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Essex Partnership University
NHS Foundation Trust

Essex Partnership University NHS Foundation Trust

Quality Account 2025-26

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Who was involved in the development of our Quality Account?

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

- EPUT Council of Governors
- NHS Essex Integrated Care Board
- Essex County Council
- Southend City Council
- Thurrock Council
- Healthwatch Essex
- Healthwatch Southend
- Healthwatch Thurrock

How to provide feedback on this Quality Account

If you would like to provide feedback on this Quality Account, or would like to make suggestions for content of future accounts:

Email: epunft.trust.secretary@nhs.net

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Part 1
Quality Account - Chief Executive's Statement

Statement on Quality

This is our account to you about the quality of services provided by Essex Partnership University NHS Foundation Trust in 2025/26. It looks back at our performance over the last year and details our priorities for improvement over the coming year, 2026/27.

Statement on Quality from our Chief Executive

I am very pleased to present our Quality Account for 2025/26. As in previous years, this is a chance for us to reflect on our performance over the last year in providing safe, effective care and how we have worked to improve our standards and outcomes. It is also a chance to look forward into 2026/27 and the new priorities we will focus on.

The Account has many examples of the great care our teams provide for our patients every day. I want to highlight a few of them here, which also reflect the wider work we are doing to improve the quality and safety of all our services. During the year, we have used our quality priorities to build on some of the key activities that will bring lasting change to our services and to the outcomes for our patients, their families and loved ones.

Managing and supporting our patients' physical health is a vital part of the treatment and care we provide. I am therefore pleased that we have made progress over the year in priorities which focus on physical health, although I recognise that there is more to do. Smoking cessation remains one of the most effective ways of improving health for individuals and wider communities. Almost twice as many adults with long-term mental health conditions smoke compared with the general population, and giving up smoking is often the single biggest thing someone can do to improve their overall health. Our measures to support patients to reduce or stop smoking can therefore make a real difference and it is vital that we continue to see this as a key quality priority.

In the past, services have not always effectively taken people's neurodivergence into consideration when diagnosing and treating mental health conditions. Living with a condition such as ADHD or autism can significantly alter someone's chances of improving and then sustaining better mental health, so I am really pleased that we have continued to make this work a priority and embed the approach and knowledge across our services. Appointing a dedicated colleague to advise on and oversee this approach is already making a difference and we will continue to support our teams to recognise the impact of neurodivergence on patients' treatment and outcomes.

The way we support and communicate with patients and their loved ones after a serious incident is as important as the investigation of the incident itself. It is a vital part of the process of helping people to understand and come to terms with what has happened to them or their loved one, and I know that we do not always get this right. We have made progress in this area over the year, and it has been

a good opportunity to involve people with lived experience of our services in helping us to do better. There is more to do, and we will continue to ensure that this remains an active part of our improvement programme.

I have said many times before that our staff are our biggest asset. More than 7,000 colleagues, including clinicians and support function colleagues, are involved in running our services and in supporting the 100,000-plus people who are in our care at any one time. The way we treat and develop our staff directly affects how they care for and treat our patients and their loved ones, and therefore supporting our staff to learn, develop and be the best they can be goes hand in hand with delivering caring and effective services.

During the year, we had our highest ever response rate for the NHS national staff survey – almost 52 per cent of colleagues completed the survey in 2025, an increase of around 20 per cent on the 2024 survey, giving us a really in-depth view of people's view on working at EPUT. We will use the information staff shared with us through the survey as we continue to develop our culture and competence frameworks.

Looking further ahead into 2026/27, the Lampard Inquiry will move into its next phase as it hears evidence from people who have provided care to patients and families over the 24year period being considered. We remain fully committed to the aims and objectives of the Inquiry, and we will continue to support Baroness Lampard and her team to help ensure families and loved ones get the answers they deserve.

I want to end by thanking all our 7,000-plus staff who work in services right across Essex and into Bedfordshire and Suffolk to care for and keep people safe, and whose work is reflected in the improvements detailed in this Account. I also want to thank our partner organisations and external stakeholders for their continued support and challenge, and for working with us to serve our local communities.

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

Paul Scott
Chief Executive
Essex Partnership University NHS Foundation Trust

What is a Quality Account?

The NHS is required to be open and transparent about the quality of services provided to the public. As part of this process, all NHS providers are required to publish a Quality Account, as laid out in the Health Act 2009. Staff at EPUT can use the Quality Account to assess the quality of the care we provide. Patients and the public can also view quality across NHS organisations by viewing the Quality Accounts on the NHS website: [NHS England » About Quality Accounts]

The dual functions of a Quality Account are to:

Summarise our performance and improvements against quality priorities and objectives we set ourselves for 2025/26.

Outline the quality priorities and objectives we have set ourselves going forward for 2026/27.

Part 2
Quality Priorities

Quality improvement priorities for 2025/26 - our progress

Delivery of our Quality Priorities

To set our quality priorities for 2025/26, we held a Quality Conversation workshop in February 2025 with staff, patients, experts by experience and key partners, to ensure we continued with our commitment to a co-produced approach.

Throughout 2025/26 we continued to follow our Quality Assurance Framework (QAF), providing a structure and measures for success to understand what works best to make our services better for our service users.

This section outlines the quality priorities we set for 2025/26 and the progress made.

Quality Priority 1: Reducing Health Inequalities

Why this was a priority

Fit for the future: 10 Year Health Plan for England (2025) requires a more systematic approach to reducing health inequalities. In 2023, we agreed our Working in Partnership with People and Communities Strategy, which aims to improve population health, embed population health management and recognise our role as an anchor institution in Essex. This priority builds on work already underway to embed EPUT's approach to addressing health inequalities across all services.

What we set out to do

1. Improve access, experience and outcomes for:
    a. Black women accessing perinatal mental health services across Essex, focusing on:
        - Pathway development
        - Access routes
        - Co-production

    b. Men aged 18–35 from global majority backgrounds using community mental health services in Mid and South Essex, via the COMPASS pilot programme.

2. Improve EPUT-wide data collection to:
    - Enable meaningful thematic analysis
    - Identify priority areas to inform future access improvement work

3. Develop the Race Equity Champion role and governance to strengthen Patient and Carer Race Equality Framework (PCREF) delivery

4. Promote smoking cessation, with a specific focus on inpatient mental health wards. This includes:
    - Ensuring access to trained advisers
    - Supporting continuity of smoking cessation after discharge
    - Exploring use of peer support partners
    - Improving recording mechanisms
    - Ensuring the new unified Electronic Patient Record (UEPR) system captures smoking-related data

What we achieved:

Improving access to Perinatal Services as part of the Race Equity priority

We have secured funding for a perinatal psychologist to run structured interviews dedicated to identifying the barriers women from racially minoritised backgrounds face when accessing maternity and perinatal services. This research will be used to inform service developments. Our work on this area will continue into 2026/2027.

COMPASS pilot

In partnership with Start Change, EPUT is launching the six-month COMPASS programme in Quarter 1 of 2026/2027. The programme is designed to support men aged 18 to 35 from racialised communities who experience repeated mental health hospital admissions, with the aim of improving engagement, continuity of care and longer-term outcomes. COMPASS is aligned to the Patient and Carer Race Equality Framework (PCREF) and the Core20PLUS5 approach, translating these frameworks into targeted, place-based intervention. The PCREF provides the Trust with a clear accountability framework to address and reduce racial inequalities in access, experience and outcome.

The Trust applies the Core20PLUS5 as a key mechanism for identifying and addressing health inequalities, focusing on people living in the 20 per cent of most deprived communities, alongside other population groups at risk of experiencing poor access, experience and outcomes. This approach is informed by local population health intelligence, patient experience and partnership working and is used to guide service priorities and resource allocation.

Delivery of the COMPASS pilot will be supported through collaboration with voluntary, community and social enterprise partners, carers' networks and wider system stakeholders, strengthening access, earlier intervention and joined-up support for individuals who may face barriers engaging with traditional NHS services.

The pilot incorporates:

- An Assertive Community Outreach model
- Lived-experience mentoring
- Advocacy support for navigating health, housing, employment and education services

Improving data collection across EPUT

Strengthening the quality and consistency of race equity data is a key enabler for delivering the Trust's PCREF commitments and reducing health inequalities. Work is underway to improve the capture, visibility and use of ethnicity-related data, enabling more robust monitoring of access, experience and outcomes.

Key actions include:

- Incorporating restrictive intervention data into the PCREF dashboard to enable monitoring of racial disparities in restraint use
- Adding Child and Young People access metrics to the PCREF dashboard to support early identification of inequalities
- Introducing ethnicity breakdown within patient deaths reporting to strengthen learning and governance oversight
- Exploring improved data capture related to reminders of rights, complaints and awareness of advocacy services.

Alongside data improvements, cultural awareness training is being delivered to strengthen staff capability in responding to the needs of diverse communities. A communication plan is being developed to increase awareness of training available. Improved data will inform the targeting and evaluation of this training activity.

Figures 1 and 2 below provide examples of enhanced data now being recorded, demonstrating improved visibility of ethnicity and age profiles within service user population, in this case in relation to being detained under the Mental Health Act.

Figure 1: Ethnicity

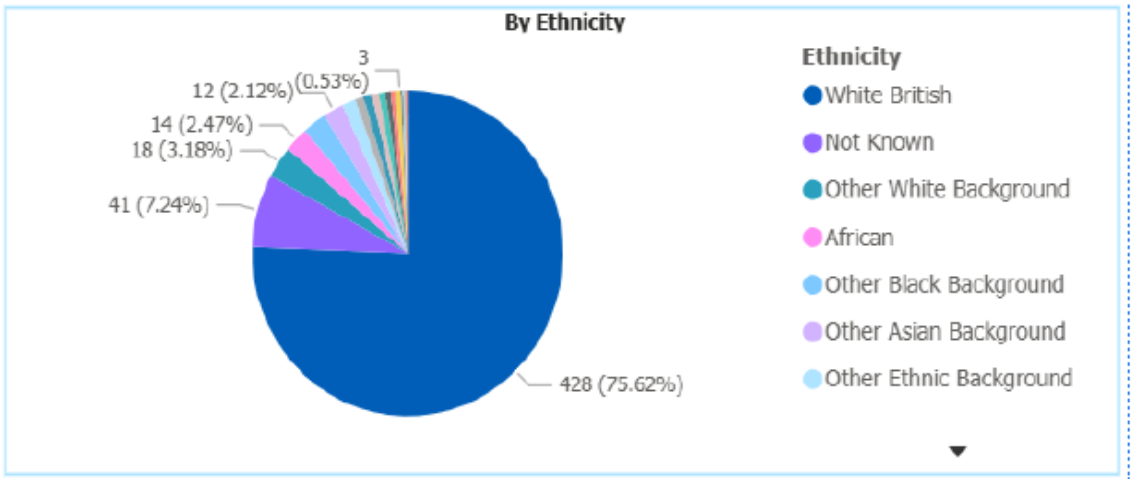
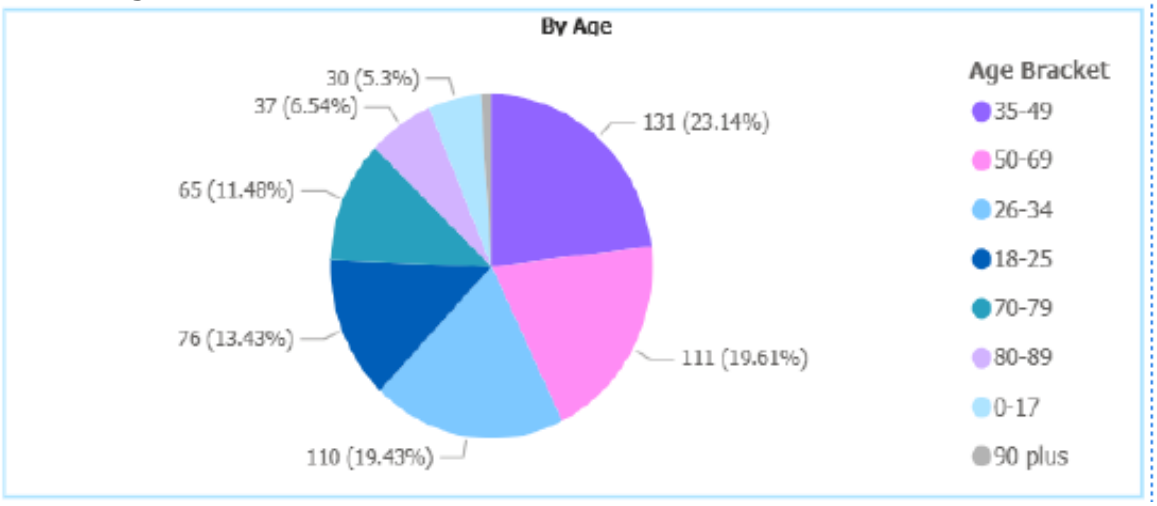


Figure 2: Age



Developing Race Equity Champions

A programme is in place to train Peer Workers as the first wave of Race Equity Champions, establishing a network of up to 40 Champions across all Trust services. Peer support workers have been prioritised due to their lived-experience insight and established role in supporting engagement and inclusion.

Race Equality Champions will support local services to promote race equity awareness, challenge inequity, and contribute to implementation of PCREF actions at team level. Governance oversight will be provided through the Reducing Health Inequalities Sub-Group, ensuring alignment with Trust priorities and accountability for delivery.

Smoking cessation – inpatient wards

During 2025/26, progress was made in strengthening smoking cessation support across inpatient wards, with a focus on workforce capability, harm-reduction and sustainable systems.

Key achievements include:

- 20 Peer Support Workers completed smoking cessation basic training by the end of February 2026, strengthening ward-level support for patients
- Practice Nurse Educators (PNEs) promoting smoking cessation services and supporting the delivery of peer worker training
- Disposable vapes were discontinued and replaced with reusable vapes within Secure and Specialist Services, aligned with harm reduction principles
- Additional vape stock secured to ensure continuity of support for out-of-hours admissions, alongside the development of a secure storage and access process
- Finalisation of a community smoking cessation referral card, including a QR code to support self-referral
- Delivery of a staff Stoptober campaign, resulting in 12 staff self-referrals and eight confirmed quits
- Integration of smoking cessation into the model ward programme, embedding this work within routine inpatient practice
- Inclusion of very brief advice training on the Training Management System, enabling staff to access this training online.

These actions support improved physical health outcomes, staff confidence, and continued progress towards smokefree inpatient environments.

Quality Priority 2: Patient Experience of the Patient Safety Incident Response Framework (PSIRF)

Why this was a priority

Compassionate, transparent engagement with patients and families following patient safety incidents is a core requirement of the NHS Patient Safety Strategy (2019), the Patient Safety Incident Response Framework (PSIRF) and the NHS Constitution (2023). Strengthening involvement, communication and trust following incidents was therefore identified as a priority for improvements to support openness, learning and public confidence in the Trust's patient safety processes.

What we set out to do

1. Develop an improvement plan for compassionate engagement after incidents
2. Communicate the importance of involving patients and families to all staff
3. Support Patient Safety Partners (PSPs) to contribute to this work
4. Allocate PSPs to each care unit
5. Co-develop tools with PSPs to gather feedback
6. Develop a standard operating procedure for requesting involvement feedback
7. Explore additional insight sources (e.g., online forums, legal claims)

What we achieved

EPUT-wide improvement work

An organisation-wide improvement project for compassionate engagement following patient safety incidents has been established and embedded within the core work of the Patient Safety Incident Management team. This project forms part of a wider initiative supported by NHS England which is focused on restoring public confidence in patient safety processes.

Feedback from patients and families has been collected and reviewed, enabling the identification of priority themes and areas for improvement. The project is being delivered using a Quality Improvement methodology, with people with lived experience involved as equal partners in the design and implementation of changes.

Culture of openness and Duty of Candour

The Trust continues to strengthen its culture of openness and compliance with the Duty of Candour. Key actions delivered include:

- Restarting the process to ensure written apologies are issued within ten working days where Duty of Candour applies
- Developing a Standardised Operating Procedure (SOP) setting out Duty of Candour processes and clear responsibilities (currently out for organisational consultation)
- Reviewing and updating the Duty of Candour and Being Open Policy (currently out for consultation)
- Updating the Associated Duty of Candour e-learning package
- Introducing enhanced assurance arrangements, including reporting to the weekly Emerging Incident Review Group and quarterly escalation to the Quality of Care Group
- Analysing complaints to better understand and respond to feedback from families about their experience of the Trust's incident process

These actions provide strengthened governance, clarity of roles and improved oversight of openness and candour.

Patient Safety Partners (PSPs)
The Trust initially recruited five Patient Safety Partners who collectively contributed approximately 60 hours per month across governance and quality processes. Activity was paused to address concerns regarding sessional payments.

The PSP model is now being re-established through the volunteer route, providing assurance that lived-experience involvement will continue in a sustainable way. PSPs will support compassionate engagement work, co-production of tools, and ongoing oversight of patient and family experience in response to safety incidents.

Quality Priority 3: Experiences of Neurodivergent People in Inpatient Care

Why this was a priority
Neurodivergent people, including those with autism, ADHD and learning disabilities, are known to experience barriers to accessing healthcare and poorer outcomes. Improving experience, safety and outcomes for neurodivergent patients was therefore identified as a Quality Priority, supported by recommendations from the EPUT Quality Senate and aligned with national best practice on trauma-informed, personalised and least restrictive care. The appointment of an All-Ages Specialist Neurodivergence Advisor has strengthened the Trust's leadership, expertise and delivery capacity in this area.

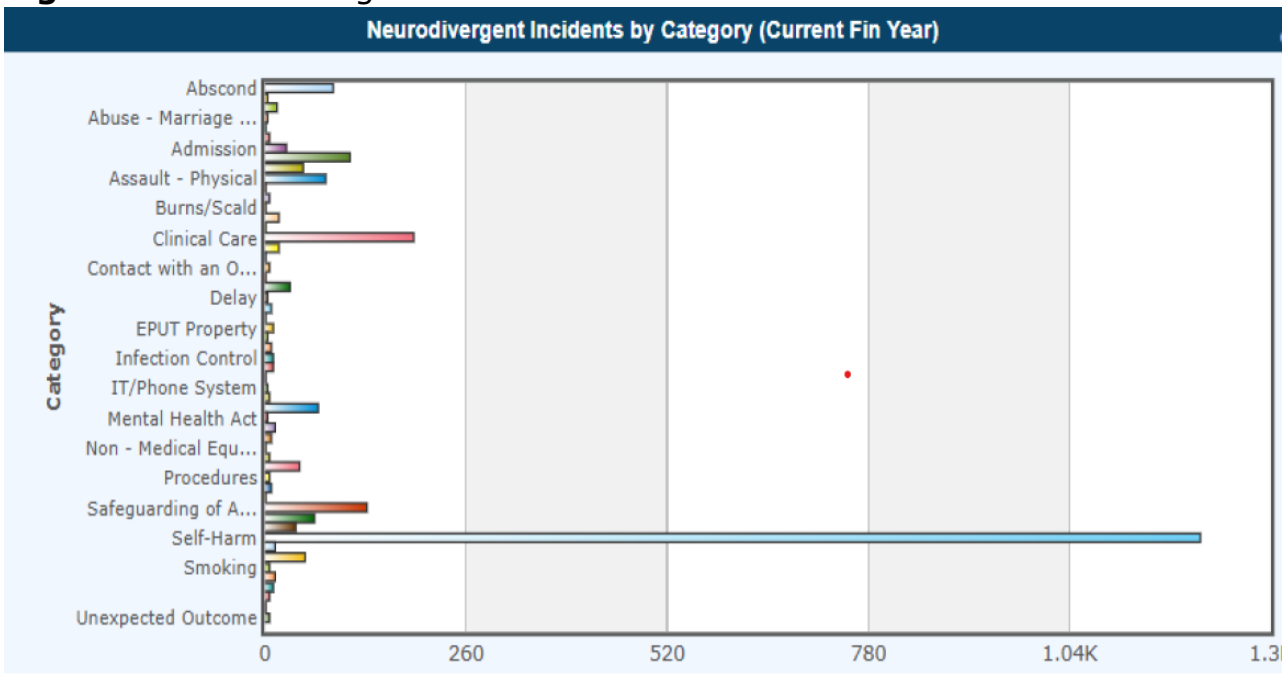
What we set out to do
1. Implement trauma-informed and least restrictive practices
2. Deliver National Autism Trainer Programme and Oliver McGowan training
3. Co-design improvement plans for neurodivergent young people in CAMHS inpatient services
4. Improve collaborative family involvement

What we achieved

Trauma-informed approaches
- A Pan Essex trauma-informed improvement plan has been developed and is overseen through the Quality Contracts Performance Meeting (QCPM), providing consistent system-level oversight and assurance
- The Trust is implementing the Roots reflective assessment tool to support services in understanding their maturity in trauma-informed practice. Data collection is now under way, with a Trust-wide baseline due in Q2 2026/27
- The Neurodivergence Group continues to provide coordination and alignment with the wider priority workstream, including suicide prevention, medicines management and restrictive practice reduction

Patient safety data relating to neurodivergent people and those with a learning disability is routinely collected and reviewed at care unit level, enabling local identification of risks and targeted improvement actions. Trust-wide analysis of 2025/26 patient safety incidents by type experienced by patients who are neurodivergent and/or have a learning disability is shown in figure 3 below.

Figure 3: Neurodivergence



Of note is the high prevalence of self-harm incidents reported among neurodivergent inpatients. This is recognised as a risk indicator for death by suicide. In response, this issue has been prioritised within the Trust's quality improvement programme and will be addressed through focused interventions, including the development of a Neurodivergence Champions network, a Trust-wide learning forum, and participation in a proposed Urgent Care Improvement Collaborative.

Regional collaboration and impact

The Trust is actively engaged in regional improvement activity to support consistent and evidence-based care for neurodivergent people. This includes:

- Participation in Essex-wide ADHD and autism pathway improvement work led by NHSE Essex Integrated Care Board
- Collaboration through the Greater Essex Adult Neurodiversity Steering Group
- Involvement in the national Culture of Care Programme

These partnerships support shared learning, alignment of standards, and system-wide improvement.

Training in neurodivergent-led practices
Workforce capability has been strengthened through the delivery of the Oliver McGowan Mandatory Training on Learning Disability and Autism.

A business case for the National Autism Trainer Programme (NATP) is under development for 2026/27, providing neurodivergent-led training to further embed best practice. Additionally, an evidence-based ADHD education offer has been identified through Takeda's non-promotional programme, offering extensive free training for clinicians.

Improvement plan for CAMHS inpatient services
A co-produced improvement plan for CAMHS inpatient services has been developed in partnership with young people and families. This plan focuses on:

- Personalised care and safety planning
- Standardised behaviour support plans
- Employing a peer support worker
- Advance care and sensory planning tools
- Flexible visiting arrangements
- Young person and family experience assessment

Quality Priority 4: Suicide Prevention

Why this was a priority

Following the Health Services Safety Investigations Body (HSSIB) Interim Report (2024), EPUT committed to moving from RAG-rated risk assessments to personalised safety planning by March 2026. Internal reviews highlight that individuals assessed as 'green' had later died by suicide, demonstrating the need for change.

What we set out to do

1. Review policy and training
2. Develop new measures linked to implementation
3. Increase STORM training compliance and capacity - STORM skills training provides high-quality, effective, evidence-based self-harm and suicide prevention training supported by a wealth of research, experience and expertise
4. Achieve a 10 per cent reduction in ligation incidents on wards

What we achieved

- Approved a Trust-wide case for change, co-produced with lived experience ambassadors, underpinning the transition from RAG-rated risk assessment to personalised safety planning in line with HSSIB and NHS England guidance
- Reviewed the risk assessment policy to align with national guidance
- Reviewed Trust training programme; phased changes now under way, with

the expansion of STORM training and a mandatory suicide prevention training module being implemented
- Strengthened workforce capability through STORM training compliance, including eight additional facilitators, one with lived experience

Safety and performance outcomes

- The Trust has maintained zero inpatient deaths by suicide for over two years, providing assurance regarding inpatient safety controls
- 12 suspected suicides were reported in the most recent quarter, all occurring within community and urgent care pathways, consistent with national trends where suicide risk is higher outside inpatient settings; these cases are subject to formal review and learning through established governance processes
- The Trust is progressing a major transition from risk stratification to personalised safety planning, fully aligned with NHS England's Staying Safe from Suicide guidance. Key foundations are now in place, including updated self-harm clinical guidelines and revised assessment and safety formulation templates
- Reported self-harm incidents have reduced by 17 per cent compared to the previous quarter and by 4 per cent year-on-year, indicating early positive impact from targeted interventions such as targeted ward-level quality improvement work, particularly in CAMHS and adult inpatient services
- STORM training capacity has expanded significantly, with additional facilitators now trained. Compliance has reached 85 per cent within urgent care services, with a funded and time-bound plan to achieve 95 per cent Trust-wide, alongside the launch of a mandatory suicide prevention module for all staff.

Figure 4: Reported Self-harm incidents Specialist services

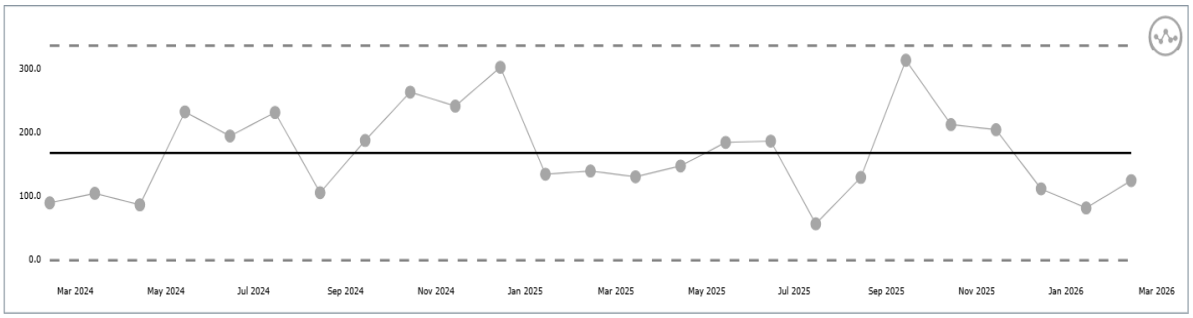
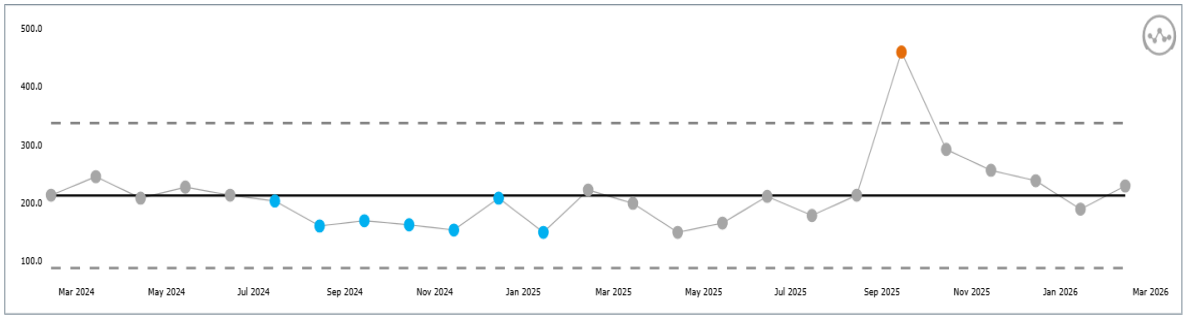


Figure 5: Reported Self- harm incidents Inpatients and urgent care



Quality Priority 5: Falls prevention in inpatient areas

Why this was a priority

Falls can cause severe preventable harm, particularly in older adults. This priority focused on improving multifactorial assessments, sharing learning and strengthening clinical response.

What we set out to do

1. Review guidance and e-learning
2. Provide accessible patient materials
3. Deliver strength and deconditioning training
4. Review assessment tools aligned to the new unified electronic patient record which is currently in development
5. Increase pre- and post-fall assessments
6. Strengthen falls data use
7. Implement Decision-Making Tool (DMT) for moderate/severe harm falls

What we achieved

Policy updates

The Trust's CG58 Slips, Trips and Falls Clinical Guideline has been fully reviewed and updated to align with NICE NG249 and Royal College of Physicians guidance. The updated guidance strengthens clinical consistency and includes specific advice on the use of digital observation technology protective helmets, supporting proportionate risk management for patients at highest risk of injury from falls.

Training and education

Staff training and education remain a core control for falls prevention. The multidisciplinary Falls Steering group has reviewed the Trust's training framework to strengthen both theoretical knowledge and practical application:

- All ward-based clinical staff continue to complete the online Preventing Falls in Hospital e-learning module
- Medical staff complete Carefall training
- Supplementary face-to-face ward-based falls prevention training and manual handling training is being implemented to reinforce learning and support consistent practice.

This approach enhances staff confidence and capability in identifying risk, implementing preventative measures, and responding appropriately following a fall.

Falls review and learning

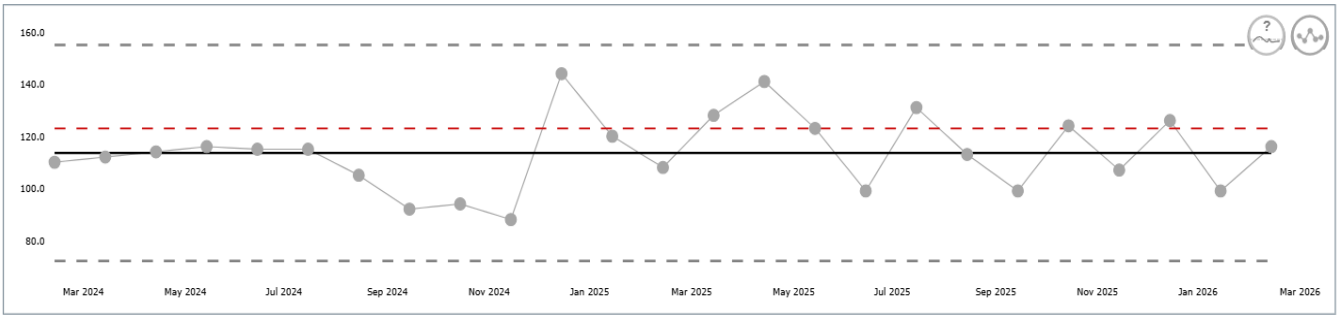
- The Trust-wide multidisciplinary Falls Group provides advisory support and shared learning across all care units. Membership includes representation

from medicine, nursing, pharmacy, physiotherapy, occupational therapy, professional nurse education, patient safety and safeguarding
- Inpatient falls resulting in moderate or severe harm are presented to the Falls Group for a structured review and dissemination of learning.

Audits and collaboration

- An Older Adult Inpatient Audit comprising of 121 cases was completed during 2025/26. Findings were consistent with National Audit of Inpatient Falls (NAIF), providing assurance that local challenges reflect national themes and that improvement actions are appropriately targeted
- The Trust has also strengthened collaborative working with The Princess Alexandra Hospital NHS Trust in Harlow, focusing on inpatient falls reduction and continuity of risk management for patients transferred for medical or surgical interventions. Work is under way to explore shared access and governance arrangements for electronic patient records, supporting improved monitoring, communication and patient flow between organisations
- Falls data is routinely reviewed at ward, care unit and Trust level to monitor trends in incidence and severity and informs targeted quality improvement activity

Figure 6: Falls data



Quality Priority 6: Management of the Deteriorating Patient

Why this was a priority

Early recognition and intervention can significantly reduce avoidable harm. This priority focuses on the National Early Warning Score (NEWS2) to standardise the process of recording, scoring and responding to changes in routinely measured physiological parameters in acutely ill patients. In collaboration with the ABCDE assessment, this is a systematic approach used in healthcare to evaluate and manage deteriorating patients, focusing on Airway, Breathing, Circulation, Disability and Exposure. The ABCDE approach is designed to quickly identify and address life-threatening conditions in patients. Each component of the assessment is crucial for ensuring patient safety and effective treatment.

What we set out to do

1. Implement NEWS2 and roll out training across inpatient services
2. Embed ABCDE clinical assessment into escalation and response processes
3. Introduce structured escalation and SBAR (Situation-Background-Assessment-Recommendation) communication.
4. Deliver staff training, simulation and continuous monitoring to sustain improvement.

What we achieved

- Around 110 resus link practitioners and 92 physical health link practitioners are now active across inpatient services and play a key role in strengthening the response to medical emergency situations on inpatient wards
- Linking with the Resuscitation and Deteriorating Patient Group, these practitioners strengthen recognition of deterioration, support simulation activity, promote best practice and contribute to audit and learning
- Trust-wide deteriorating patient and resuscitation updates are shared through established learning channels, most recently in June 2025 with a focus on the deteriorating patient and resuscitation
- An *Assessing a Critically Unwell Patient* 'Aide memoir' has been trialled and implemented Trust-wide and is now located inside resuscitation bags, providing staff with clear, accessible guidance during medical emergencies to support timely assessment, treatment and escalation
- A non-touch physical observation tool has been piloted and rolled out across inpatient services, supporting staff to observe patients' vital signs in a non-intrusive way and providing an escalation guide where there are concerns. This tool has a wealth of patient safety benefits, especially where physical examinations are not possible or would be disruptive to patients
- A Resus bag familiarisation film has been shared Trust-wide, supporting staff confidence and competence in accessing and using emergency equipment
- Staff are signposted to the nationally accredited NHS e-learning

"Recognising & Managing Deterioration" course on the Trust's online learning platform
- A thematic review of eight inpatient deaths which were due to physical health causes has been completed and approved. Learning from this review has directly informed the Enhancing Physical Health in Mental Health Inpatients group
- All registered nursing staff working in an inpatient setting receive Resuscitation Council UK Immediate Life Support (ILS) training
- The Head of Deteriorating Patient Pathways and Resuscitation Training Officer and the Head of Clinical Transformation deliver ad-hoc refresher training sessions for life support and physical health issues to both inpatient and community teams. These sessions are an opportunity for staff to refresh their knowledge of both basic and immediate life support and the treatment of physical health conditions in between mandatory training sessions. Topics include chest compressions and airway management, sepsis, fluid balance and the use of the NEWS2 chart.

Next steps

- The Trust has now approved the establishment of a dedicated physical health faculty to support training, skills development and identification of knowledge gaps, facilitate cold debriefs, take an active role in NEWS2 training and act as a point of contact for questions on identifying and treating deteriorating patients.
- The Head of Deteriorating Patient Pathways and Resuscitation Training Officer is currently exploring a proposal to make training on recognising and managing deterioration essential for relevant staff working within an inpatient setting and a small number of other staff who routinely utilise the NEWS2 chart
- A pilot of the physical health element of the NHS mental health model ward programme has begun on two wards, with involvement from patients and a wide range of staff. The pilot focuses on physical health integration, workforce development and continuous improvement. Key work streams include physical health observations, deteriorating patient recognition, NEWS2 escalation, wellness questionnaires and secondary diagnosis and care planning
- Staff debriefs will be introduced following a medical emergency, along with proactive drop in refresher training on areas such as life support.

Quality Priority 7: Developing a Patient Safety Culture

Why this was a priority

National reviews highlight the need for strong safety and consistent patient safety culture across the NHS. PSIRF emphasises systems-based learning, fair culture and organisational accountability. This priority focused on strengthening leadership assurance, supporting staff to raise concerns, learning effectively from incidents, and embedding safe practice across the Trust.

What we set out to do

1. Strengthen leadership commitment and accountability
2. Promote transparent safety improvement
3. Improve incident reporting and learning
4. Develop staff confidence and knowledge
5. Engage patients and staff in safety
6. Drive continuous improvement and ensure regulatory compliance

What we achieved

- Patient Safety Incident Response Plan reviewed, refreshed and extended to June 2026, providing continuity and stability of the Trust's PSIRF arrangements
- Progress made across nine active safety improvement plans (SIPs), with two transitioned into business as usual and others nearing completion subject to final evidence submission
- Commenced a review of the safety alert process
- Started work to develop the 2026/2028 Patient Safety Incident Response Plan (PSIRP) and SIPs
- Developed a process for making determinations on whether problems in care impacted on deaths, implemented April 2026
- Weekday daily triage introduced for incidents categorised as resulting in moderate and above harm
- Weekly Emerging Incident Review Group introduced to provide oversight of incidents and agreement of actions and escalations
- Improved timeliness of incident report closure and completion of Stage 1 reviews under Learning from Deaths arrangements
- Strengthened alignment between Learning from Deaths and PSIRF arrangements to simplify review pathways
- Introduced awareness sessions on levels of harm and continued conversations with teams on Datix reporting and Duty of Candour to improve staff confidence and knowledge

Quality Priority 8: Transformation of Community Mental Health Teams

Why this was a priority

The NHS 10 Year Health Plan for England (2025) outlines a need for new integrated community care models for adults and older adults, prioritising personalised, trauma-informed care, employment support, psychological therapies and improved physical health care.

The Community First Programme aims to transform EPUT's specialist and community mental health Teams (S/CMHTs) across Essex to deliver a consistent, person-centred, safe and equitable model of community mental health care. The overarching purpose is to reduce variation, improve access, strengthen patient safety, enhance staff experience, and ensure services are sustainable and aligned with national expectations.

This includes improving pathways, operational processes, workforce models, demand and capacity planning and outpatient functions.
Under the programme, seven interconnected projects to standardise and strengthen community mental health care have now begun. Key changes include:

- Standardising S/CMHT functions, team structures, pathways and operating procedures across all localities
- Redesigning outpatient services, improving flow, booking processes and reducing incidences of patients not attending an appointment
- Workforce optimisation, establishing safe staffing structures, skill-mix models, supervision frameworks and new roles such as peer workers
- Demand and capacity modelling to identify gaps, forecast future need and inform resourcing decisions
- Intensive/Assertive Outreach (I/AOT) redesign, ensuring a safe, consistent and evidence-based model for high-risk patients
- Implementing trauma-informed, personalised and co-produced ways of working across all services
- Strengthening interfaces with primary care, ICB partners, voluntary groups, social care and acute providers, ensuring seamless, "no-wrong-door" pathways.

Collectively, these projects provide a coherent framework for delivering safe, consistent and sustainable community mental health services across all localities.

The Community First Programme entered its delivery phase in January 2026 and is progressing against an accelerated timeline. A first draft service model and mental health pathway, with an implementation plan will be presented to the Executive Team in early May for assurance and decision-making.

Quality Priority 9: Reducing Restrictive Practices

Why this was a priority

The Least Restrictive Practice and Use of Force Plans are directly supported by the Quality of Care Strategy. The key priority set is helping EPUT test its compliance with the Policy and Use of Force Plan.

National guidance on reducing restrictive practices in mental health has emphasised the need for a shift towards more person-centred, trauma-informed care approach with a focus on minimising the use of physical restraint, seclusion and other coercive interventions, promoting alternatives that prioritise patient dignity, safety and empowerment in patient involvement in care planning. Restrictive practices can negatively affect mental and physical health.

What we set out to do

1. Reduce triggers for conflict
2. Improve ward environments
3. Strengthen staff-patient relationships
4. Promote coping strategies and alternatives
5. Embed trauma-informed practice
6. Improve organisational culture
7. Align with NHS England's Restrictive Practice Reduction Programme

What we achieved

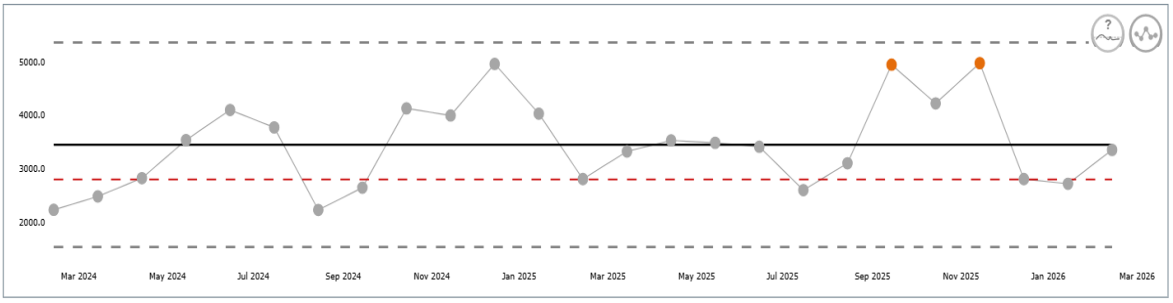
Implementation of "Safewards"

"Safewards" provides an evidence-based framework to reduce conflict and promote therapeutic environments.

- "Safewards" interventions continue to be rolled out across mental health inpatient wards
- Practice Nurse Educators in post
- Peer support workers providing lived experience oversight
- Trauma informed de-escalation training

Figure 7 demonstrates the Trust-wide trend in restraint use and continues to inform targeted improvement activity at ward level.

Figure 7: Numbers of restraints (from Trust IPR**)**



Strengthening staff-patient relationships

- Lived experience ambassadors
- The Patient Safety Walk-arounds continue to report back to the [EPUT] Deputy Director of Quality & Safety Lead for reducing restrictive practices with themes of reducing restrictive practices experiences and culture on the wards
- Continuing Culture of Care Programme. This is part of NHS England's Quality Transformation Programme to improve patient experience, reduce restrictive practice, and improve staff experience. Through this programme there are 4 wards officially engaged with principles expected to be scaled up across more of the inpatient wards.

Culture and learning

- Trauma-informed three-day programme delivered by psychology teams
- Bi-monthly "Safewards" learning events to share practice and learning
- Continued use of swarms and safety huddles

Regulatory impact

- In July 2025, the Care Quality Commission acknowledged the significant progress achieved in reducing restrictive practice, with improvements noted on acute wards. Ratings were improved to *Requires Improvement*, reflecting progress made and areas for continued focus

Table 1: Summary of forward actions

Quality Priority 1	Reducing Health Inequalities	Work to continue, to be mapped to Care Unit Improvement plans and monitored through Fundamentals of Care Steering Group and Quality of Care
Quality Priority 2	Patient Experience of the Patient Safety Incident Response Framework (PSIRF)	Business as Usual, Part of Team improvement plan monitored through the Quality of Care
Quality Priority 3	Experiences of Neurodivergent People in Inpatient Care	Work to continue, to be mapped to Care Unit Improvement plans and monitored through Fundamentals of Care Steering Group and Quality of Care
Quality Priority 4	Suicide Prevention	Work to continue, to be mapped to Care Unit Improvement plans and monitored through Fundamentals of Care Steering Group and Quality of Care
Quality Priority 5	Falls prevention in inpatient areas	Business as usual, managed through Falls Group and monitored through Quality of Care
Quality Priority 6	Management of the Deteriorating Patient	Work to continue, to be mapped to Care Unit Improvement plans and monitored through Fundamentals of Care Steering Group and Quality of Care
Quality Priority 7	Developing a Patient Safety Culture	Business as Usual, part of team improvement plans monitored through Quality of Care

Quality Priority 8	Transformation of Community Mental Health Teams	Business as usual managed through Accountability Framework
Quality Priority 9	Reducing Restrictive Practices	Work to continue, to be mapped to Care Unit Improvement plans and monitored through Fundamentals of Care Steering Group and Quality of Care

2.2 Quality of Care Strategy – Year 2 Programme Evaluation

In April 2024, the Trust launched its Quality of Care Strategy, supported by a three-year programme plan running to April 2027. The strategy, built around the three pillars of Experience, Effectiveness and Safety, establishes a clear golden thread of keeping quality at the centre of all services while enabling EPUT-wide empowerment, learning and improvement. The Strategy was co-produced through extensive engagement with people who use our services, their families, our communities, staff and system partners.

The quality improvement priorities were implemented through a Quality Assurance Framework focused on annual planning, application of recognised quality improvement methodologies, identification of appropriate measures, agreement of expected outcomes and triangulation of assurance evidence. Whilst all projects have made progress during Year 2, delivery against intended outcomes has not been fully achieved, due to competing operational priorities and the time required to establish steering groups, build consensus and confirm direction of travel. These foundations are now firmly in place, enabling work to continue and strengthen during 2026/2027 and learning to still be embedded.

The Quality Assurance Framework (QAF) provides the foundation for quality delivery and the approach to quality improvement. During the year, data sources have been reviewed, quality priorities reassessed and safety improvement plans redesigned to ensure they remain robust and responsive to emerging needs. The three strategic principles of insight, involvement and improvement are being embedded across the organisation. This includes an ongoing programme of learning and improvement events held throughout the year to support a culture of continuous learning.

Practice nurse educators are now in post across inpatient areas and are undertaking training to become professional advocates, strengthening clinical leadership and support for our workforce. Schwartz rounds have been relaunched, with the licence renewed and an increase in trained facilitators to expand psychological safety and reflective practice opportunities for staff. People with lived experience are now consistently involved in our recruitment processes, ensuring decision-making reflects the perspectives of those who use Trust services.

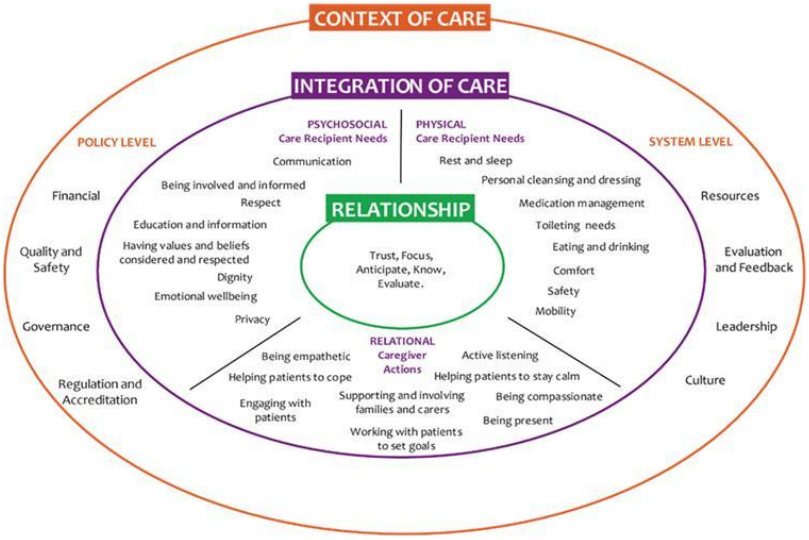
Progress on implementing a comprehensive benchmarking programme has been delayed by one year to allow development of quality data maturity. This work will continue during the next phase of the Strategy.

2.3 Quality improvement priorities for 2026/27

Over recent years, the Trust has progressed a number of quality related initiatives, including Time to Care, Culture of Care, the Quality of Care strategy, Fundamentals of Care, trauma informed practice, safety improvement plans and quality priorities. While these initiatives reflect appropriate ambition for a Trust the size of EPUT, they have also created a very "busy" improvement landscape.

The Fundamentals of Care framework provides a unifying framework that supports care that is safe, effective and provides a positive experience. It is applicable to mental health, physical health and community and inpatient settings. It describes the core components required to deliver high-quality care, emphasising the central role of nurses and other professionals in building trusting, therapeutic relationships with service users and families/carers. The framework reinforces the importance of integrating physical, mental and psychosocial care, alongside the influence of organisational context.

Figure 8: Fundamentals of Care



ilccare.org

The Fundamentals of Care approach is already embedded across several areas of EPUT. To strengthen alignment and sharpen the focus, it is proposed that the Fundamentals of Care becomes the Trust-wide quality priority, with existing initiatives and programmes of work aligned to support its consistent implementation. Each Care Unit will develop and maintain a local improvement plan, setting out how planned and ongoing improvement activity contributes to the delivery of the Fundamentals of Care domains. This will ensure clear local ownership, reduced duplication and consistent assurance that Fundamentals of Care are being implemented in practice.

Central to the delivery of the Fundamentals of Care is the effective use of safety data to identify and prioritise improvement. Safety data has been reviewed and discussed across multiple forums, including a stakeholder event held in February 2026 which brought together representatives from the Integrated Care Board, NHS England, partner providers, peer workers, frontline staff and managers.

The purpose of the event was to identify the most significant opportunities to improve care and to inform the development of the Trust's Safety Improvement Plans, which are a key prerequisite for the Patient Safety Response Plan.

Patient Safety Review action plans identified a number of consistent and ongoing themes which now form the focus of the Safety Improvement Plans and directly support delivery of the Fundamentals of Care. Additional analysis of complaints and patient safety incident data will support Care Unit level improvement planning. There was also shared agreement during the event that the Fundamentals of Care should act as the unifying framework for improvement activity. The themes identified were:

- Ensuring policies, guidelines and standard operating procedures are fit for practice
- Engaging with and listening to families and carers
- Ensuring the clinical record contains the information required to keep patients and staff safe
- Effective communication within teams and between services
- Consistent managements of physical health for people using mental health services

To translate the Fundamentals of Care from "domains" into daily practice, three priority areas have been identified, focusing on:

1. Reliability of basic care delivery
2. Staff capability to improve what matters
3. Ownership and accountability

Priority Area 1

Reliable Delivery of Fundamentals of Care: mental health services and inpatient wards

Domain: Safety and Effectiveness

Quality objective

To ensure consistent and measurable delivery of Fundamentals of Care (physical health, nutrition, hydration, sleep, personal care, therapeutic observation) across all inpatient teams, reducing avoidable harm associated with unmet basic needs.

Why this priority has been chosen

National learning from patient safety incidents highlights that areas of physical health in mental health settings (e.g. dehydration, constipation, undetected deterioration) remains a recurrent risk. Audits consistently show variation

between wards and teams, demonstrating that reliance on Trust documents such as policies or standard operating procedures alone does not always ensure reliable implementation of fundamental care. This priority addresses the known implementation gap between policy and day-to-day practice across our services.

What improvement we are aiming to achieve

- Improved reliability in meeting physical and emotional fundamental care needs
- Reduction in avoidable harm related to poor physical care and unmet basic needs.
- Improved effectiveness of care through earlier identification of deterioration

Measurable improvement aims:

- ≥80% compliance with physical health assessments
- Reduction in incidents where unmet fundamental care needs are contributory factors
- Improved audit results showing reduced variation between inpatient wards

How progress will be monitored
Metrics

- Ward audits using the Tendable audit tool
- Incident reporting themes where physical fundamentals of care are contributory

Reporting routes

- Ward meetings
- Fundamentals of Care Steering Group
- Accountability Framework
- Quality of Care meetings

Priority Area 2

Building Frontline QI Capability focussing on improvement cycles to deliver the Fundamentals of Care: Trust wide

Domain: Effectiveness and Safety

Quality Objective
To build frontline staff capability to identify, test and sustain improvements in mental health fundamentals of care using structured Quality Improvement methods.

Why this priority has been chosen
National patient safety reviews confirm that staff engagement in improvement is a key determinant of safety in mental and physical health services. Evidence from QI programmes shows that improvement in complex environments (e.g. seclusion use, physical health, observation quality) requires local testing and learning, not top-down implementation, to ensure that improvements deliver the expected positive impact. This priority reflects evidence that sustainable improvement depends on staff having improvement skills, not just awareness of

standards.

What improvement we are aiming to achieve

- Increased staff confidence to lead improvements in fundamentals of care
- More rapid identification and correction of issues affecting basic care
- Identification if changes are not improving care
- Improved sustainability of improvements with less reliance on repeated audits

Measurable improvement aims

- 50% of teams with a named Fundamentals of Care QI lead
- Increase in staff trained in basic QI methods
- Increase in number of locally owned improvement projects aligned to the Fundamentals of Care

How progress will be monitored

Metrics

- Numbers of staff trained in QI
- Number of active QI projects addressing Fundamentals of care
- Improved outcomes achieved through local projects

Reporting routes

- Ward/team meetings
- Fundamentals of Care Steering Group
- Accountability Framework
- Quality of Care meeting

Priority Area 3

Increased involvement, ownership and accountability for the delivery of the Fundamentals of Care domains: Trust wide

Domain: Experience and Safety

Quality Objective

To strengthen local ownership and accountability for Fundamentals of Care, ensuring teams routinely review patient experience, safety data and audits, and take action to improve care delivery.

Why this priority has been chosen

National CQC mental health reports highlight that excellent services demonstrate local ownership of care quality, with staff able to evidence how they monitor and respond to issues. Feedback from frontline staff and people with lived experience shows that they frequently have the solutions to the issues identified - they just need the support and permission to improve. Evidence also shows that patient experience deteriorates where teams lack clarity over accountability for improvement. This priority embeds the cultural and governance conditions necessary for effective implementation.

What improvement we are aiming to achieve

- Improved patient experience of dignity, compassion and daily care
- Reduction in repeated complaints related to basic care
- Stronger safety culture with empowered teams

Improvement aims

- Increased proportion of patient feedback reviewed and incorporated into QI activity
- Reduction in repeat complaint themes relating to fundamentals of care
- Improved staff survey scores relating to empowerment and improvement

How progress will be monitored

Metrics

- Patient experience and iWantGreatCare themes
- Complaints and concerns analysis
- Staff survey indicators related to engagement and improvement culture
- Evidence of action in Care Unit Quality of Care meetings
- Point prevalence interviews with patients and families
-

Reporting routes

- Ward/team meetings
- Fundamentals of Care Steering Group
- Accountability Framework
- Quality of Care meeting

2.4 Statements of Assurance from the Board

Provided and sub-contracted services

During 2025/26, Essex Partnership University NHS Foundation Trust provided and/or subcontracted 171 relevant health services. The Trust has reviewed all the data available to it on the quality of care in 100 per cent of these relevant health services. The income generated by the relevant health services reviewed in 2025/26 represents 99 per cent of the total income generated from the provision of relevant health services by the Trust for 2025/26.

2.5 Participation in clinical audit

Clinical audit is a quality improvement process undertaken by doctors, nurses, therapists and support staff to systematically review the care provided to patients against best practice standards. Based upon findings, the organisation will take actions to improve the care provided.

During 2025/2026, there were 15 national clinical audits and 1 national confidential enquiry that covered relevant health services that EPUT provides. During that period, EPUT participated in 100 per cent of the national clinical audits and 100 of the national confidential enquiries which it was eligible to participate in. Reports were reviewed and actions were agreed to improve patient safety and clinical effectiveness.

The national clinical audits and national confidential enquiries that EPUT was eligible to participate in during 2025/2026 are as follows:

- National Audit of Care at the End of Life (NACEL)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Audit of Cardiac Rehabilitation (NACR)
- National Respiratory Audit Programme (NRAP) - Pulmonary Rehabilitation
- National Paediatric Diabetes Audit (NPDA)
- National Audit of Inpatient Falls (NAIF) (part of the Falls and Fragility Fracture Audit Programme)
- National Diabetes Foot Care Audit (NDFA)
- UK Parkinson's Audit
- Epilepsy12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People
- National Audit of Eating Disorders (NAED)
- National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis
- National Audit of Dementia
- Prescribing Observatory for Mental Health (POMH) –
- Topic 20c: Improving the Quality of Valproate Prescribing in Adult Mental Health Services
- Topic 22b: Use of Medicines with Anticholinergic (Antimuscarinic) Properties in Older People's Mental Health Services
- Topic 17c: Use of Antipsychotic Medication for Relapse Prevention in Patients with a Diagnosis of Schizophrenia

EPUT also takes part in the National Confidential Inquiry into Suicide and Safety in Mental Health run by The University of Manchester (NCISH).

The national clinical audits that [EPUT] participated in, and for which data collection was completed during 2025/2026, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry:

Table 2: Audit activity

Audit Name	**Number of cases submitted** (as % of cases required by terms of audit)
National Audit of Care at the End of Life (NACEL)	100% of required cases
Sentinel Stroke National Audit Programme	Continuous Data Collection
National Audit of Cardiac Rehabilitation (NACR)	Continuous Data Collection
National Respiratory Audit Programme (NRAP) - Pulmonary Rehabilitation	Continuous Data Collection
National Paediatric Diabetes Audit (NPDA)	Continuous Data Collection
National Audit of Inpatient Falls (NAIF) (part of the Falls & Fragility Fracture Audit Programme)	Continuous Data Collection
National Diabetes Foot Care Audit (NDFA)	Continuous Data Collection
UK Parkinson's Audit	100% of required cases
Epilepsy12 – National Clinical of Seizures and Epilepsies for Children and Young People	Continuous Data Collection
National Audit of Eating Disorders (NAED)	100% of required cases
National Clinical Audit of Psychosis (NCAP) - Early Intervention in Psychosis	Continuous Data Collection
National Audit of Dementia	100% of required cases
POMH – Topic 20c: Improving the Quality of Valproate Prescribing in mental Health Services	100% of required cases
POMH – Topic 22b: Use of Medicines with Anticholinergic (Antimuscarinic) Properties	100% of required cases
POMH – Topic 17c: Use of Antipsychotic Medication for Relapse Prevention in Patients with a Diagnosis of Schizophrenia	Data Collection in Progress

Nb. Continuous data collection indicates that data is submitted routinely in line with national audit requirements.

Reports of 12 national clinical audits were reviewed by EPUT in 2025/2026 and EPUT intends to take the following actions to improve the quality of healthcare provided.

Table 3: National audits and example actions

Audit	Example actions
National Diabetes Foot Care Audit (NDFA) - Round 9 (2023-2024)	Review the range of walkers available, to allow more patients to access treatment
POMH - Topic 16c: Rapid Tranquilisation	Improve the reporting of rapid tranquilisation episodes on Datix
POMH - Topic 21b: The Use of Melatonin	To create a melatonin resource and guidance pack, which will include resources on sleep hygiene for patients/carers, resources on unlicensed use of medication for patients/carers and guidance for prescribers
National Respiratory Audit Programme (NRAP) Case Note & Organisational Audits	Ensure that practice walk tests are clearly documented in records, part of a wider project to update proformas on the Systm1 electronic patient record
National Paediatric Diabetes Audit (2023-2024)	This audit is carried out in conjunction with another NHS organisation, and the required improvements will be taken forward by our partner organisation.
National Audit of Inpatient Falls (NAIF) 2023 (part of FFAAP)	All older adults to be screened for delirium following admission using the 4AT assessment test for delirium and cognitive impairment
Psychotropic Medication in CAMHS	Offer proactive meetings and support to young people and their parents/carers regarding treatment options and choices available to them
National Audit of Cardiac Rehabilitation (NACR) (2023/2024)	Liaise with referring hospital/GP to obtain cholesterol results
POMH - Opioid Medications in Mental Health Services	Include relevant information regarding documentation of pain management plans and referral to pain management services in training to improve awareness
NCEPOD Intensive Care Rehabilitation	Develop a pathway to standardise the handover of rehabilitation needs and goals as patients transition from an ICU to the ward and community services
National Audit of Care at the End of Life (NACEL 5) (2023/2024)	Ensure that staff have the opportunity to develop and continue to attend multidisciplinary team meetings and other learning from death opportunities to support best practice and build confidence
National Audit of Inpatient Falls (NAIF) 2024 part of FFAAP	Routinely complete screening for delirium, vision, continence assessment and recording of lying/standing blood pressure

The reports of 45 local clinical audits were reviewed by the Trust in 2025/2026, and the Trust has taken the following actions to improve the quality of healthcare provided: for example

- Improved communications on ward round times and timeslots and introduced a checklist to allow patients to prepare their concerns and questions in advance
- Added pop-up alerts to the prescribing and medicines administration system, updated internal guidelines/procedures and changed electronic templates to ensure information is documented correctly
- Developed patient information on the purpose and importance of blood tests

2.6 Participation in clinical research

Highlights of the year

- 1,219 EPUT patients were recruited to research studies
- The Trust took part in 20 active National Institute of Health Research (NIHR) portfolio clinical research studies
- Two new principal investigators and four new associate principal investigators were trained
- An EPUT nurse is part of Cohort 6 of the NIHR research internship scheme
- NIHR funding reduced during the year due to changes in the funding model and performance
- EPUT was successful in a NIHR capital investment bid for mobile research infrastructure
- EPUT successfully secured significant additional NIHR strategic funding for investment in a clinical trial pharmacy

Delivering our research strategy

We launched the EPUT research strategy – Best Research Together – in January 2024 and have seen a significant improvement in the profile and organisational awareness of the research agenda throughout 2025/26. The strategy was designed to directly support the delivery of EPUT's Strategic Plan for 2023/24 to 2027/28.

Figure 9: Provided and sub-contracted services

For the second year in a row, EPUT has delivered a higher volume of clinical research and a higher proportion of more complex, interventional research than in previous years, as well as continuing to enable the training of more clinicians from different professions in leading studies and retaining the focus on making participation in trials accessible to more patients.

The number of patients receiving NHS services provided or sub- contracted by Essex Partnership University NHS Foundation EPUT in 2025/26 that were recruited during that period to participate in research approved for adoption to the NIHR portfolio was 1,219. This includes the 1,049 patients recruited this year into a commercial trial EPUT is conducting with Limbic – an evaluation of a conversational information collection tool to access talking therapy – which opened in June 2023.

This represents a significant reduction from the previous year's total recruitment of 4,931. In particular this year has seen reduced recruitment to the Limbic trial, to which EPUT recruited 3,500 to 4,500 in the two previous years and which closed to recruitment in June 2025. Non-commercial recruitment has been adversely affected by staff absence during 2025/26.

This level of participation puts EPUT as the twelfth highest recruiting NHS Mental Health EPUT against 44 other equivalent trusts within the UK. The number of recruits arose from participation in 20 research studies opened to participation at EPUT in 2025/26, down from 21 studies in 2024/25.

The NIHR's new performance-based funding model which launches in 2026/27 has created a strong focus on speed of study set up, aligned with the Government's target of 150 days from regulatory approval to recruitment of the first patient, as set out in its Life Sciences Sector Plan and headlined in the 10 Year Plan for Health. In 2025/26, 67 per cent of studies in the Trust's portfolio were opened within the target timescales. At month 10, EPUT reported an average of 48 days from site approval to first recruit, well within the national target of 90 days.

Additionally, NIHR is placing a renewed focus on recruitment to target for all trials. At month 10, EPUT reported 70 per cent achievement to recruitment targets across its live study portfolio, which has increased throughout the year. Two newly trained principal investigators have been introduced this year, one medical doctor and one occupational therapist, and four further medical doctors have completed associate principal investigator training. The research team has also been promoting research activity through case studies shared through internal communications channels and updated intranet and internet content. Research team members have actively engaged and supported staff to open 21 new service evaluations in 2026/27.

For the second consecutive year, an EPUT clinician has been awarded an NIHR Greenshoots grant which has supported a senior occupational therapist to open and lead the CareCoach study, investigating the clinical and cost-effectiveness of online support for family carers of people living with dementia.

Research capability and capacity building is being supported through participation of an EPUT nurse in Cohort 6 of the NIHR research internship programme which started in January 2026.

This year, the Psychological Services Care Unit has appointed a consultant clinical psychologist as a part-time research lead and continues to support doctor of clinical psychology small scale evaluation projects and doctoral research from the University of Essex and University of Hertfordshire training courses.

Relationship with the National Institute of Health Research (NIHR)

In October 2024, partners in the Mid and South Essex Integrated Care System – including EPUT – transitioned from NIHR's North Thames Clinical Research Network to the East of England Regional Research Delivery Network, which supports EPUT's delivery of high-quality research and the development of research capacity, capability and infrastructure. In 2025/26, the East of England Network recruited to 62 live studies, ranking it eighth out of 12 national

networks.
In the context of this new relationship, EPUT successfully secured a large capital grant for investment in mobile research infrastructure. This initiative, for planning during 2026/27 and implementation during 2027/28, is designed to bring research to the more isolated and deprived communities of Essex where barriers to research participation are higher, thereby addressing research and health equity.

Patient and public involvement in clinical research

EPUT has a valuable resource in our Lived Experience Ambassadors who have been helping to design and improve services.

EPUT has been a committed contributor to the yearly NIHR National Patient Research Experience Survey (PRES), using this feedback to inform processes and build on engagement with research participants. Across the top 15 reporting mental health, dementia and neurodegeneration studies in the national portfolio, EPUT is the 21st highest recipient of PRES feedback. PRES responses are very positive, with 94 per cent of respondents saying that they would take part in research at EPUT again, consistent with results from the previous year.

EPUT's Service User Networks have encouraged participation and co-production of evaluation and research in their specific clinical areas of personality disorder and complex needs, eating disorders, perinatal mental health and early intervention in psychosis services.

High performing studies

In line with EPUT's Research Strategy, EPUT is a research active organisation and ensures patients have access to the latest treatments and technologies. Evidence shows that clinical research active providers have better patient care outcomes. Alongside EPUT's partnership study with Limbic, the top recruiting studies with more than 15 recruits this year include:
Early Intervention in Psychosis Mental Health Mission Cohort (EIM)

- Quantitative MRI of Braint Structure and Function in NHS (QMIN)
- Alzheimer's Disease Diagnosis and Plasma P-Tau217 (ADAPT)
- Combining Memantine and Cholinesterase Inhibitors in Lewy Body Dementia Treatment (COBALT)
- Personalised Medicine for Psychotropic Drugs (Psychogenetics)
- National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

EPUT is currently the highest recruiting organisation in the UK to the ADAPT and COBALT studies.

Commercial research

An active commercial research portfolio is a key part of the vision for EPUT. The research leadership team has been leading strategic relationship development and bidding for funding during 2025/26 as key enablers. EPUT has great potential as a delivery partner to commercial companies due to the economic diversity of its local population.

Space to deliver clinical research interventions and specialist pharmacy expertise are known gaps in the current infrastructure. To address this, EPUT has successfully secured significant additional funding this year for investment in pharmacy expertise to support future commercial and non-commercial clinical trials of investigational medicinal products. The capital award from NIHR will enable procurement of a mobile research unit, providing flexible clinical space for research interventions beyond the fixed estate in a way that makes participation more accessible to more remote communities.

Academic partnerships

A key part of our Research Strategy is to continue to build academic partnerships. This has been made possible through a series of joint clinical academic appointments with the University of Cambridge, University College London (UCL) and strategic partnership working with the University of Essex and Anglia Ruskin University (ARU). EPUT and ARU delivered their third annual joint research conference in September 2025, showcasing joint research projects and activities.

EPUT's research partnerships with other local higher education institutions have continued to flourish, in particular with ongoing academic training provision in psychology services provided through BSc, MSc, PhD and Doctor of Clinical Psychology courses at the University of Hertfordshire, University of Essex and University of East Anglia.

2.7 Registration with the Care Quality Commission (CQC)

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

- A requirement to have a registered manager for each site
- A maximum of 35 beds provision at each site

The Care Quality Commission has taken the following enforcement action against the Trust during 2025/2026. A section 29A warning notice was issued in relation to the Trust's long stay mental health rehabilitation unit at 439 Ipswich Road,

Colchester, in November 2025.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust underwent a CQC well led inspection in March 2026, for which the final report is awaited.

The Trust is rated as *Requires Improvement* by the CQC, with a *Good* rating for the caring domain.

In the reporting period, the CQC published three (3) final reports pertaining to inspection activity carried out:

Forensic inpatient or secure wards: Report published April 2025
The CQC completed an unannounced inspection of Brockfied House during March and April 2024, with the final report published in April 2025. The service maintained an overall rating of *Good*, demonstrating that the service is performing well and meeting the CQC's expectations. The report established that:

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

One area of concern was identified pertaining to a breach of the legal regulation as people were not always involved in planning their care and staff did not always maintain patients' privacy.

Acute wards for adults of working age and psychiatric intensive care units: Report published July 2025
The CQC completed an unannounced inspection of nine wards across November and December 2024, with the final report published in July 2025. The service achieved an improved rating of *Requires Improvement* with the CQC noting that 23 of the previous 25 concerns raised had been addressed. The report established that:

- There were improvements in reporting and recording of incidents and the Trust ensured staff followed its updated observation policy

- There were now enough regular staff working on wards, including psychology staff
- Maintenance work had been completed so staff could observe patients from all areas
- The Trust ensured that patients understood the use of the contact-free patient monitoring system and sought consent for its use
- Patients had access to nurse call alarms, and all sites had an updated prohibited items list
- Improvements were also made to ensure processes were in place to support staff working at night
- The Trust assessed and mitigated risks concerning the sexual safety of patients and incidents of racial abuse to staff were reported and appropriate actions taken
- Informal patients were informed of their rights and were able to leave the ward safely. Wards now had separate search rooms or areas to conduct patient searches in private
- The Trust had conducted work to embed a restrictive practice reduction plan and reviewed and reduced the use of blanket restrictions
- The Trust worked with staff to ensure they maintained professional boundaries and that staff were now up to date with mandatory training

Areas of concern were identified pertaining to:
- Continued evidence of systems and processes to prescribe, administer and record medicines not always being used safely
- Concerns relating to safe prescribing, administration and recording of medicines which resulted in a breach in safe care and treatment. This further triggered a breach in governance due to the insufficient oversight of these issues
- Continued concerns relating to staff supervision and appraisal rates

Wards for people with learning disabilities or autism: report published November 2025

The CQC completed an unannounced inspection of Byron Court in July 2025, with the final report published in November 2025. The service maintained a rating of *Requires Improvement* with the CQC noting that five of the previous six concerns raised had been addressed. The report established that:
- There were improvements in staffing, noting that the service now had enough permanent regular nursing and support staff to keep people safe
- The service had ensured that blood glucose machines were fully calibrated
- The service had ensured that staff accurately recorded administration of medicines and that consent to treatment forms were accessible
- The service had ensured staff recorded patients' vital signs in the physical health observation charts
- The service had ensured that staff had access to specialist learning disability and autism training

One area of concern was identified pertaining to governance, specifically that audits carried out in the unit were not effective in identifying or addressing the

areas for improvement that the CQC identified at this inspection, particularly in relation to care and treatment records.

Long stay rehabilitation: report published April 2026

The CQC undertook an unannounced focused inspection of the Trust's long stay rehabilitation unit, 439 Ipswich Road, in November 2025. The final report was published in April 2026, with the service achieving a rating of *Requires Improvement*. The CQC noted five breaches in relation to regulation 9 (person centred care), regulation 12 (safe care and treatment), regulation 13 (safeguarding), regulation 17 (good governance) and regulation 18 (staffing). A section 29A warning notice was issued to address concerns relating to regulation 13 (safeguarding) and regulation 17 (good governance) of the Health and Social Care Act (regulated activities) Regulations 2014. The report established that:

- There were some improvements since the last inspection, including a clinic room where patients could be examined
- Staff read patients their rights under the Mental Health Act
- Most patients felt safe at 439 Ipswich Road and all patients reported that staff were kind and respectful
- Physical health was assessed on admission
- Care plans were mostly individualised and included the physical and mental health needs of the patient
- An occupational therapy team and an activity co-ordinator were available with evidence of patient involvement in volunteering opportunities
- Essential information was shared in handover meetings

Areas of concern were identified pertaining to:

- Safeguarding referrals were not always completed when there was a safeguarding incident
- Risks to people's health and safety were not always assessed
- Investigation of incidents by managers, including actions following investigations, did not mitigate risk to patients
- Learning from incidents was not always identified and embedded
- Concerns that leaders did not ensure that processes were in place to meet patients' needs on admission
- Limited access to a consultant and a clinical psychologist
- Effective and robust governance procedures to monitor and identify areas for improvement
- Oversight of staff compliance with supervision
- Systems to monitor the assessment of risk and robust oversight of incidents
- Effective management of the safety of the environment

In addition, the CQC also carried out the following activity during the reporting period:

- An unannounced inspection of the Trust's Child Adolescent Mental Health Services (CAMHS) over February and March 2026
- An unannounced focused inspection of female acute adult mental health inpatient services - Ardleigh Ward - in January 2026
- An announced inspection of community health inpatient services - Avocet Ward and Cumberlege Intermediate Care Centre - in December 2025

- 15 Mental Health Act review visits across Trust services throughout the year
- A Well-Led inspection of the Trust in March 2026

At the time of writing, the final reports for all these inspections were awaited.

The Trust continues to hold an improvement plan from 2022 in respect of inspection findings. The plan is implemented through local operational CQC care unit meetings with assurance reporting to the Quality Committee and the Trust Board. A review during the year by the Trust's independent internal auditors provided a substantial assurance opinion for the governance of this plan.

At July 2025, 97 per cent of actions of the improvement plan were reported as complete and closed through the evidence assurance process. A new plan was therefore developed for inspections completed from 2025, with the remaining 3 per cent of previous actions still awaiting evidence assurance transferred to the new plan. This brought the 2022 CQC improvement Plan to a close.

As at the end of 2025/26:
- There were 73 actions addressing 16 *must do* or *should do* recommendations made by the CQC
- 76 per cent of actions in response to the CQC recommendations have been reported as complete by action owners
- 1 per cent of actions have been through the evidence assurance process and subsequently closed

As at 31 March 2026, there were 14 sub-actions which had passed their originally stated timelines - action is being taken to recover the position for these sub-actions.

The full matrix of ratings for the services provided by EPUT is provided below:

Service	Overall CQC Rating
Wards for people with learning disabilities or autism (November 2025)	Requires improvement
Acute wards for adults of working age and psychiatric intensive care units (July 2025)	Requires improvement
Forensic inpatient or secure wards (April 2025)	Good
Community health services for adults (July 2018)	Good
Community health services for children, young people and families (July 2018)	Good

Service	Overall CQC Rating
Community health inpatient services (July 2018)	Good
Community end of life care (October 2019)	Outstanding ☆
Child and adolescent mental health wards (July 2022)	Requires improvement
Community mental health services with learning disabilities and autism (July 2018)	Good
Community-based mental health services for older people (July 2018)	Good
Community-based mental health services for adults of working age (July 2023)	Requires improvement
Mental health crisis services and health-based places of safety (July 2023)	Good
Long stay or rehabilitation mental health wards for working adults (April 2026)	Requires improvement
Wards for older people with mental health problems (July 2023)	Requires improvement
Substance misuse services (July 2023)	Good
Rawreth Court (Care Home) (November 2023)	Requires improvement
Clifton Lodge (Care Home) (February 2025)	Good

2.8 Data quality

High-quality data underpins safe, effective care and supports meaningful improvement across Trust services. Accurate and reliable information enables better understanding of service performance, patient outcomes and quality of care.

EPUT submits a number of nationally mandated datasets, including the Mental Health Services Dataset **(**MHSDS)**,** Talking Therapies Dataset (IAPT)

and Community Services Dataset. Data quality across these submissions is assessed nationally through the NHS Data Quality Maturity Index (DQMI), which provides an independent measure of data completeness, validity and timeliness.

The most recently published DQMI data available at the time this Quality Account was prepared is from January 2026 and demonstrates that EPUT performs above the national average across the assessed datasets. This provides assurance that data used for performance monitoring, quality reporting and external accountability is of a consistently good standard. DQMI performance and data quality risks are reviewed through established information governance and quality arrangements, with improvement actions taken where required to further strengthen assurance and support high-quality care delivery.

Figure 12: EPUT and National scores

Data Quality Maturity Index	EPUT Standard Dataset Score	EPUT Experimental Dataset Score	National Standard Dataset Score	National Experimental Dataset Score	NHS Trust Standard Dataset Score	NHS Trust Experimental Dataset Score
CSDS	85.5%	81.5%	75.0%	70.4%	85.1%	79.9%
IAPT	99.4%	92.9%	96.7%	87.6%	97.8%	91.3%
MHSDS	90.5%	85.7%	41.5%	37.1%	67.3%	62.7%
Overall DQMI	90.6%	86.6%	68.7%	62.4%	86.0%	82.8%

>= National Dataset Score

The National Dataset Scores is the overview of all providers across England. The NHS Trust Dataset Scores is the overview of all submitting NHS Trusts across England.

2.9 Information Governance Data Security and Protection Toolkit attainment levels

EPUT completes the Data Security and Protection Toolkit (DSPT) annually, providing assurance that patient information is handled securely and in line with UK GDPR, the Data Protection Act 2018 and national data and cyber security standards.

For 2024/25, EPUT's DSPT submission was assessed as *standards met*, confirming compliance with the required information governance and data security standards.

The DSPT submission for 2025/26 will be completed and submitted in line with the national timetable, with final submission due by 30 June 2026.

2.10 Standards of clinical coding

Accurate clinical coding supports the effective monitoring of activity, outcomes and quality of care. EPUT uses ICD-10 classification for clinical coding, with coding completed for all inpatient episodes each month to support dataset completeness and consistent reporting.

Clinical coding forms part of EPUT's wider data quality arrangements and contributes to patient safety monitoring, clinical effectiveness reporting and external accountability. Overall data quality and maturity are assessed through the NHS Data Quality Maturity Index (DQMI), which provides an independent national measure of data completeness, validity and timeliness.

During the year, EPUT strengthened its approach to data quality by clarifying data governance responsibilities and enhancing quality oversight arrangements. This work builds on the DQMI and supports clearer identification of data quality gaps, enabling targeted improvement and stronger assurance through governance reporting.

Improved reporting and dashboards are used to support managers and clinical leaders in identifying trends and risks relating to quality and safety, helping ensure that data used to inform decision-making and reporting within this Quality Account is reliable and appropriately assured.

2.11 Learning from deaths

Learning from the deaths of people using our services is a core component of the Trust's approach to improving safety and quality. Our arrangements are aligned to the National Guidance on Learning from Deaths and the Patient Safety Incident Response Framework (PSIRF), with a focus on meaningful learning, compassionate engagement with families and action to reduce future risk.

All deaths reported to the Trust are reviewed at a minimum initial level to identify immediate learning and determine whether further review is required. Where appropriate, more detailed clinical case record reviews or PSIRF investigations are undertaken. These processes are designed to ensure learning is identified close to the service and embedded into practice.

Data in this section relates to Quarter 4 2024/25 and Quarters 1–3 2025/26, reflecting national reporting arrangements. During this period, 144 deaths were identified as in scope of the Learning from Deaths arrangements. All were subject to initial review. In addition, by February 2026, 17 deaths had been reviewed through more detailed case record review or PSIRF investigation, with a further 26 reviews in progress. Some deaths were also reviewed through multi-agency processes, including drug and alcohol partnership reviews and the national LeDeR programme.

During the reporting period, no deaths were judged more likely than not to have been due to problems with the care provided. This judgement is based on structured clinical review processes. However, learning is identified from all reviews, regardless of whether problems in care are concluded.

The judgement on death from Learning from Death reviews is made using a tool designed locally by EPUT, based on the structured judgement review tool/methodology published by the Royal College of Psychiatrists in November 2018. The national methodology of the Patient Safety Incident Response Framework (PSIRF) reviews focuses on quality learning outcomes and no determination in terms of likelihood of problems in care has therefore been assigned for these reviews to date. Research has been undertaken with colleagues nationally, regionally and locally with a view to agreeing an appropriate local approach to making a determination for these deaths. A local process has now been finalised and is in the process of being implemented across EPUT for roll out for reporting from 1 June 2026.

Learning is collated through the Trust's quality governance arrangements and shared with services to support improvement. Themes identified during the year included physical healthcare, end-of-life care pathways, dual diagnosis working, diagnostic oversight and communication across services. Actions arising from this learning inform the Trust's Safety Improvement Programme and quality priorities and are monitored through governance arrangements, with regular reporting to the Trust Board.

End of life care

End of life care is an important indicator of the quality, compassion and coordination of care provided to people with complex and life-limiting conditions. The Trust delivers end of life care in line with its End-of-Life Care Framework (2025–27), the National Ambitions for End of Life Care and relevant NICE guidance, with a focus on personalised, dignified and respectful care.

The Trust works closely with system partners, including Medical Examiner services, primary care, ambulance services and hospices, to support shared learning and coordinated improvements. The introduction of the statutory Medical Examiner process has strengthened independent scrutiny of deaths and engagement with families, contributing to improved learning across the system.

Performance is monitored through national and local audit. The most recently published National Audit for Care at the End of Life (NACEL) case note review demonstrated strong performance compared with national benchmarks. Further national and mental health-specific audit results are awaited. Local community end of life care and DNACPR audits continue to provide assurance, with regular review of cases where preferred place of death was not achieved to inform learning and service improvement.

During the year, training and development in end of life care continued, with 680 staff receiving training and the number of End of Life Care Champions increasing

across services. These arrangements support early identification, advance care planning and consistent delivery of high-quality care.

Looking ahead
Priorities for 2026 include continued review of learning from deaths, completion and analysis of NACEL audits and ongoing staff training and competency development, as well as strengthened partnership working to support care closer to home.

2.12 Prevention of Future Death Reports

Under Paragraph 7 of Schedule 5 of the Coroners and Justice Act 2009 (commonly referred to as Prevention of Future Death reports), coroners have a duty to issue reports where they believe action should be taken to prevent future deaths.

During 2025/26, HM Coroner issued ten Prevention of Future Death (PFD) reports to EPUT. These reports related to deaths occurring across several previous years, reflecting the timing of inquests and coronial processes rather than recent events.

In five cases, the coroner identified neglect in care. Each finding has been carefully reviewed, and actions have been taken to address the issues identified. EPUT submitted formal responses to the coroner detailing the actions taken or planned.

EPUT-wide learning from PFD reports is supported through established quality and patient safety governance arrangements. Themes and actions are shared to ensure triangulation with other sources of insight, including patient safety reviews, complaints and claims. Delivery of actions is monitored at local service level, with oversight through senior clinical and quality governance forums.
The key themes emerging from PFD reports during the year were:

- Medicines management
- Clinical record keeping
- Therapeutic observation and engagement
- Application of policies and procedures in practice
- Communication
- Escalation and response
- Staff understanding of neurodiversity

These themes informed the refresh of EPUT's quality priorities, safety improvement plans and patient safety incident response arrangements. Analytical tools were used to support thematic review of qualitative data within PFD reports to strengthen understanding and consistency.

At the end of the reporting period, action plans were in place for all ten PFD reports. Three action plans had been completed, with assurance reviews underway or concluded, and the remaining plans were progressing. Overall, 82

per cent of identified actions had been reported as complete**,** with the remainder subject to ongoing monitoring through Executive Quality of Care Group arrangements.

This approach provides assurance that learning from PFD reports is acted upon, embedded into practice and used to reduce the risk of future harm.

2.13 Core quality indicators

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

Although national collection of some core indicators ceased in 2021, EPUT has continued to collect and monitor these measures locally using the former national definitions to support internal assurance and transparency.
Where full year-end data was not yet validated at the point of publication, the most recent available performance position is shown.

Indicator: Percentage of patients followed up in 7 days		
This indicator measures the percentage of patients/service users followed up, either face to face or by telephone, within seven days of their discharge from a psychiatric inpatient unit.		
The national collection of this measure was retired in April 2021. This performance continues to be monitored internally.	**Reporting period**	**Year end score**
The percentage of patients who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	**April 2022 to March 2023**	99.2%
	April 2023 to March 2024	91.3%
	April 2024 to March 2025	92.7% (March)
	April 2025 to March 2026	96.1% (March)

EPUT considers that this data is as described for the following reason:

The Performance team holds this information, but also keeps a record once validated by the Operational Productivity team. Once validation is complete, the compliance figures are generally much higher than initially produced, primarily due to system interoperability issues and specific agreed exclusion reasons.

EPUT intends to take the following actions to improve this percentage, and so the quality of its services, by:

The Performance team is continuously working with operational colleagues to improve this score and ensure accurate reporting. Operational leads maintain regular oversight of this performance and take forward any actions needed to address potential falls in compliance. A new hourly refreshed post inpatient discharge follow-up dashboard is available to more actively monitor performance.

Data currently undergoes some manual validation to ensure data capture across multiple systems, as well as noting deaths within 72 hours of discharge, the legal removal of a patient from the country and those patients transferred or discharged to another mental health facility.

Indicator: Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team acted as a gatekeeper during the reporting period

This indicator measures the percentage of adult admissions which are gate- kept by the Crisis Resolution Home Treatment team

The national collection of this measure was retired in April 2021. This performance continues to be monitored internally.	**Reporting period**	**[EPUT] Year End Score**
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team acted as a gatekeeper during the reporting period	**April 2022 to March 2023**	100%
	April 2023 to March 2024	100%
	April 2024 to March 2025	100% (March)
	April 2025 to March 2026	100% (March)

EPUT considers that this data is as described for the following reason:

Operational services continue to assess all clients requiring admission. 100% of necessary cases were gate-kept in 2025-26.

EPUT is taking the following actions to improve this score, and so the quality of its services, by:
Operational staff are able to routinely monitor their compliance through self- serve published reports and raise any concerns through various escalation opportunity meetings.

Indicator: The percentage of patients aged: (i) 0 to 14 and (ii) 15 or over readmitted to a hospital which forms part of EPUT within 28 days of being discharged from a hospital which forms part of EPUT during the reporting period.		
This indicator measures the number of patients/service users readmitted following discharge within 28 days.		
	Reporting period	**[EPUT] Year End Score**
The number of patients who were readmitted to a hospital within 28 days after discharge from psychiatric inpatient care during the reporting period	**April 2025 to March 2026**	0 to 14 = 0 (Q1-4) 15 + = 60 (Q1-4)
EPUT considers that this data is as described for the following reason: The Performance team holds this information but also keeps a record once validated by EPUT Operational Productivity team. Once validation is complete, the compliance figures are generally much higher than initially produced, primarily due to system interoperability issues and specific agreed exclusion reasons.		
EPUT intends to take the following actions to improve this percentage, and so the quality of its services, by: The Performance team is continuously working with operational colleagues to improve this score and ensure accurate reporting. Operational leads maintain regular oversight of this performance and take forward any actions needed to address potential falls in compliance.		

Indicator: EPUT's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.
iWantGreatCare average scores for community mental health and social care for the past two full financial years

	Reporting period	EPUT Year End Score
Average score for the reporting period	**April 2024 to March 2025**	Experience 4.8 Safe 4.8 Dignity 4.9 Involved 4.8 Information 4.7 Staff 4.9 Safety of care 4.8
	April 2025 to March 2026	Experience 4.8 Safe 4.8 Dignity 4.9 Involved 4.8 Information 4.8 Staff 4.9 Safety of care 4.8

EPUT considers that this data is as described for the following reason:

All services are being asked to get patient feedback at least once a day through iWantGreatCare. How people experience our services is a key foundation of how we deliver consistent and reliable care. We care for 100,000 people at any one time. All services have been given iWantGreatCare posters, paper surveys with prepaid envelopes and business cards with QR codes for the online survey. The questionnaire is easy to complete, and people can give feedback anonymously.

EPUT intends to take the following actions to improve this percentage, and so the quality of its services, by:

Staff to continue to publicise the opportunity to provide feedback and offer patients and carers support to complete surveys. Staff are encouraged to contact the Patient Experience team for further support if necessary.

Indicator: The number and, where available, rate of patient safety incidents reported within EPUT during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

The number of incidents reported are presented below. However, the Trust also uses its incident reporting system to record incidents that are not as a result of care provided by EPUT, for example all deaths that meet the Trust's Learning from Deaths criteria and Safeguarding incidents which involve third parties. The number of incidents below is therefore not directly related to care delivered by EPUT.

	Reporting period	EPUT Year End Score

Number for the reporting period	**April 2023 to March 2024**	Total number of incidents affecting a patient – 23,669 Severe - 50 Fatal - 678
	April 2024 to March 2025	Total number of incident affecting a patient – 22,074 Severe - 42 Fatal - 726
	April 2025 to March 2026	Total number of incident affecting a patient – 22,878 Severe - 131 Fatal - 746
EPUT considers that this data is as described for the following reason: The data is being reported during the current year and within current reporting processes. However Datix is a live system and there will be some differences according to when the data is pulled as incidents are reviewed, updated and closed and this must be considered when comparing numbers. **EPUT intends to take the following actions to improve this percentage, and so the quality of its services, by:** We are reviewing how and what we record on our incident reporting system and how it can be better aligned.		

Part 3
Review of Quality Performance

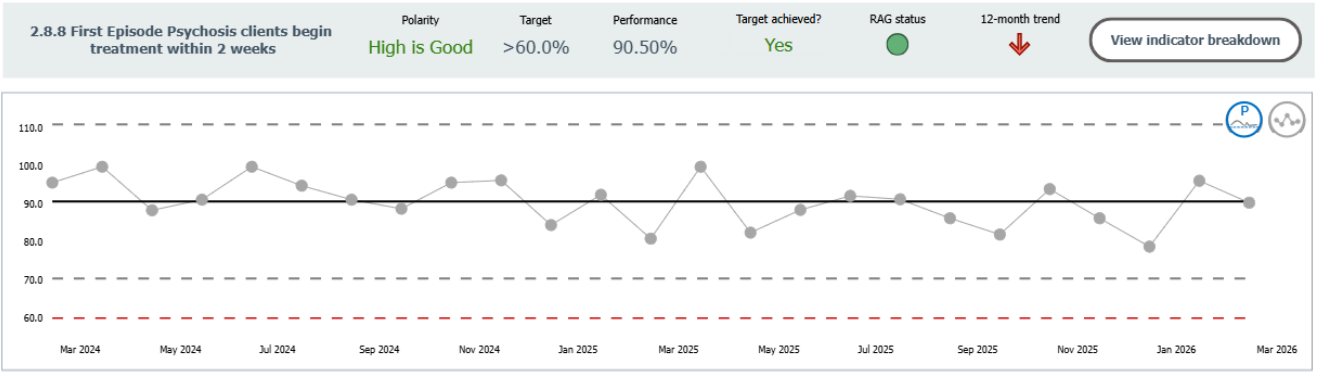
3.1 Performance against key national priorities 2025/26

In this section, we have provided an overview of performance in 2025/26 against key national targets relevant to EPUT services.

First episode psychosis: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral

This indicator measures the percentage of referrals for people with a first episode of psychosis who begin treatment within two weeks. The performance indicator is set at 60 per cent. Compliance with this target has been achieved consistently in 2025/26, continuing the high performance reported over the previous two years.

Figure 13: Treatment within 2 weeks

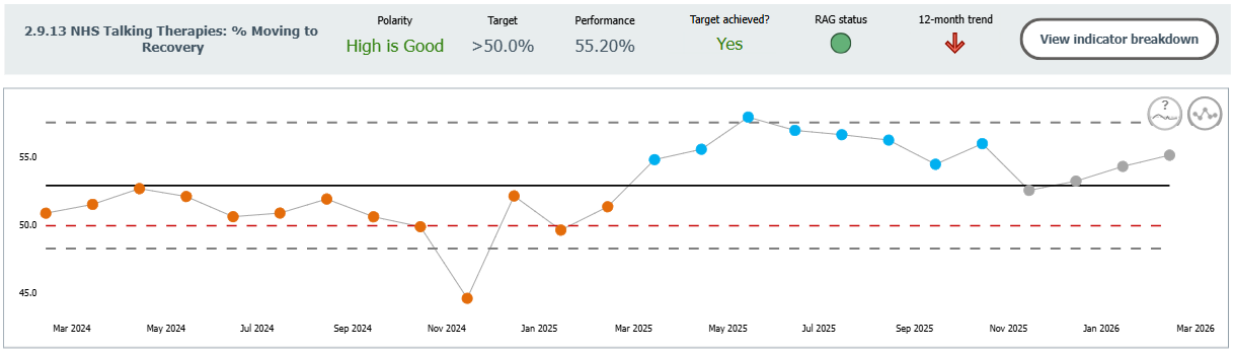


Improving access to psychological therapy services: recovery rates above 50% and waiting targets

This indicator measures the percentage of patients discharged from our Talking Therapies service (previously known as Improving Access to Psychological Therapies - IAPT) who have moved to recovery. Following the recovery focused audit, a near-miss model was developed to better capture those patients who are not achieving recovery, also supporting the national monitoring of reliable improvement which commenced in April 2024.

Planning in 2025/26 has brought focus to the indicators of patients achieving 'reliable improvement' and 'reliable recovery' for which EPUT is achieving the current national standards of 69 per cent and 51 per cent respectively.

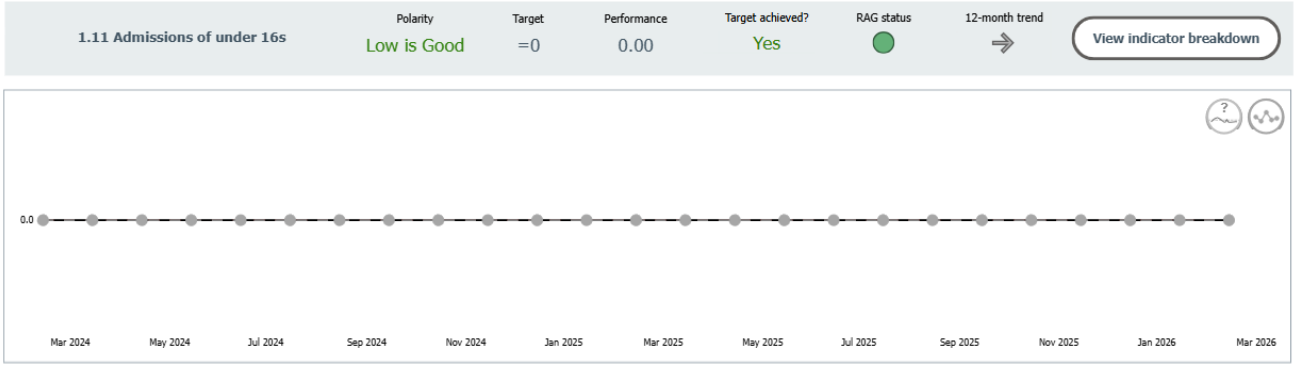
Figure 14: NHS Talking therapies moving to recovery



Under 16 admissions to adult wards

This indicator measures the number of admissions to adult mental health wards where the patient is under 16 years old. In 2025/26, there were no under 16-year-olds admitted to adult wards within EPUT.

Figure 15: Admissions of under 16



Out of area placements (OOA)

Before 2026-27 inappropriate out of area placements were measured by the number of patients placed outside of EPUT's own or contracted bed estate, where the inpatient admission is delivered by an external provider.

EPUT has implemented a number of initiatives to support increased repatriation and reduce inappropriate placements in line with national planning reductions to achieve zero OOA placements in line with NHSE expectations and for the benefit of patient experience.

EPUT is working with system partners to ensure the classification of Appropriate OAPs v Inappropriate OAPs is line with NHS England latest guidance.

3.2 Infection Prevention and Control (IPC)

The Trust remains committed to preventing and controlling infection to protect patients, staff and visitors and to support safe, high quality care. The Director of Infection Prevention and Control (DIPC) and the Infection Prevention and Control (IPC) team provide specialist advice and oversight across all services and support collaborative working within the Mid and South Essex Community Collaborative.

Assurance is provided through regular self-assessment against the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections, with oversight through the Trust's quality governance arrangements. During 2025/26, the Trust was compliant with 46 of the 54 Code of Practice criteria. Areas of partial compliance have been clearly identified and are subject to action plans and ongoing monitoring.

During the year, the IPC team was restructured to create dedicated inpatient and community IPC functions. This has strengthened local support and enabled more tailored guidance aligned to service risk profiles.

Systems, training and environments

The Trust has systems in place to manage and monitor infection risks, supported by local reporting arrangements and strong links with pathology and clinical teams. Compliance with mandatory IPC training was below expected levels during the year, in part due to changes in training frequency. This risk is actively managed through executive oversight, local accountability arrangements and targeted communications to improve compliance.

Environmental cleanliness is monitored through annual IPC audits and regular local self-audit. During 2025/26, 124 environmental audits were completed, with an overall average compliance score of 90.1 per cent. Where standards fell below expectations, actions were agreed locally and followed up by the IPC team. Estates and facilities colleagues continue to work closely with IPC to maintain safe clinical environments, supported by national cleaning standards and planned maintenance programmes.

Managing specific risks

Water safety remains an important focus. Where positive legionella results were identified, multidisciplinary water quality groups were established, expert advice was sought and appropriate mitigations were implemented. Ventilation risks are managed through established safety groups and ongoing monitoring.
The Trust continues to promote appropriate antimicrobial stewardship, although there is currently no antimicrobial pharmacist post in place. Interim arrangements are in place, and a business case is being progressed to strengthen stewardship arrangements.

Clear and accessible IPC information is provided to patients, carers and visitors. Information has been developed in plain English and reviewed by people with lived experience of services.

Outbreaks and healthcare-associated infections

The Trust monitors and manages outbreaks in line with local and regional requirements. During the reporting period, outbreak prevalence reflected trends seen in the wider community. All outbreaks were managed appropriately, with learning shared through governance and learning forums.

Rates of healthcare-associated infections remain low:

- 1 case of MRSA bacteraemia
- 5 single cases of Clostridioides difficile
- 1 outbreak (3 cases) of invasive Group A Streptococcus

All cases were reviewed and supported by the IPC team, with learning identified and acted upon.

3.3 Performance against local strategic priorities

Because EPUT delivers a wide range of services commissioned by integrated care systems and specialist commissioners, a broad set of mandated, contractual and locally agreed key performance indicators (KPIs) is used to monitor performance, quality and organisational health.

This section provides a high-level summary of performance during 2025/26 against selected quality of care, outcomes and operational metrics aligned to NHS England provider oversight arrangements (previously set out within the NHS Oversight Framework). Performance against a wider range of indicators is referenced throughout this Quality Account to support an open and balanced view of EPUT's performance.

Where year-end data was not yet fully validated at the time of publication, the most recent available performance position is shown.

Detailed performance reports were reviewed routinely during 2025/26 by the Finance and Performance Committee, with areas of significant under-achievement escalated to the Board of Directors for oversight and action.

Quality of care and outcomes	NHS Oversight Framework target	Year End (March 2026) position
CQC rating of Good or above	Good or above	Overall: Requires Improvement
Written complaint rate per 100 WTE	No target set	4.5 (March)
National Quarterly Pulse Survey	No target set	Await latest results
Never Events	0	0 (April-March)

There will be zero Safety Alerts Breaches	0	0 (April-March)
CQC Community Mental Health Patient Survey	No target set	Await latest results
% of 5 star IWantGreatCare responses*	No target set	90.60% (March 2026)
The % of service users who are followed up within 72 hours of discharge from a psychiatric in-patient care	80%	89% (March 2026)
Patients in settled accommodation	No target set	64% (March 2026) (Local authority target 70%)
Patients in employment	No target set	35% (March) (Local authority target 7%)
Potential under-reporting of patient safety incidents	No target set	58.6 (March) (Mental health benchmark >44.3)
Admissions to adult facilities of patients under 16 years old	0	0 (April 2025 to March 2026)
Early Intervention in Psychosis: percentage of service users experiencing a first episode of psychosis who wait less than two weeks to start a NICE-recommended package of care	60%	90% (March 2026)
MHSDS DQMI Data Quality Score	95%	91% (February 2026)
Improving Access to Psychological Therapies (IAPT)/Talking therapies a) 50% of people completing treatment who move to recovery	51%	55% (March 2026)
Improving Access to Psychological Therapies (IAPT)/Talking therapies b) waiting time to begin treatment: ii) 75% within 6 weeks ii) 95% within 18 weeks	 75% 95%	 100% (March 2026) 100% (March 2026)
Continued reduction in number of patients remaining an inappropriate Out of Area placement	Planning trajectory to Zero by March 2029	30 patients remained in out of area placements outside the Essex boundary (March 2026)

Sickness absence rate* (Trustwide)	5.62%	5.30% (March 2026)
Staff Turnover	No target set	8.8% (March 2026) (<10% EPUT target)
Proportion of Temporary Staff (Agency)	No target set	0.9% (March 2026)
Staff Survey	No target set	52% overall response rate

3.4 Patient safety

Patient Safety Incident Response Framework (PSIRF)

EPUT continues to embed the Patient Safety Incident Response Framework (PSIRF), supporting a system-based, learning-focused approach to improving patient safety. Following early adoption of PSIRF, EPUT has strengthened its arrangements to ensure that learning from patient safety incidents is led locally by care units, supported by specialist patient safety expertise.

In line with PSIRF, EPUT has a Patient Safety Incident Response Plan (PSIRP) setting out how incidents are prioritised and reviewed.

Under PSIRF, EPUT uses a range of proportionate learning responses, including swarm huddles, after action reviews, multidisciplinary reviews and formal Patient Safety Incident Investigations (PSIIs) where deeper analysis is required. This flexible approach enables timely learning, compassionate involvement of patients and families and the development of effective safety actions that address underlying system factors.

Oversight of PSIRF delivery is provided through established patient safety governance arrangements, with assurance reporting to the Board's Quality Committee. The Patient Safety Incident Response Policy will be reviewed in 2026/27 to reflect learning from implementation and further strengthen practice.

During 2025/26, a range of learning responses were commissioned and completed to support understanding of patient safety risks and drive improvement.

Table 4: Patient safety incident reviews commissioned & completed in 2025/26

	Commissioned and approved in 2025/2026		All reports approved in 2025/2026
Type of review	Commissioned	Approved	Approved
PSII	10	3	14
After Action Review	2	1	2
Swarm Huddle	79	8	38
MDT	21	11	27
Total	112	23	81

Patient Safety Incident Response Plan (PSIRP)

In line with the Patient Safety Incident Response Framework (PSIRF), EPUT has a Patient Safety Incident Response Plan (PSIRP) which sets out how patient safety incidents are identified, prioritised and reviewed in a proportionate, system-based way. The PSIRP describes EPUT's approach to learning from patient safety events, including the learning response methods used and the types of incidents that are prioritised for review. This approach supports meaningful learning, compassionate involvement of patients and families and the development of effective safety actions.

Themes were identified through systematic analysis of incident reviews and translated into Safety Improvement Plans, each with a senior clinical or operational lead and executive sponsorship.

During the year, safety improvement plans focused on the priority areas:

- Inpatient ligature risk reduction
- Inpatient Falls prevention
- Multidisciplinary team communication
- Transitions of children and young people to adult mental health services
- Patient disengagement from services
- Discharge and transfer from in-patient services
- Record keeping
- Clinical handover

Two further safety improvement plans have now delivered their proposed improvements and have been closed:

- Medication incident reduction
- Policy and Standard Operating Procedure (SOP) application

Safety improvement actions are evaluated using a systems-thinking and human-factors approach, aligned with the Patient Safety Incident Response Framework (PSIRF). This enables meaningful measurement of impact, with data used to track progress and inform continuous improvement. Oversight of progress is provided by the Patient Safety Incident Management Team and the Senior Responsible Officers, with formal assurance reporting through to the Executive Quality of Care Group.

Our Safety Improvement Plans have shaped our understanding of common safety challenges, highlighted the importance of stronger teamwork and communication and reinforced the need for clearer, more reliable processes across services. They have also shown that improvements are most successful when they are led by frontline teams and informed by people with lived experience.

Using what we have learned, we are now expanding our use of Quality Improvement (QI), helping staff, services users, families and carers understand problems in a structured way, test new ideas quickly and make changes that are sustained and reflect what matters most to our service users.

Embedding learning

EPUT uses a range of methods to ensure learning from patient safety incident investigations and other learning response reviews is shared widely and embedded into practice.

Learning is shared with patients and families wherever appropriate. Individuals affected by patient safety incidents are offered a copy of the approved report and the opportunity to meet with staff to discuss the findings and learning.

Learning is also disseminated across the organisation through:

- Targeted staff communications, including safety alerts and team briefings
- A Five Key Messages and Lessons Identified newsletter, shared via the staff intranet and discussed at quality and safety meetings
- Representation at key governance and learning forums including the Learning Collaborative Partnership and Learning Oversight Sub Committee, enabling emerging themes to be shared and acted upon across care units
- The monthly Learning Collaborative Partnership (LCP) meeting, which brings together subject matter experts from across the Trust to review and reflect on patient safety incidents, share good practice and identify key lessons that help us deliver safer, more compassionate care. The Head of the Lessons Team or a deputy chair the meeting to discuss learning across the organisation
- The LCP reports into the Learning Oversight Sub Committee (LOSC) which is responsible for assurance on aggregating learning from incidents, including those from inquests, ensuring these are discussed and shared. The group may also recommend further action for other committees, care unit leadership teams, and specific leads for training, ongoing workstreams and teams
- Quarterly themed learning events and monthly live learning sessions, which are recorded and accessible to all staff.

Where there is significant potential for shared learning, safety and learning command calls are used to support rapid communication and coordinated action in response to safety alerts.

Learning is also shared at system level, including through established partnership forums and Integrated Care Board assurance meetings, supporting consistency of learning and improvement across organisations.

These approaches help ensure that learning from patient safety events informs improvements in care delivery, supports staff learning and contributes to safer services.

Table 5: Learning activities conducted in 2025/26

Session title	Number held	Staff attended	Views on EPUT intranet
SEIPS	24	49	N/A
Human Factors	9	62	N/A
Manchester Patient Safety Framework	3	31	N/A
EPUT Induction	20	702	N/A
Lessons Newsletter	12	N/A	1,879
5 Key Messages	12	N/A	2,203
Newsletter and 5 Key Messages sent by email to all staff	12	N/A	20,216
Beyond The Uniform	9	N/A	12,310
Learning Matters Live	6	302	190

Patient Safety Partners

Our patient safety partners (PSPs) have worked with staff, patients, families and carers to help address issues raised and act as a critical friend to help understand what goes well and where we can do more. A dedicated job description, person specification and induction process was used to recruit people with a background knowledge of our services as a patient and/or carer or a member of public. People recruited as PSPs have worked alongside our Patient Safety Incident Management Team to support learning, governance and the use of PSIRF. The PSP model is now being re-established through the volunteer route, providing assurance that lived-experience involvement will continue in a sustainable way.

Peer workers

Peer workers are an expanding team of staff with lived experience of mental health services who support patients across our inpatient settings. The role contributes to improved patient experience by promoting inclusion, shared understanding and recovery-focused care.

During the year, over 20 peer workers were employed through EPUT's *Time to Care* programme, supporting personalised and therapeutic approaches to care.

Peer workers provide one-to-one and group support, work alongside multidisciplinary teams, and help ensure that patients' perspectives inform care planning and delivery.

Peer workers support communication between patients and staff, provide reassurance and advocacy and contribute to therapeutic relationships. Their involvement helps patients feel listened to and supported and strengthens teams' understanding of patient experience. Feedback from services indicates that peer worker involvement enhances engagement and supports recovery-oriented practice.

Duty of Candour

EPUT remains committed to meeting its statutory Duty of Candour responsibilities. During the year, arrangements for family engagement following patient safety incidents were strengthened, including the integration of family liaison officers within the Patient Safety Team.

Actions to support consistent and compassionate Duty of Candour practice included:

- Enhanced training for staff on statutory and professional requirements
- Improvements to documentation and reporting systems to support oversight and assurance
- Ongoing support, mentoring and supervision for family liaison officers
- Feedback mechanisms for families affected by patient safety incidents

These arrangements support openness, learning and trust and are overseen through patient safety governance processes.

Family Liaison Officer Forum

The Family Liaison Officer (FLO) Forum meets twice monthly and provides structured support and oversight for staff undertaking the FLO role. The forum supports consistent and compassionate engagement with patients and families following patient safety incidents and promotes effective Duty of Candour practice.
The forum provides opportunities to:

- Share feedback and learning relating to the FLO role
- Identify barriers and facilitators to effective family engagement
- Provide peer support and a psychologically safe environment for reflection
- Escalate concerns arising from individual incidents where additional support or assurance is required
- Improve reporting and oversight of patient safety incidents and Duty of Candour responses through continued development of the Datix system

Learning and themes arising from the forum are escalated through patient safety governance arrangements and inform ongoing improvement in family engagement and Duty of Candour processes.

3.5 Clinical Effectiveness

Quality Assurance Audits (Tendable)

Quality assurance audits provide EPUT with assurance on standards of care and support the monitoring of clinical effectiveness and patient safety. Audits are used to identify good practice, highlight areas where improvement is required, and inform local and organisational quality improvement activity.

During 2025/26, quality assurance audits focused primarily on inpatient services, covering key areas such as medicines safety, infection prevention and control, record keeping, mental health legislation compliance, and person-centred care. Audit coverage will be extended to community services during 2026/27.

Audit activity is supported by the Tendable digital audit system, which is integrated with EPUT's data and reporting platforms to strengthen quality insight, governance oversight and reporting to clinical and corporate quality forums.

Across all audits completed between April 2025 and March 2026, EPUT achieved an average compliance score of 97.6 per cent. Where audits identified areas for improvement, actions were agreed locally, monitored through governance arrangements and followed up to ensure timely improvement and sustained compliance.

Table 6: The Quality Assurance Audit Schedule

Audit	Frequency	Completed By
Clear to Care	Every shift (Day & Night)	Nurse in Charge/Qualified Staff Member
Prescribing Medicine & Administration Chart (PMAC) Audit OR Electronic Prescribing & Medicines Administration (ePMA) *(depending on ward system)*	Weekly	Qualified Staff Member
Weekly Mattress Audit	Weekly	Qualified Staff Member /HCA
Oxevision	Fortnightly	Qualified Staff Member/HCA
Ward Managers Audit	Monthly	Ward Manager
Person-Centred Audit	Monthly	Named Nurse/Ward Manger/ Matron
Health and safety/Fire Audit	Monthly	HCA/Security Nurse
Mental Health Act Audit	Monthly	Qualified Staff Member
Matrons & Nursing Home Managers Assurance - Record Keeping Audit	Monthly	Matron

IPC Audit	Quarterly	Qualified Staff Member

Audit	Frequency	Completed By
Pharmacy Checklist	Weekly	Pharmacist
Controlled Drugs	Quarterly	Pharmacist
Safe & Secure Handling of Medication	Six-Monthly	Pharmacist

Table 7: Quality Assurance Audit Overall Compliance Score

Audit type	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
Clear to Care	98.7%	99.0%	99.0%	99.1%	99.0%	99.2%	99.2%	99.2%	99.1%	99.1%	99.1%	99.2%	99.1%
Electronic Prescribing & Medicines Administration (ePMA)	92.4%	89.8%	88.3%	90.5%	89.0%	88.5%	89.1%	87.0%	89.5%	88.7%	91.0%	90.3%	89.4%
Pharmacy Checklist	89.9%	90.2%	91.7%	90.6%	90.3%	90.8%	84.9%	83.4%	87.9%	91.0%	91.6%	91.4%	89.4%
Prescription Medicine & Administration Chart Audit (PMAC)	82.7%	99.1%	98.4%	98.3%	100%	98.6%	41.9%	78.6%	98.5%	98.1%	99.3%	99.0%	87.8%
Weekly Mattress Audit	98.7%	97.6%	98.3%	97.2%	98.7%	99.0%	99.3%	99.5%	99.2%	98.2%	98.8%	99.1%	98.7%
Oxevision	98.3%	97.6%	99.1%	98.7%	97.6%	98.1%	98.5%	97.2%	98.2%	98.0%	99.1%	98.1%	98.2%
Fire Safety and Health and Safety	97.9%	97.7%	97.5%	97.4%	98.0%	98.0%	97.7%	98.0%	98.2%	98.1%	98.0%	97.2%	97.8%
Matrons & Nursing Home Managers Assurance - Record Keeping Audit	92.6%	91.1%	93.2%	94.9%	96.7%	93.4%	93.0%	91.9%	92.4%	93.2%	90.6%	92.9%	93.0%
MHA Audit	96.7%	96.3%	95.0%	97.0%	93.3%	97.1%	94.7%	96.4%	94.2%	93.4%	97.1%	94.7%	95.5%
Person-Centred Audit	90.6%	91.6%	92.0%	94.4%	93.2%	94.7%	94.6%	94.3%	93.5%	94.7%	93.9%	84.2%	93.2%
Ward Managers Audit (New)	97.8%	96.1%	96.7%	95.7%	95.8%	96.0%	95.5%	94.7%	96.0%	96.4%	96.7%	97.7%	96.1%
Controlled Drugs	87.1%	91.0%	88.6%	88.0%	88.8%	89.7%		89.7%	91.4%		90.8%	92.8%	90.1%
IPC Audit	97.3%	98.2%	99.4%	98.0%	98.9%	98.7%	99.6%	99.1%	98.9%	99.0%	99.5%	96.8%	98.8%
Safe & Secure Handling	83.4%	86.9%		96.9%	94.1%	96.8%		95.6%	97.9%		92.8%	100%	93.5%
	97.2%	97.3%	97.6%	97.7%	97.5%	97.8%	97.2%	97.2%	97.6%	97.9%	97.9%	98.0%	97.6%

3.6 Quality Senate

The Quality Senate supports the delivery of effective, evidence-based care across EPUT. It provides a multi-professional forum for reviewing national, regional and local evidence on areas that are priorities for the organisation and for providing clinical advice to support consistent, high-quality practice.

A key function of the Quality Senate is to provide oversight and clinical ratification of EPUT-wide clinical guidelines, ensuring alignment with NICE guidance and other recognised clinical advisory bodies. Through this role, the Senate supports improvements in consistency, reliability and equity of care, and contributes to improved outcomes for people who use our services.

During the year, EPUT reviewed the operation of the Quality Senate and strengthened its arrangements for clinical guideline assurance. From March 2026, a dedicated clinical guideline ratification group has been established to provide regular oversight of guideline approval, review and extension requests,

supporting timely adoption of evidence-based practice and effective management of clinical risk.

Over the reporting period, the Quality Senate considered a range of priority topics, including:

- Population health and health inequalities
- Virtual service delivery and accessibility
- Disordered eating
- Female mental health care

Themes arising from these discussions included workforce competence, outcome measurement, system-wide working, accessibility of services and the availability of clear clinical guidance to support best practice.

Recommendations from the Quality Senate are shared with relevant quality priority leads and improvement forums and inform wider quality improvement activity across EPUT.

Recommendations to be shared with relevant quality priority leads and improvements forums

Next steps

EPUT will continue to strengthen its approach to clinical effectiveness through:

- Ongoing oversight and timely review of clinical guidelines
- Strengthened baseline assessment against NICE guidance
- Consistent clinical guideline templates to support clarity and implementation

These arrangements provide assurance that care delivered across EPUT is evidence-based, effective and aligned with national standards.

Patient experience

Improving the experience of care across all services

Listening to and acting on the experiences of patients, families and carers is central to how EPUT improves the quality and safety of its services. Feedback from people who use our services, including through lived experience involvement, informs service improvement and supports compassionate, person-centred care.

Family and Carer Ambassadors (FCAs)

During the year, EPUT introduced **Family and Carer Ambassadors (FCAs)** within adult mental health inpatient services. FCAs use their lived experience to support families and carers, improve communication with clinical teams, and help resolve concerns at an early stage.

The role builds on learning from family ambassador models within child and adolescent mental health services and supports greater involvement of families and carers in care planning and decision-making. The impact of the FCA role is monitored through family feedback, patient experience themes and complaints and concerns data.

Examples of current work being undertaken to improve patient experience include:

Culture of Care Programme

EPUT has participated in the NHS England Culture of Care Programme, a national initiative to improve the culture of care across mental health, learning disability and autism inpatient services. Four inpatient wards participated during the year as part of a regional collaborative.

Local quality improvement work focused on strengthening relationships, communication and collaboration between patients, carers and multidisciplinary teams. Learning from this programme is shared across services to support ongoing improvement in patient experience and safety.

Recovery Café for Patients at Brockfield Hospital

Peer support continues to play an important role in improving patient experience. At Brockfield House, a weekly Recovery Café provides a patient-led space for connection, peer support and shared learning during inpatient care. The initiative supports recovery, reduces isolation and ensures patients' voices remain central to service delivery.

Breaking Down Barriers to Employment

EPUT is one of three providers delivering the free Connect to Work programme across Greater Essex to help patients with complex barriers to employment return to work. The programme is aimed at people who have a long-term health

condition, have a disability and are part of its priority groups. We are working alongside the Shaw Trust and Essex Cares Limited (ECL) to deliver personalised support to people who are not currently working or finding it difficult to work. EPUT has been part of the programme, which is funding by the Department of Work and Pensions, since August 2025 and is supporting 190 people with long term mental or physical health conditions. Being in good quality employment can have so many positive impacts on a person's health and we are working with clients to build their confidence and find good quality and fulfilling employments where they can use their skills and talents and build important social connections to reduce feelings of isolation.

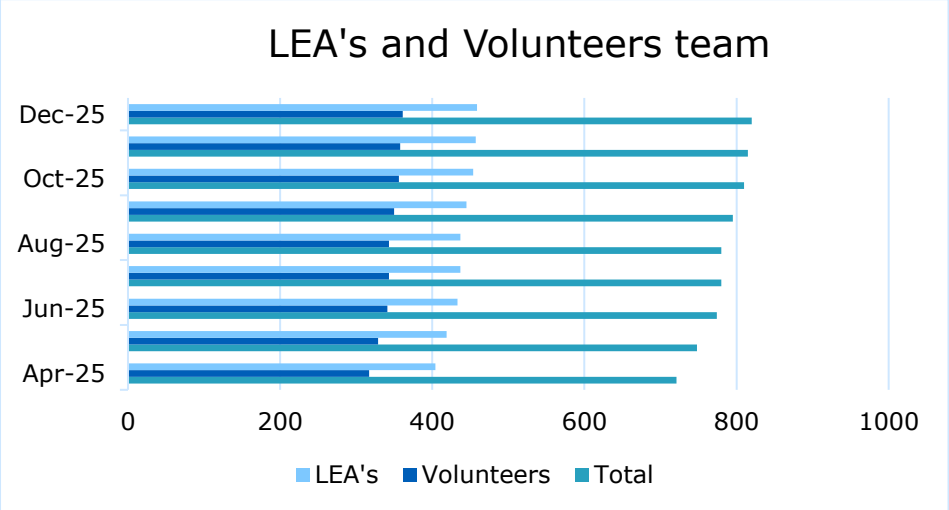
Trauma buddies

EPUT is progressing its ambition to become a trauma-informed organisation. As part of this work, trauma buddy resources have been trialled across several inpatient and CAMHS wards. Developed with people who have lived experience, these tools support patients to share information about what helps them feel safe and supported, enabling staff to respond with greater understanding and compassion. Early learning from the pilot is informing wider rollout and staff awareness.

Lived Experience and Volunteers

People with lived experience and volunteers continue to make a positive contribution to patient experience and service improvement. All inpatient sites were assessed during PLACE 2025 with involvement from Lived Experience Ambassadors, supporting assurance about the care environment from a patient perspective. EPUT will continue to grow and embed lived experience and volunteer roles to strengthen shared decision-making and confidence in services.

Figure 16: Numbers of LEAs and Volunteers



Next steps:
EPUT will continue to expand lived experience and volunteer roles to support shared decision making and patient confidence in services.

Patient experience initiatives and learning are overseen through EPUT's quality governance arrangements and are considered alongside feedback from complaints, concerns and surveys. This ensures that insights from people who use services directly inform quality improvement and support safe, compassionate care.

The Care Quality Commission (CQC) Community Mental Health Survey

The survey forms part of the national NHS Patient Survey Programme, commissioned by the Care Quality Commission (CQC), and is a key source of insight into how people experience community mental health services.

The Community Mental Health Survey was undertaken by IQVIA for EPUT between August and November 2024. The sample for the survey was generated at random on the agreed national protocol from all clients on the CPA and Non-CPA Register seen between April and May 2024.

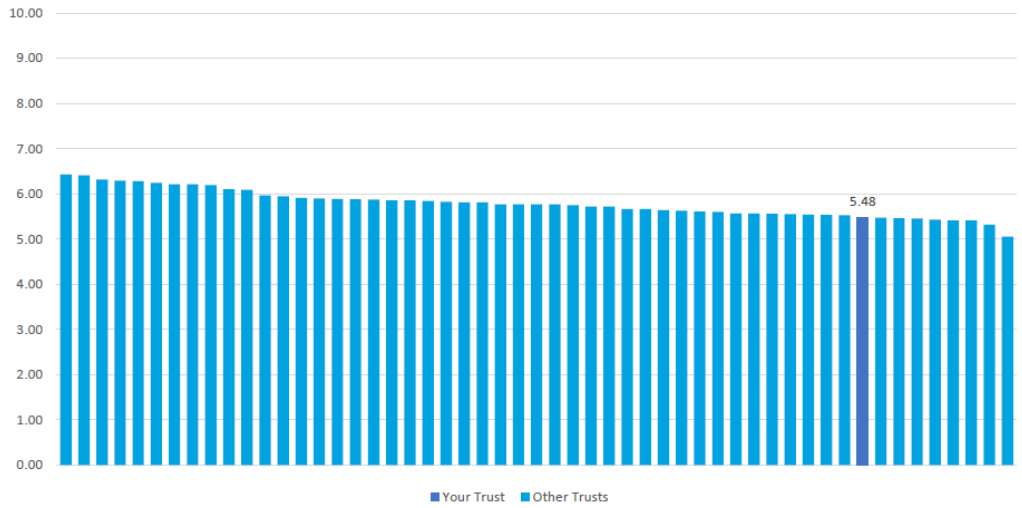
240 completed questionnaires were returned from the sample of 1,250. 23 patients were excluded from the sample for the following reasons:

- Moved/not known at this address 15
- Deceased 8

The final response rate for the Trust was 19.6 per cent, or 240 responses from a usable sample of 1,227. The report compares EPUT's performance against other trusts using a standardised scoring approach (0–10 scale), adjusted for demographic differences to enable fair comparison.

Figure 17: scores for all Trusts

OVERALL



Performance is grouped into categories:

- Better than expected
- About the same
- Worse than expected

The overall position for EPUT is one of broadly average performance, with a notable absence of areas performing better than expected and a cluster of domains performing worse than peers.

Figure 18: Top and bottom scores

Top & Bottom Five Scores

This section of the report summarises your organisation's highest and lowest scoring results for the current year across the entire survey.

Top 5 Questions	Score
Q23. In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?	8.34
Q26. Thinking about the last time you received therapy, did you have enough privacy to talk comfortably?	8.30
Q27. Would you know who to contact out of office hours within the NHS if you had a crisis?	8.23
Q40. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	7.79
Q13. Did your NHS mental health team treat you with care and compassion?	7.76

Bottom 5 Questions	Score
Q33d. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for… Cost of living	1.56
Q41. Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	2.19
Q33b. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for… Finding or keeping work	2.23
Q33c. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for… Financial advice or benefits	2.37
Q31. Did the NHS mental health team give your family or carer support whilst you were in crisis?	3.57

Priority areas for improvement are focussed on:

- Strengthening listening and relational care
- Embedding personalised care and co-production
- Enhancing holistic care approaches

These priorities are feeding into the Trust-wide Community First programme work as well as individual care unit improvement plans.

Listening to concerns, complaints and compliments

Feedback from patients, families and carers, including concerns, complaints and compliments, is central to understanding people's experiences and improving the quality and safety of our services.

Complaints are expressions of dissatisfaction from patients and/or relatives who are unhappy about an aspect of their experience of our services. Complaints are invaluable for the identification of trends which enable us to improve service where necessary. We are committed to providing a complaints service that is fair, effective and accessible to anyone.

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

In 2025/26, EPUT received 327 formal complaints about its services:

Table 8: PALS and Complaints

	2023/24	2024/25	2025/26
Formal complaints	275	249	327
PALS concerns	537	603	500
Concerns raised by Members of Parliament on behalf of constituents	69	73	97
Locally resolved complaints	60	59	79
Compliments	1,344	1,545	1,350

Table 9: Formal Complaints Closed: Outcomes

	Number	%
Upheld	22	9%
Partially upheld	54	22%
Not upheld	86	35%
Withdrawn	7	3%
Resolved locally *	2	1%
Not investigated **	74	30%

***Resolved Locally**: these are complaints that were logged as formal complaints but were subsequently resolved informally by the service and therefore not investigated by the Complaints Team. This is only done in agreement with the person making the complaint and results in a faster resolution.

****Not investigated**: these are complaints where it has not been possible/appropriate to investigate, for example because the complaint relates to care delivered by another provider (the complainant is signposted to the other provider), or where repeated attempts to contact the complainant have failed.

The 2009 NHS Complaint Regulations require organisations to agree an appropriate timeframe for responding to complaints with the complainant and to keep them informed where delays occur.

We aim to resolve formal complaints within 60 working days or three months. In 2025/26, we resolved 54 per cent of cases within 60 working days. We recognise that complex cases can take longer than 60 working days to investigate, and if more time is required, we keep the complainant updated on the expected timeframe.

We are committed to keeping people updated and we aim to achieve 100 per cent resolution of complaints within the timescale advised. In 2025/26, we achieved this for 98.7 per cent of complaints, compared with 98 per cent in 2024/25.

In 2025/26, 14 closed complaints were reopened, often because the complainant raised additional questions or concerns.

During the year, the main reasons to raise a formal complaint were in relation to:

Table 10: Categories

Category	Number	%
Clinical practice	116	35%
Systems and procedures	107	33%
Communication	56	17%
Staff attitude	35	11%
Assault or abuse	6	2%
Security	3	<1%
Discrimination	2	<1%
Environment	2	<1%

Any concerns involving assault or abuse are reviewed in line with safeguarding procedures.

An important part of our complaints process is the independent review of a random selection of closed cases each quarter, carried out by our Non- Executive Directors. The reviewer rates the quality of the investigation and the response and considers whether the Trust has done all it can to resolve the complaint and if appropriate lessons were identified and taken forward.

Seven closed cases were reviewed in Quarters 1–2, with a further nine reviews to be completed. The results are shown below:

Table 11: Reviews

	2023/24	2024/25	2025/26
Rated good or excellent for 'how the investigation was handled'	89%	100%	72%
Rated good or excellent for 'quality of the response'	100%	100%	100%
Evidence of learning and /or improvement action (if applicable)	57%	86%	83%

The following examples show changes which have been made in the last year as a result of complaints and concerns raised:

Improving family involvement in mental health care planning
Following concerns raised by a bereaved family about limited involvement in a patient's care, the service has strengthened approaches to engaging families and carers in care planning and risk discussions. Family and carer ambassadors have also been introduced to help ensure lived experience informs future service improvements.

Strengthening discharge planning for patients with autism
A complaint identified that a community treatment review (CTR) was not arranged following an inpatient autism diagnosis, contributing to unsuitable discharge arrangements. Staff have received additional training on the CTR process and communication strategies when supporting autistic patients to ensure more appropriate discharge planning.

Enhancing standards in end-of-life community nursing care
Feedback relating to end-of-life care highlighted the need for earlier consideration of syringe drivers for pain management and clearer communication during visits. Staff have been reminded of best practice in pain management, consent and infection control to ensure patients receive compassionate and consistent care.

Focus on Staff

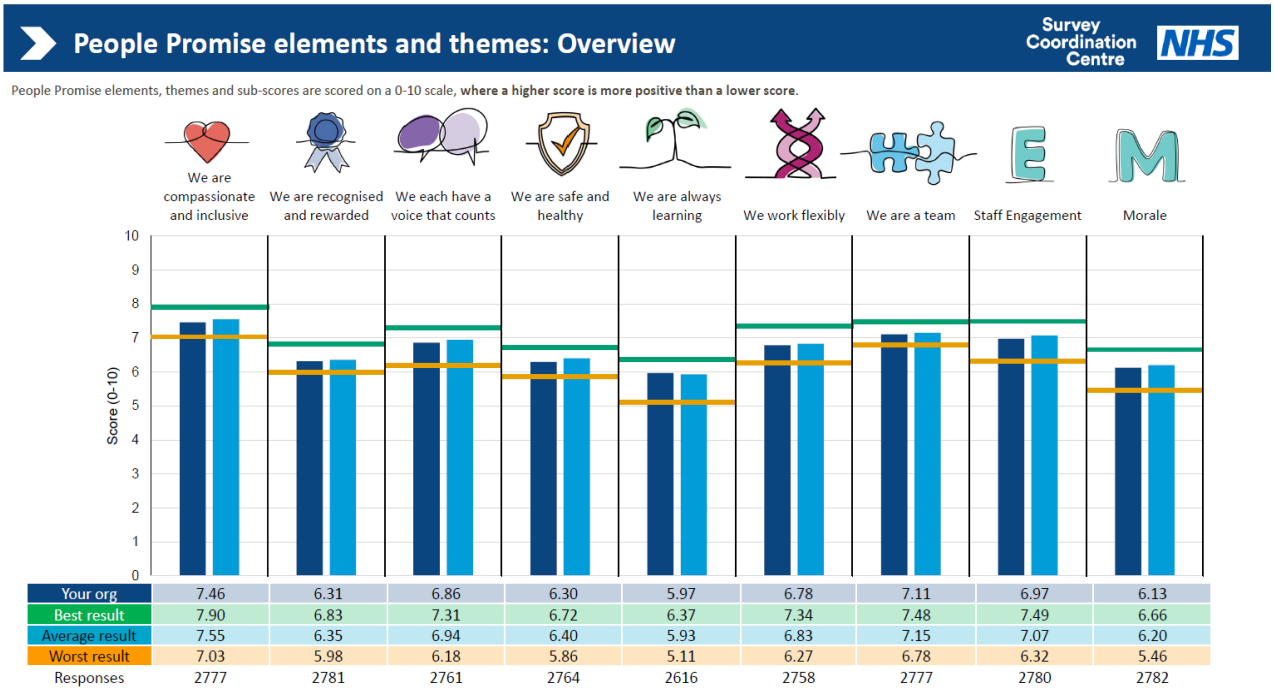
NHS Staff Survey

The NHS Staff Survey is conducted annually and measures the experience of staff across all NHS organisations. The survey provides an important source of insight into organisational culture, staff engagement and factors that influence the delivery of safe, high quality patient care. Results are benchmarked against other NHS Trusts of a similar type.

Survey questions align to the seven elements of the NHS People Promise, with

engagement and morale reported as two additional elements. During 2025, we achieved a response rate of 52 per cent, in line with the median response rate for peer organisations in our benchmark group, and representing a significant improvement compared with the three previous years, where the response rate was between 41 per cent and 44 per cent.

Figure 19: EPUT's performance in each People Promise element and theme in comparison to the benchmark group average:



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.46	6.31	6.86	6.30	5.97	6.78	7.11	6.97	6.13
Best result	7.90	6.83	7.31	6.72	6.37	7.34	7.48	7.49	6.66
Average result	7.55	6.35	6.94	6.40	5.93	6.83	7.15	7.07	6.20
Worst result	7.03	5.98	6.18	5.86	5.11	6.27	6.78	6.32	5.46
Responses	2777	2781	2761	2764	2616	2758	2777	2780	2782

Across the nine People Promise elements, EPUT performed above the benchmark group average in four areas: *We are safe & healthy*, *We are always learning*, *We are a team* and *Morale*. Performance was in line with the national average on three areas: *We are recognised & rewarded*, *We each have a voice that counts* and *Staff Engagement*. Scores were below average in *We are compassionate and inclusive* and *We work flexibly*.

These results are reviewed by EPUT's Board and senior leadership team and inform the Trust's workforce and quality improvement priorities.

Key actions to improve staff experience across all areas of the organisation include:

- Strengthening compassionate and inclusive leadership and management
- Improving recognition and celebration of staff
- Addressing workload pressures and reducing burnout
- Promoting psychological safety and a culture of openness
- Enhancing the quality of appraisals and clinical supervision

Care units receive their local survey results and are supported to develop and monitor improvement plans. Progress is reviewed through focus group arrangements to support sustainable improvements in staff experience and patient care.

National Quarterly Pulse Survey (NQPS)

The National Quarterly Pulse Survey (NQPS) is a standardised national survey undertaken three times a year and provides more frequent insight into staff experience between each annual NHS staff survey. The NQPS consists of nine questions, grouped into themes of motivation, advocacy and involvement.

Response rates increased in the first two survey windows in 2025/26 compared with 2024/25, reflecting continued engagement with staff voice. Participation decreased during the January 2026 survey window, and this trend is being reviewed to ensure staff remain supported and encouraged to share feedback.

NQPS results are shared across the organisation and considered alongside NHS staff survey findings to inform leadership development, workforce planning and quality improvement activities.

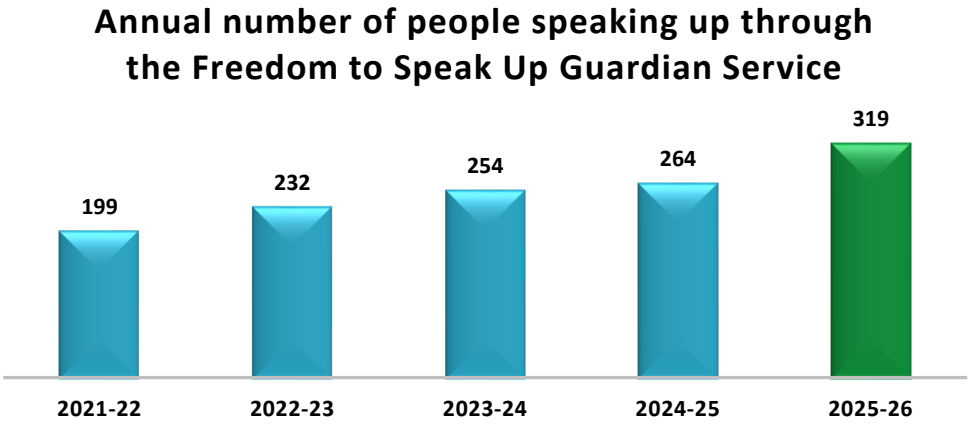
As part of our commitment to a strengthened employee voice and influence we have committed to redesign our staff engagement champions network. This work being co-produced with our existing champions to ensure it is effective for all and based on the needs and feedback of our people. The current proposals include big conversation forums and experience cafes, which aligns to work already under way with our equality networks for 2026/27.

The Freedom to Speak Up Guardian Service

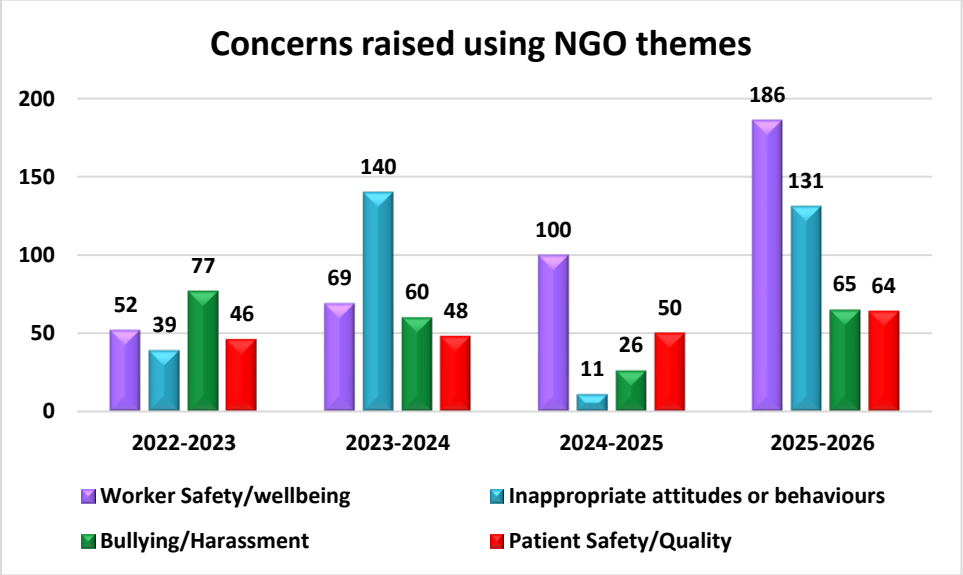
Across EPUT, there are multiple avenues colleagues can use to speak up about concerns, issues or suggestions for improvement, including via line managers, Human Resources business partners, our employee engagement team, preceptorship and university leads, staff briefings with the Executive team and leadership engagement visits. The Freedom to Speak Up (FTSU) Guardian service is an additional channel to these day-to-day reporting routes and the wider cultural work undertaken.

The number of concerns raised through the Freedom to Speak Up Guardian service has risen year on year. The original vision and remit for the service to predominantly capture patient safety concerns has broadened to include anything that gets in the way of colleagues doing their job. Wider issues and concerns tend to now overshadow reporting direct patient safety concerns through the FTSU Guardian service.

The increase in concerns raised, in particular in Q1, may be attributable to the wider working context where some teams were under consultation processes, TUPE discussions, a Mutually Agreed Redundancy scheme offer, budget setting, recruitment freezes, reduction/changes to agency and bank spend and the impact of the Lampard Inquiry.



Using the four data reporting classifications laid out by the National Guardians Office, worker safety/well-being and inappropriate behaviours/attitudes are the most reported reasons for contacting the FTSU Guardians for support and guidance. Perceived inconsistencies and unfairness around application of processes and policies more often underpin these types of concerns. Although they are not usually presented as patient safety concerns, they may indirectly impact on quality and safety. We will be exploring this further and the triangulation of data across disciplines to dovetail concerns and entry through the FTSU Guardian service with other projects and work across EPUT.



NB: Colleagues may raise multiple issues when they Speak Up, so the number of issues is generally higher than the number of people speaking up.

This is the first year the majority of colleagues speaking up through the FTSU Guardian service did so anonymously and through the use of online anonymous reporting forms. Whilst online anonymous reporting forms may be quicker and easier to use than other reporting methods, they can drive up cultural anonymity, limiting the information received and means to resolve matters. The remainder of colleagues speaking up through the service were fairly evenly split between doing so openly (93) and confidentially (97).

The three annual mandatory e-learning FTSU training modules moved to a three yearly requirement (national directive) in the latter part of this year. Plans on how to promote the Speak Up message wider are in progress and should form part of the wider EPUT cultural programme. Changes to how concerns raised through the FTSU Guardian service are responded to will be aided by the move to monitoring them through the Accountability Framework governance, increasing Director oversight.

FTSU and EPUT values

Speak Up – Listen Up - Follow Up

We Care– We Learn– We Empower

Guardian of Safe Working (for Resident Doctors)

EPUT is committed to ensuring safe working arrangements for resident doctors, including doctors in training, to protect both patient safety and doctor wellbeing. Oversight of safe working is provided by the Guardian of Safe Working (GSW), an independent role that reports directly to the Trust Board.

The Board of Directors, via the People Committee, receives reports from the Guardian of Safe Working (GSW) summarising issues, themes, trends, and actions arising from exception reporting and rota monitoring. The Guardian of Safe Working acts as a champion for safe working hours for resident doctors and dentists. The role provides independent oversight of exception reporting, monitors compliance with the contractual limits on working hours and rest, escalates concerns where risks to patient safety or doctor wellbeing are identified, and supports remedial action, including work schedule reviews where recurring issues are identified.

Medical workforce and rota gaps
During the reporting period, EPUT employed 152.5 doctors in training, including foundation and GPs and 97.5 doctors in psychiatry training. Vacancies and rota gaps were monitored throughout the year, with mitigations in place to maintain safe service delivery, including the use of locum cover where required. EPUT is committed to reducing reliance on temporary staffing and continues to strengthen recruitment and retention arrangements.

The Trust recognises the need to safely maintain services and to ensure that resident doctors are not working outside of their agreed work scheduled hours, that they are able to undertake all agreed educational opportunities and that any issues can be addressed. Following revisions to the Resident Doctors' Terms and Conditions of Service in February 2026, EPUT updated its exception reporting processes to strengthen oversight, timeliness of review and assurance of safe working hours. These changes support prompt resolution of issues and reinforce patient safety and educational quality.

Exception Reporting and Learning

Exception reporting provides an important mechanism for resident doctors to raise concerns where actual working arrangements differ from their agreed work schedules, including where this may affect rest, working hours, or educational opportunities. During the period from April 2025 to March 2026, a total of 53 exception reports were submitted, representing an increase compared with the previous year. This increase is considered to reflect growing confidence in the exception reporting process rather than an increase in unsafe working.

Themes identified through exception reporting were reviewed by the Guardian of Safe Working and shared with senior medical leaders and the Board. Actions taken included targeted rota reviews, escalation of capacity pressures, and service adjustments where necessary. In a small number of cases (six), contractual fines were incurred where processes did not meet required standards; these instances were reviewed to support learning and improvement. Temporary senior medical cover was used when required to ensure patient safety, with no identified adverse impact on care quality.

Learning from Guardian oversight and exception reporting continues to inform workforce planning, rota design and escalation arrangements. EPUT will continue to strengthen its arrangements for safe working in 2026/27, ensuring resident doctors are supported to work safely, access agreed educational opportunities and deliver high quality care to patients.

Annex 1: Feedback on our 2025/26 Quality Account

Under the requirements of the Health Act 2009, NHS EPUTs are required to share draft Quality Accounts with key local partners for comment.

Comments and statements were received from the following local partners and have been included in this section of the Account:

Response to EPUT's Quality Account 2025-26 from NHS Essex Integrated Care Board

NHS Essex

NHS Essex Integrated Care Board response to EPUT's Quality Account 2025/26

As a commissioner of EPUT services locally, NHS Essex Integrated Care Board (EICB) welcomes the opportunity to comment on this Quality Account.

EICB is commenting on a draft version of this Quality Account; however, to the best of its knowledge, the information contained within this report is accurate and representative of the quality of services delivered. Any queries will have been fed back to EPUT prior to publication, for consideration and potential inclusion, along with any missing data in the final report.

EICB is pleased to note the progress that EPUT has made against the priorities for improvement set out last year. Significant progress has been achieved, particularly in relation to the Quality Improvement approach and the embedded Quality of Care Strategy, with a continued focus on improving safety, patient experience, clinical effectiveness and workforce capability.

Key areas of progress include strengthened work to reduce health inequalities, such as targeted support for racialised communities and improvements in data collection. EPUT has also enhanced patient involvement and compassionate engagement through the Patient Safety Incident Response Framework (PSIRF), alongside improvements in Duty of Candour processes and patient feedback systems.

The Trust has progressed work to improve care for neurodivergent patients through trauma-informed approaches, autism and learning disability training, and co-produced service improvements. Suicide prevention has remained a key priority, with enhanced safety planning, expanded staff training, and the continued achievement of over two years without an inpatient death by suicide.

Falls prevention work has been strengthened through revised guidance, multidisciplinary training, improved audit processes, and closer collaboration with acute hospital partners. EPUT has also improved the management of deteriorating patients through the rollout of NEWS2 approaches, simulation training,

and enhanced physical health support across inpatient services.

Other achievements during 2025/26 include:

- Continued delivery of the Quality of Care Strategy and Quality Assurance Framework
- Relaunch of Schwartz Rounds and reflective practice initiatives
- Increased involvement of people with lived experience in recruitment and improvement work
- Participation in 100% of eligible national clinical audits and confidential enquiries
- Positive CQC inspection outcomes across several services

For 2026/27, EPUT has identified a more unified improvement approach through the "Fundamentals of Care" framework. This will become the Trust-wide quality priority and will focus on three main areas:

- Reliable delivery of fundamental care across inpatient mental health services, including physical health, nutrition, hydration, sleep, personal care and therapeutic observation
- Building frontline quality improvement capability by increasing staff skills in improvement methods and supporting locally led initiatives
- Increasing ownership and accountability for quality improvement through greater use of patient feedback, strengthened local governance, and improved staff empowerment

Sincere thanks go to EPUT and all its staff for their hard work and dedication over the past year. EICB would once again like to congratulate EPUT on all it has achieved, particularly in the context of ongoing pressures and uncertainty impacting healthcare services.

In conclusion, EICB considers that the EPUT Quality Account for 2025/26 provides an accurate and balanced picture of the reporting period. EICB will continue to seek assurance on performance and delivery through regular monitoring via agreed contract processes.

Yours sincerely,

Dr Giles Thorpe RN, BSc (Hons), MSc, DProf, MIHM
Executive Chief Nurse | Caldicott Guardian

NHS Essex Integrated Care Board
Seax House, Victoria Road South, Chelmsford, CM1 1QH

www.essex.icb.nhs.uk
Chair: Professor Michael Thorne CBE | CEO: Tom Abell

Response to EPUT's Quality Account 2025-26 from Healthwatch Essex

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for patients, their families and their carers to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that quality accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by Essex Partnership University NHS Foundation Trust (EPUT).

We offer the following comments on the EPUT Quality Account:

- It is great to see the emphasis on lived experience in this report. Keeping patients and loved ones at the centre of improvement is vital. EPUT's co-produced list of priorities is a great example of this. We are also pleased to see the commitment to engaging compassionately with patients and their families.
- We welcome the focus on neurodiversity. Our recent report on changes to ADHD prescribing found that difficulties in accessing ADHD medication had a negative effect on people's mental health, so it is good to see a greater focus on supporting neurodiversity alongside mental health conditions. Having a dedicated colleague to oversee this work ensures that it is working.
- Whilst it is disappointing to read that there has been an increase in formal complaints this year, it is positive to see the examples of things that have changed because of complaints. One example was improving family involvement in mental health care planning by introducing family and carer ambassadors.
- There are still some areas that the CQC have indicated as requiring improvement which EPUT have demonstrated in this report that they are working on and they have addressed many of the previous concerns.

- EPUT is doing some strong work around research and it is encouraging to read about the initiatives to address barriers to research participation in isolated and deprived areas of Essex.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and by working hard to evidence that lived experience we hope we can continue to support the work of EPUT.

Chloe Dench

Deputy Communications Manager, Healthwatch Essex

May 2026

Annex 2: Statement of Directors responsibilities in respect of the Quality Account

The Board of Directors is required under the Health Act 2009 to prepare a Quality Account for each financial year.

The Quality Account has been prepared in accordance with the requirements of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended), and with guidance issued by the Department of Health and Social Care and NHS England.

In preparing the Quality Account, the Board of Directors has taken steps to satisfy itself that:

- The Quality Account presents an open and balanced picture of EPUT's performance over the period covered
- The performance information reported is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported is robust and reliable, conforms to prescribed data quality standards and definitions, and is subject to appropriate scrutiny and review
- The Quality Account complies with the requirements of the Quality Accounts Regulations and relevant guidance

To the best of the knowledge and belief of the Board of Directors, the Quality Account is accurate and not misleading in any material respect.

Approved by the Board of Directors on 24th June 2026.

Paul Scott
Chief Executive
For and on behalf of the Board of Directors Essex Partnership University NHS Foundation Trust
Date: 30 June 2026.

Glossary

[EPUT]	Essex Partnership University NHS Foundation EPUT
CPA	Care Planning Assessment
AI	Artificial Intelligence
LEA	Lived Experience Ambassador
TOR	Terms of Reference
MHIST	Mental Health Intensive Support Team
NQPS	National Quarterly Pulse Survey
QOC	Quality of Care
ET	Executive Team
PSIRP	Patient Safety Incident Response Plan
PSIRF	Patient Safety Incident Response Framework
IWGC	I Want Great Care
QAF	Quality Assurance Framework
OD	Organisational Development
SEIPS	Systems Engineering Initiative for Patient Safety
QIA	Quality Impact Assessment

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