025-26

Objective	Mid-Year Review
All Non-Executive Directors	
All NEDs are expected to actively participate in the review of the Trust strategy, ensuring that as a unitary board we reflect the wider context in which the Trust operates and identified risks to its achievement. As part of the implementation of the updated strategy all NEDs will have an essential role in building new relationships, inside the Trust, including supporting staff, and more widely within Essex,	January 2026
Diane Leacock	
Support the Executive Chief Finance Officer and his team to ensure that the Trust delivers improvements within its financial envelope through monitoring the benefits of the Time to Care program and the governance and eventual benefits arising from the Out of Area Patient Unification programme.	January 2026
Champion learning and wellbeing across the Trust through challenging and supporting the team to ensure visibility of offerings (e.g. training, apprenticeships).	January 2026
Provide strategic leadership through contributing towards improving and embedding equity, diversity and inclusion across the trust. I will do this by championing initiatives and events (e.g. attendance at RISE modules) and supporting staff and contributing towards building an inclusive workplace.	January 2026
Ruth Jackson	
Support the development of the People Committee, specifically to improve the quality of papers and data sets. This should improve the quality / depth of discussion and help identify success, opportunity and risks, linked back to the Board Assurance Framework.	January 2026
Support the cultural review and work with the team to ensure the outputs are linked to the new leadership development programme	January 2026
Support the development of the Freedom to Speak-Up provision, working with the Principal Guardian. This includes personally demonstrating the commitment to developing an inclusive environment by highlighting and addressing areas of bias and encouraging honest and open dialogue.	January 2026
Mateen Jiwani	
Ensure the Trust equality, diversity and inclusion (EDI) values are embedded into the work of the Board of Directors, especially through Quality Committee. This includes building action on health inequalities into the work of the Board and Quality Committee.	January 2026
Support the development of a Quality Dashboard and ensure this is embedded into the work of the Quality Committee.	January 2026
Support the transformation of key performance indicators (KPI's) for the Lampard Inquiry Oversight Committee, to support the Trust in ensuring it serves the Inquiry and maximises the learning identified through the work of the Committee.	January 2026
Elena Lokteva	

Objective	Mid-Year Review
Develop strong relationships with the Council of Governors and Lived Experience Ambassadors, as part of the broader NED role and member of the Board of Directors.	January 2026
Continue to provide leadership to the Audit Committee and oversee the appointment of new External Auditors.	January 2026
Continue to use experience as a carer and the commitment to service users to inform discussions at every level and to build skills in how to do this most effectively.	January 2026
Loy Lobo	
Support the Board of Directors to continue to operate effectively during the significant financial and operational challenges throughout the financial year, including triangulating information provided to the Quality Committee to support quality priorities relevant to the Finance and Performance Committee.	January 2026
Ensure continued visibility by undertaking service visits, focusing on community services and undertaking virtual visits to smaller, less visited services.	January 2026
Engage positively with system partners and other external colleagues, to help maintain the Trust's values in working with system partners to resolve issues.	January 2026
Richard Spencer	
Complete all aspects of the NED Induction Programme	January 2026
Become fully established as a member of the EPUT Board of Directors.	January 2026
Sarah Teather	
Complete all aspects of the NED Induction Programme	January 2026
Become fully established as a member of the EPUT Board of Directors.	January 2026

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				9 October 2025		
Report Title:	Membership Update						
Report Lead:	Jason Gunn, Chair of the Council of Governors Membership Committee						
Report Author(s):	Chris Jennings, Assistant Trust Secretary						
Report discussed previously at:							
Level of Assurance:	Level 1		Level 2		Level 3	✓	

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

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

Summary of Key Issues
This report provides the Council of Governors with an update on changes to the current Trust membership as at September 2025 and details of any engagement with members since the last report.

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

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

Supporting Documents and/or Further Reading

Membership Metrics

Lead

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

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MEMBERSHIP UPDATE

1.0 PURPOSE OF REPORT

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

2.0 MEMBERSHIP METRICS

2.1 Membership Composition

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

Member Type	No. members as at March 2025	No. members as at October 2025	Difference
Public Members	4,080	4,049	-31
Staff Members	6,940	7,201	+261
Total Members	11,020	11,250	+230

By Public Constituency

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

Constituency	No. members as at March 2025	No. members as at October 2025	Difference
Essex Mid & South	1,606	1,597	-9
Milton Keynes, Bedfordshire, Luton & Rest of England	1,431	1,415	-16
West Essex & Hertfordshire	563	556	-7
North East Essex & Suffolk	480	481	+1
Total Members	4,080	4,049	-31

Add about MK & ROE

2.2 Demographics Groups

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

By Gender

Gender	No. members as at March 2025	No. members as at September 2025	Percentage	Census
Public Members				
Female	2,379	2,356	58%	51%
Male	1,600	1,587	39%	49%
Not Stated	101	106	3%	0

By Age

Age	No. members as at March 2025	No. members as at September 2025	Percentage	Census
Public Members				
0-16	1	1	<0%	7%
17-21	1	3	<0%	16%
22-29	85	68	2%	11%
30-39	917	904	22%	12%
40-49	559	577	14%	13%
50-59	674	662	16%	14%
60-74	893	876	22%	17%
75+	486	501	12%	10%
Not stated	464	457	11%	N/A

By Ethnicity

Ethnicity	No. members as at March 2025	No. members as at September 2025	Percentage	Census
Public Members				
Asian, Asian British or Asian Welsh	361	357	9%	4%
Black, Black British, Black Welsh,	303	277	7%	3%

Ethnicity	No. members as at March 2025	No. members as at September 2025	Percentage	Census
Caribbean or African				
White	3009	2,963	74%	91%
Other ethnic group	50	83	2%	2%
Not Stated	337	336	8%	N/A

2.3 Membership Communication

The following table provides information on any communication circulated by the Trust to members electronically using the membership database:

Electronic Communication	Members Emailed	Percentage Opened
EPUT Newsletter (20/06/2025)	3,084	39%
EPUT Newsletter (03/09/2025)	3,029	36%

2.4 Membership Events

The Membership Strategy (Year Two) includes the undertaking of focused membership engagement for underrepresented areas. The Trust Secretary's Office and Governors attended freshers' weeks at Chelmsford College and Anglia Ruskin University as part of a focus on younger members joining the Trust. This is the first focused engagement undertaken and further sessions will be held in the coming months.

Date	Venue	Membership Engagements
09/09/2025	Chelmsford College (Moulsham Street)	14
10/09/2025	Chelmsford College (Princes Street)	5
15/09/2025	Anglia Ruskin University	36
16/09/2025		20
18/09/2025		18

Report prepared by
Chris Jennings
Assistant Trust Secretary

On behalf of
Jason Gunn

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

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				9 October 2025		
Report Title:	Governor Composition and Attendance						
Report Lead:	Chris Jennings, Assistant Trust Secretary						
Report Author(s):	Chris Jennings, Assistant Trust Secretary						
Report discussed previously at:	Governance Committee 19 August 2025						
Level of Assurance:	Level 1	✓	Level 2		Level 3		

Purpose of the Report		
This report provides details of any changes to composition, current sub-committee membership and attendance at the Council of Governors. The report also provides the outcome of the Governor elections completed in June 2025.	Approval	
	Discussion	
	Information	✓

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

Summary of Key Issues
<p>Governor Elections</p> <p>The elections to the Council Governors took place in June 2025 and the Trust welcomed a number of new Governors:</p> <ul style="list-style-type: none"> • Voke Aghoghovbia (West Essex, Hertfordshire & Rest of England) • Simon Cross (Essex Mid & South) • Richard Gregory (Essex Mid & South) • Olivia Houlihan (West Essex, Suffolk & Rest of England) • Ashley John (North East Essex & Suffolk) • James McCarthy (North East Essex & Suffolk) • Ekoh West (Essex Mid & South) <p>Congratulations to Megan Leach and Stuart Scrivener who were successfully elected for a further three-year term as Public Governors for Essex Mid and South.</p> <p>The Trust also welcome two new Appointed Governors, Cllr. Andrew Johnson (Essex County Council) and Cllr. Elizabeth Rigby (Thurrock Council).</p> <p>Full details of the Council of Governors composition is included as Appendix 1</p> <p>Committee Membership</p> <p>The sub-committees of the Council of Governors are currently being reviewed and a full update with Committee members will be included in the next report.</p> <p>Governor Attendance</p> <p>Governor attendance at general meetings is reviewed in line with the agreed procedure for monitoring attendance. A summary of attendance to date is attached at Appendix 2.</p>

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

Which of the Trust Values are Being Delivered

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

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

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

Impact on Statutory Duties and Responsibilities of Council of Governors

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

Acronyms/Terms Used in the Report

CoG	Council of Governors		
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Supporting Documents and/or Further Reading

Appendix 1: Council of Governors Composition
Appendix 2: Council of Governors Meeting Attendance

Lead

Chris Jennings Assistant Trust Secretary

COUNCIL OF GOVERNORS as at 5 August 2025

ELECTED GOVERNORS

Public: Essex Mid & South (9)

Gwyn Davies
Simon Cross
Kingsley Edore
David Finn
Richard Gregory
Megan Leach
Pamela Madison
Stuart Scrivener
Ekoh West

Public: North East Essex & Suffolk (3)

Ashley John
James McCarthy
Cort Williamson

**Public: West Essex, Hertfordshire and
the Rest of England (7)**

Voke Aghoghovbia
Larry Billiaminu
Nat Ehigie-Obano
Jason Gunn
Olivia Houlihan
x2 vacancy

Staff: Clinical (4)

Spencer Dinnage
Ibraheem Lateef
Edwin Ugoh
Oladipo Ogedengbe

Staff Non Clinical (2)

Zisan Abedin
Helen Semoh

APPOINTED GOVERNORS

Essex County Council

Southend on Sea Council

Thurrock Council

Anglia Ruskin/Essex Universities

Voluntary / Third Party Sector

Andrew Johnson

Maxine Sadza

Elizabeth Rigby

Vacancy

Vacancy

Governor	Notes	21 May 2025		Total Meetings Attended	Total Meetings
		Part 1	Part 2		
Zisan Abedin		√	√	1	1
Gwyn Davies		√	√	1	1
Spencer Dinnage		√	√	1	1
Kinglsey Edore		x	x	0	1
Nat Ehigie-Obano		√	√	1	1
David Finn		√	√	1	1
Paula Grayson		√	√	1	1
Jason Gunn		√	√	1	1
John Jones		√	√	1	1
Ibrahim Lateef		x	x	0	1
Megan Leach		x	x	0	1
Pam Madison		√	√	1	1
Nicky Milner		√	√	1	1
Oladipo Ogedengbe		√	√	1	1
Maxine Sadza		x	x	0	1
Stuart Scrivener		√	√	1	1
Helen Semoh		A	A	0	1
Neil Speight		A	√	1	1
Edwin Ugoh		x	x	0	1
Cort Williamson		√	√	1	1
Bilaminu Yesufu		A	A	0	1
Key					
Attended	√				
Apologies Received	A				
No Apologies Received	x				
Not Required	NR				

SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1				9 October 2025	
Report Title:		Lead Governor Report					
Executive Lead:		Stuart Scrivener, Lead Governor					
Report Author(s):		Stuart Scrivener, Lead Governor					
Report discussed previously at:							
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report		
This report provides a summary of the key activities undertaken by the Lead Governor and sharing any information and learning identified.	Approval	
	Discussion	
	Information	✓

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

Summary of Key Points
This report provides a summary of the activities of the Lead Governor over the last few months, including: <ul style="list-style-type: none"> Annual Members Meetings Visits / Membership Engagement External Meetings Meetings with the Chair Future Plans

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

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

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

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

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
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Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports and/or Appendices
Lead Governor Report

Non-Executive Lead:
Stuart Scrivener Lead Governor Public Governor, Essex Mid & South

LEAD GOVERNOR REPORT**1.0 INTRODUCTION**

Firstly, I would like to thank our outgoing Lead Governor, John Jones, who supported the Council of Governors for many years, keeping us true to our values and being supportive to governors and a critical friend to the Board of Directors. John's support has made a meaningful difference, positively impacting the lives of many across our community.

2.0 MY ROLE

The role of a Lead Governor is to act as a liaison between the Council and the Board of Directors, as well as provide support for Governors as they undertake their role. In order to achieve this, these are my aims for the coming months:

- Cultivate the relationship between the Council of Governors and the Board of Directors by representing the view of fellow Governors to the Board via the Chair.
- Work collaboratively with the Chair, Trust Secretary's Office and Governors to seek views and feedback to encourage engagement.
- Act as point of contact to raise any matters with the Trust Chair in the event that a Governor may not want to do so directly.
- Undertake a coordination role with the Council of Governors and act as conduit for communications with other organisations and groups.

3.0 LEAD GOVERNOR ACTIVITY

I would like in this section to share with you some of the things I've been doing in this last couple of months as your Lead Governor and share any points of interest or learning I've picked-up along the way.

3.1 Annual Members Meetings

The EPUT Annual Members Meeting is due to take place on the 26 November and I took the opportunity to attend the meetings for East London NHS Foundation Trust (ELFT) and University College London Hospitals (UCLH), along with the Assistant Trust Secretary.

I gained some valuable insight into how different organisations run their Annual Members Meeting which I've shared with colleagues. I was particularly impressed by the speakers, content of the presentations and general running of the events. I also noted some points of learning which I've shared with colleagues.

I also spoke with different individuals at both AMM meetings, both staff and service users. I was particularly impressed by a Governor who sought people out to welcome them to the meeting.

3.2 Visits and Membership Engagement

I have been undertaking visits to places to both promote membership and see what is happening in our services. This included visits to Chelmsford College and Anglia Ruskin University, with fellow Governors (Ekoh West and Oladipo Ogedengbe) and the Trust Secretary's Office. The visits were to engage with younger people to promote EPUT services and encourage them to join our membership.

I also joined our new Chair, Hattie, on a tour of several inpatient units as she familiarised herself with our services. It was good to catch-up on improvements since my previous visits. I joined the Chair on a visit to Kingfisher Court in Hertfordshire, which is a mental health inpatient unit provided by Hertfordshire Partnership Foundation Trust. I was impressed by the environment and the warmth of staff on the day.

3.3 External Meetings

I attended the Mid and South Essex ICB meeting on the 18 September and asked questions about the governments 10-year plan for the NHS and how this may impact EPUT. Their answer included strengthening the links between the ICB's and voluntary and social enterprise organisations.

I took part in a regional Lead Governors network meeting to share thoughts and challenges with other Lead Governors in the Eastern region. I'll be regularly attending the meeting and sharing anything relevant to you using this report.

3.4 Meeting with the Chair

I have met with the Chair to plan the agendas for future Council meetings and put forward the views of fellow Governors where I have been asked to do so. I have also met with Hattie to discuss her plans and objectives, ensuring as a Council that we are well-positioned to hold the Non-Executive Director team to account for the performance of the Board of Directors.

4.0 FUTURE PLANS

I am enjoying my role as your Lead Governor and have lots of plans for the coming months, including:

- Working with the Trust Secretary's Office to look at papers coming to the Council of Governors. The idea is to try to make more room for patient stories and discussions.
- Looking at different processes to see if we can streamline and make better use of Governors time
- Working with the TSO / Organisational Development Team on the upcoming Team Building training.

5.0 CONCLUSION

This is my first report as Lead Governor and I would be grateful for any feedback so I can develop the report going forward. My aim is to make this report useful and interesting, so anything additional you'd like me to include in the future, please let me know.

I look forward to continuing the conversation at the Governor Informal Meeting on the 15 October, which I hope will be a valuable opportunity for a more relaxed open discussion.

If you have any questions or concerns in the meantime, please do not hesitate to get in touch.

Stuart Scrivener
Lead Governor
Public Governor for Essex Mid and South